European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT)

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Factsheet

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Factsheets are issued under the authority of the Executive Secretary of the CPT. They aim to present the CPT's standards on key issues. However, they do not claim to be exhaustive, in particular as regards the references to CPT country visit reports.

Women in prison

Introduction

- In fulfilling its mandate, the CPT endeavours to examine the treatment and conditions of all categories of incarcerated persons, including women. Women usually make up a very small minority of the overall prison population, albeit a growing one in some countries.¹ Importantly, they are characterised by having particular needs and vulnerabilities which differ from those of men. In combination with these differences, the fact that women are far fewer in number poses a variety of challenges for prison administrations, often resulting in less favourable treatment as compared to imprisoned men. This stems from the fact that prison rules and facilities have been developed for a prison population in which the male prisoner is considered to be the norm.
- Whether or not they are imprisoned, women must enjoy the fundamental right not to be discriminated against directly or indirectly on the grounds of their biological sex or gender. Substantive equality may require the adoption of special measures in order to address existing inequalities. As in the community, particular measures may be required by prison administrations in order to ensure that women enjoy equal rights with men. The growing recognition of the benefits of fully embracing substantive gender equality in all areas of policy-making should extend to the prevention of ill-treatment in prison. Greater efforts are therefore needed in order to ensure a gender-sensitive monitoring of prisons, attuned to the potential compounding of problems women face in prison.
- Women in prison constitute a group with distinctive needs, biological as well as gender-specific. Some female prisoners also have particular vulnerabilities due to their social situation and cultural roles. There is a risk that the specific needs of women will be disregarded, especially as they are a minority category of prisoners. It is important that a number of factors are taken into account when dealing with women prisoners, notably any physical, sexual or psychological form of violence, including domestic violence, they might have suffered before the imprisonment, a high level of mental health-care needs, a high level of drug or alcohol dependency, specific (for example, reproductive) health-care needs, caretaking responsibilities for their children and/or their families, and the high likelihood of post-release victimisation and abandonment by their families.²

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¹ SPACE I 2015 reported a median proportion of 5.2% female inmates in the total prison population, up from 4.7% in 2013, notwithstanding a decrease in absolute numbers over the same period. In 2015 very few Council of Europe countries had overall female prison populations of more than 7%.

² Ireland: 2014 visit, paragraph 86. See also, for example, Rules 41, 42 and 44 of the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the "Bangkok Rules").

- Women should be held in an environment suited to their needs. However, the challenges involved in making separate provision for the small numbers of women in prison often result in their being held at a limited number of locations (on occasion, far from their homes and families, including dependent children³), in premises which were originally designed for (and may be shared by⁴) male prisoners.⁵
- This factsheet presents the main standards which the CPT has developed so far, as regards adult women in prison. It is not intended to cover the full range of standards applicable generally to all imprisoned persons, including women. Many of the issues addressed may also apply by analogy to other categories of detained persons, such as transgender or female juvenile prisoners.
- The CPT's standards in this area are evolving. They should not be seen in isolation from international instruments such as the European Convention on Human Rights and the relevant case-law of the European Court of Human Rights, the Council of Europe's European Prison Rules,⁶ the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the "Bangkok Rules")⁷ and the United Nations Standard Minimum Rules for the Treatment of Prisoners (the "Nelson Mandela Rules").⁸

1. Appropriate accommodation

- The CPT has recommended that prison administrations move away from large-capacity accommodation formats, in favour of smaller living units. Women are no exception: smaller living units allow for an approach which is better tailored to their particular needs.⁹
- In the CPT's experience, although violence among women in prison can certainly occur, violence against women by men (and, more particularly, sexual harassment, including verbal abuse with sexual connotations) is a much more common phenomenon. Women in prison should, therefore, as a matter of principle, be held in accommodation which is physically separate from that occupied by any men being held at the same establishment.¹⁰
- The CPT has encountered some specific situations in which prisons permit men and women to share an accommodation unit in pursuit of "normalcy", i.e. promoting conditions of living that approximate as far as possible those in the community, with prisoners taking responsibility for their own lives. Nevertheless, great care should be taken in establishing and following the criteria for assigning both male and female prisoners to such units, and in ensuring rigorous supervision of relations between the inmates concerned. Clearly, persons likely to abuse others, or who are particularly vulnerable to abuse, should not be placed in such a unit. Whatever the arrangements, it is essential that proactive measures be taken to prevent sexual exploitation where male and female prisoners come into contact in a prison environment.¹¹

³ Ireland: 2014 visit, paragraph 110.

⁴ See, for example, <u>Ukraine: 2000 visit, paragraph 77</u>.

⁵ Extract from the <u>10th General Report on the CPT's activities, paragraph 21</u>.

⁶ Recommendation (2006) 2 of the Committee of Ministers of the Council of Europe, adopted on 11 January 2006.

⁷ United Nations General Assembly Resolution 65/229, adopted on 21 December 2010.

⁸ United Nations General Assembly Resolution 70/175, annex, adopted on 17 December 2015.

⁹ <u>Georgia: 2003-2004 visits, paragraph 86;</u> <u>Slovenia: 2006 visit, paragraphs 52 and 55;</u> <u>United Kingdom (Scotland):</u> <u>2012 visit, paragraph 44</u>.

¹⁰ <u>10th General Report on the CPT's activities, paragraph 24</u>.

¹¹ Denmark: 2014 visit, paragraph 31.

The CPT has encountered numerous women in prison who, for a variety of reasons, are not provided with adequate accommodation. The small number of facilities for women are at times overcrowded. Yet early release measures envisaged in the event of overcrowding are not offered to women who have nowhere to go, for example, where no homeless shelter is available.¹² The lack of capacity¹³ or of appropriate specialised facilities for women,¹⁴ the requirement to separate detention categories (remand/sentenced; short/long sentences; preventive detention), or the fact that an establishment holds only one woman, may result in a woman being accommodated for extended periods in a detention unit subject to an unduly restrictive regime,¹⁵ or she may *de facto* be subjected to a regime akin to solitary confinement.¹⁶ In such cases, the authorities should seek to transfer the woman to appropriate accommodation; if such transfer is not possible, the authorities should make the necessary efforts to provide the woman with purposeful out-of-cell activities and appropriate human contact.¹⁷

2. Equal access to activities

- Women in prison should enjoy access to a comprehensive programme of meaningful activities (work, training, education and sports) on an equal footing with men. CPT visiting delegations find all too often that female prisoners are offered activities deemed "appropriate" for them (such as sewing or handicrafts), and are excluded from far more vocational training reserved for men. The small number of women may mean that it is not considered viable to establish a workshop exclusively for them. However, such a discriminatory approach can only serve to reinforce outmoded stereotypes of the social role of women.¹⁸
- Consideration might also be given to offering activities in prison including access to outdoor exercise – in which both men and women may participate together,¹⁹ provided those involved consent to such arrangements and the persons are carefully selected and adequately supervised.²⁰

¹² Ireland: 2014 visit, paragraphs 89 and 91.

¹³ Ibid., paragraph 97; United Kingdom (Scotland): 2012 visit, paragraph 44.

¹⁴ Spain: 2007 visit, paragraph 100; United Kingdom (Scotland): 2012 visit, paragraph 64.

¹⁵ Luxembourg: 2015 visit, paragraph 43.

¹⁶ Latvia: 2007 visit, paragraphs 70 and 72; Germany: 2013 visit, paragraphs 26 and 28.

¹⁷ <u>Liechtenstein: 2016 visit, paragraph 36</u>; on alleviating the effects of *de facto* solitary confinement through regime activities, see also part 2 below.

¹⁸ <u>Montenegro: 2013 visit, paragraph 53; the Netherlands (Caribbean Part): 2014 visit, paragraph 158; Switzerland:</u> <u>2011 visit, paragraph 62</u>.

¹⁹ <u>United Kingdom (Gibraltar): 2014 visit, paragraph 32</u>.

²⁰ <u>10th General Report on the CPT's activities, paragraph 24; Czech Republic: 2006 visit, paragraph 68; Liechtenstein:</u> <u>2016 visit, paragraph 36</u>.

3. Adequate hygiene and health care

Hygiene

- Women's specific hygiene needs should be adequately addressed. Ready access to sanitary
 and washing facilities, adequate quantities of essential hygiene products, such as sanitary
 towels and tampons, and safe disposal arrangements for blood-stained articles, are of
 particular importance. The failure to provide women in prison with such items can amount,
 in itself, to degrading treatment.²¹
- All prisoners should have access to toilets at all times. It is not acceptable, in the absence
 of in-cell sanitation, to fail to provide ready access to toilets due to low staffing levels.
 Ready access to sanitation is all the more important for women, given their special needs
 during menstrual periods.²² Positive differentiation in terms of additional access to
 washing facilities may also be necessary.²³

Health care

- The health care provided to persons deprived of their liberty should be of a standard equivalent to that enjoyed by the population in the outside community.²⁴ Ensuring that this principle of equivalence of care is respected as regards women in prison will require that health care is provided by medical practitioners and nurses who have specific training in women's health issues, including in gynaecology.²⁵
- To the extent that preventive health care measures of particular relevance to women, such as screening for breast and cervical cancer, are available in the outside community, they should also be offered to women in prison.²⁶
- Adequate supplies of medication specifically required by women should be available in prison, allowing women who have begun a course of treatment before being incarcerated to continue it in prison.²⁷
- The contraceptive pill, for whatever reason it has been prescribed, should not be withheld from women wishing to take it.²⁸ A woman's right to bodily integrity is not diminished by virtue of her imprisonment. Where the abortion pill and/or other forms of abortion at later stages of a pregnancy are available to women in the outside community, they should be available under the same conditions to women in prison.²⁹
- The CPT has encountered many women prisoners who suffer from severe personality and behavioural disorders, and/or have a history of self-harming, abuse and abandonment. Where such prisoners are not eligible for transfer to a psychiatric hospital, a multifaceted approach should be adopted, involving clinical psychologists in the design of individual programmes, including psycho-social support, counselling and treatment. The absence of such programmes may bring about an increase in incidents of self-harm and an excessive use of prolonged segregation.³⁰

²¹ <u>10th General Report on the CPT's activities, paragraph 31</u>; <u>Estonia: 2012 visit, paragraph 60</u>.

²² Bulgaria: 2006 visit, paragraph 85.

²³ Ibid., paragraph 55.

²⁴ <u>10th General Report on the CPT's activities, paragraph 32</u>.

²⁵ Ibid., paragraph 32.

²⁶ Ibid., paragraph 32.

²⁷ Ibid., paragraph 33.

²⁸ Ibid., paragraph 33.

²⁹ Ibid., paragraph 32.

³⁰ <u>United Kingdom (Scotland): 2012 visit, paragraph 74</u>.

4. Ante-natal, post-natal and child care

The detailed nature of this section should not be understood as an endorsement by the CPT of the imprisonment of pregnant women or mothers, with or without their young children. On the contrary, the Committee has, for instance, specifically recommended that alternatives to detention be imposed in respect of pregnant girls and juvenile mothers.³¹ This section outlines the minimum standards to be observed in the event that such non-custodial alternatives are not applied, and pregnant women or mothers – with or without their children – remain in prison.

- Every effort should be made to meet the specific dietary needs of pregnant women in prison who should be offered a high protein diet, rich in fresh fruit and vegetables.³²
- It is obvious that babies should not be born in prison, and the usual practice in Council of Europe member states seems to be to transfer pregnant women prisoners to outside hospitals.³³ Nevertheless, from time to time, the CPT encounters examples of pregnant women being shackled or otherwise restrained to beds or other items of furniture during gynaecological examinations and/or delivery. Such an approach is completely unacceptable, and could be qualified as inhuman and degrading treatment. Other means of meeting security needs can and should be found.³⁴
- Breastfeeding mothers should be provided with supplementary food according to existing guidelines for this category of women.³⁵
- Many women in prison are primary carers for children or others, whose welfare may be adversely affected by their imprisonment. One particularly problematic issue in this context is whether and, if so, for how long it should be possible for babies and young children to remain in prison with their mothers. This is a difficult question to answer given that, on the one hand, prisons clearly do not provide an appropriate environment for babies and young children while, on the other hand, the forcible separation of mothers and infants is highly undesirable.³⁶
- The governing principle in all cases should be the welfare and the best interests of the child. This implies in particular that any ante- and post-natal care provided in prison should be equivalent to that available in the outside community.³⁷
- In prison, the right to motherhood should not be infringed upon more than is required by security considerations and the safety of the child. Good contact between mother and child is in the interest of both of them. It can assist the rehabilitation of the prisoner and the development of her ability to assume responsibility for herself and her child. Mothers in prison should, therefore, be accommodated together with their babies after delivery and be encouraged to breastfeed (unless there are valid medical reasons to the contrary).³⁸ It could be considered as inhuman and degrading for a child to be removed immediately from a mother after birth. A mother and child should be allowed to stay together for at least a certain period of time.³⁹

³⁵ <u>Romania: 2014 visit, paragraph 99</u>.

³¹ <u>24th General Report on the CPT's activities, paragraph 117</u>. See also Rule 64 of the "Bangkok Rules".

³² <u>10th General Report on the CPT's activities, paragraph 26</u>.

³³ Ibid., paragraph 27.

³⁴ France: 1991 visit, paragraph 90; 10th General Report on the CPT's activities, paragraph 27.

³⁶ <u>10th General Report on the CPT's activities, paragraph 28</u>.

³⁷ Ibid., paragraph 29; United Kingdom: 1990 visit, paragraph 124; Spain: 1994 (April) visit: paragraph 136.

³⁸ <u>Russian Federation: 2001 visit, paragraph 89</u>.

³⁹ Luxembourg: 1993 visit, paragraph 44; see also Czech Republic: 2014 visit, paragraph 82.

- For as long as the child remains in prison, the mother should be able to spend an adequate amount of time every day with her child;⁴⁰ they should be accommodated in a suitable, non-carceral setting,⁴¹ in terms of space, furnishings and access to cooking and washing facilities.⁴² Adequate heating/cooling and good access to fresh air and natural light are also very important.⁴³ The specific sanitary and hygiene needs of mothers should be adequately met, including access to good sanitary facilities, and provision of sanitary and hygiene products (nappies, soap, shampoo, washing powder, and clothing, for example) as needed, as well as food suitable for infants.⁴⁴ The equivalent of a nursery or kindergarten should also be provided, together with the support of staff specialised in post-natal care and paediatric nursing.⁴⁵
- There should also be an adequate interface and co-operation between staff employed at prison mother-and-child units and health-care and other prison staff who are in contact with mothers in prison.⁴⁶
- Facilitating child-minding by family members outside the establishment can also help to ensure that the burden of child-rearing is shared (for example, by the child's father). Where this is not possible, access to nursery or kindergarten facilities could enable women prisoners to participate in work and other activities inside the prison to a greater extent than might otherwise be possible.⁴⁷
- The CPT has encountered situations in which a baby who accompanies his or her mother in prison is not admitted to visits. A mother in prison should be allowed to attend visits from family together with her accompanying baby. Prohibiting such visits is both inappropriate and unjustified. It would hinder the child's relationship with the father or other family members, and would not facilitate the child's eventual transition out of prison.⁴⁸
- Long-term arrangements, in particular the transfer of the child to the community, involving separation from his or her mother, should be determined in each individual case in the light of pedo-psychiatric and medico-social opinion;⁴⁹ after a child has been placed in care outside prison, there should be an on-going involvement of the mother in prison in the upbringing of the child.⁵⁰

5. Gender-sensitive prison management, staffing and training

 It is crucial that any prison accommodation unit holding women has female custodial staff in sufficient numbers at all times.⁵¹ In women's prisons or prison units, the preponderance of staff in contact with prisoners should be female.⁵²

⁴⁰ <u>Russian Federation: 2001 visit, paragraph 89</u>.

⁴¹ Italy: 2016 visit, paragraph 73.

⁴² Ireland: 2014 visit, paragraph 102.

⁴³ <u>Ibid., paragraph 102</u>.

⁴⁴ <u>Ibid., paragraph 102</u>.

⁴⁵ <u>3rd General Report on the CPT's activities, paragraph 66</u>.

⁴⁶ <u>Russian Federation: 2001 visit, paragraph 89</u>.

⁴⁷ <u>10th General Report of the CPT's activities, paragraph 29</u>.

⁴⁸ <u>Romania: 2014 visit, paragraph 100</u>.

⁴⁹ <u>3rd General Report on the CPT's activities, paragraph 66</u>.

⁵⁰ <u>Russian Federation: 2001 visit, paragraph 89</u>.

⁵¹ Georgia: 2012 visit, paragraph 52.

⁵² Hungary: 2005 visit, paragraph 109.

- Mixed-gender staffing is also an important safeguard against ill-treatment in places of detention. The presence of male and female staff can have a beneficial effect in terms of both the custodial ethos and in fostering a degree of normality in any place of detention, including but not limited to establishments for women. Mixed-gender staffing also allows for appropriate staff deployment when carrying out gender-sensitive tasks, such as searches.⁵³
- The CPT has often had to recommend that the management of prisons including those accommodating women deliver to custodial staff the clear message that physical ill-treatment, excessive use of force and verbal abuse, as well as other forms of disrespectful or provocative behaviour vis-à-vis prisoners, are not acceptable and will be dealt with severely. In particular, prison managers should demonstrate vigilance and use all means at their disposal to decrease tension.⁵⁴ In addition to investigating any complaints received from women prisoners, managers should be present on a regular basis in the detention areas holding women, and enter into direct contact with them.⁵⁵
- Utmost vigilance is required with regard to inappropriate behaviour and sexual relationships between staff and women in prison. Any allegations in this respect should be taken very seriously.⁵⁶
- In the CPT's view, the development of more specialised training for staff working with women in prison can be instrumental in addressing their specific needs.⁵⁷

6. Gender-sensitive personal searches

- Persons deprived of their liberty should only be searched by staff of the same sex. Any search which requires a prisoner to undress should be conducted out of the sight of custodial staff of the opposite sex.⁵⁸
- Strip searches are a very invasive and potentially degrading measure. When a strip search
 is considered necessary in a particular case, every reasonable effort should be made to
 minimise embarrassment. Detained persons who are searched should not normally be
 required to remove all their clothes at the same time; for example, a person should be
 allowed to remove clothing above the waist and put the clothes back on before removing
 further clothing.⁵⁹
- Intrusive searches of the genital area and body cavities carry a high risk of abuse and intimidation. Alternative screening methods, for example, through the use of ultrasound examinations, should be developed. Vaginal searches, in particular, should be conducted exceptionally, when absolutely necessary on the basis of an individual risk assessment,⁶⁰ and surrounded by appropriate safeguards.⁶¹ An intimate internal examination should be conducted by a medical practitioner only, it being understood that this medical practitioner should not be the doctor who would treat the patient with respect to health related issues. Examinations of this intimate nature should be conducted in a way that respects, to the greatest possible extent, the safety and dignity of the woman.⁶² Each examination should also be properly recorded in a special register.⁶³

⁵³ <u>Slovak Republic: 2013 visit, paragraph 99</u>.

⁵⁴ Belgium: 2013 visit, paragraph 58; Georgia: 2007 visit, paragraph 35.

⁵⁵ Hungary: 2005 visit, paragraph 59.

⁵⁶ Ireland: 2014 visit, paragraph 93.

⁵⁷ Hungary: 2013 visit, paragraph 56.

⁵⁸ 10th General Report on the CPT's activities, paragraph 23; the Netherlands: 2016 visit, paragraph 110.

⁵⁹ Italy: 2016 visit, paragraph 44.

⁶⁰ Greece: 2009 visit, paragraphs 91 and 92.

⁶¹ The CPT has noted, e.g., that in both France and Greece such searches are subject to prior approval by a prosecutor (see <u>France: 2010 visit, paragraph 110</u>; <u>Greece: 2011 visit, paragraph 50</u>).

⁶² Greece: 2009 visit, paragraphs 91 and 92.

⁶³ <u>Ibid., paragraph 92</u>.

7. Contact with the outside world

Due to the limited number of establishments where women can serve their sentences, they are often located far away from their homes, which impacts negatively on contacts with their families and friends.⁶⁴

- In principle, all prisoners should be given the opportunity to maintain their relationships with their family and friends, and especially with their spouses or partners and children. The continuation of such relations can be of critical importance for all concerned, particularly in the context of prisoners' social rehabilitation. The guiding principle should be to promote contact with the outside world as often as possible.⁶⁵
- For example, open visits, allowing physical contact with friends and especially children and partners, should be the norm. A decision to impose closed visits should always be well-founded and reasoned, and based on an individual assessment of potential risks.⁶⁶ Women in prison should be offered the possibility of conjugal visits on an equal footing with men.⁶⁷ It is also important that visits with spouses or partners or other close relatives be made possible even where such persons are also imprisoned, be it in the same or another establishment.⁶⁸
- A high percentage of women in prison are mothers and the primary caretakers in the family. Separation from families and children can have a particularly detrimental effect on both the prisoners and their families, particularly their children.⁶⁹ In view of the critical importance of maintaining family relationships for women in prison, contact with their families, including their children, and their children's guardians and legal representatives, should be encouraged and facilitated by all reasonable means.⁷⁰ Visiting hours should, in particular, allow for contact with school-age children or working relatives who might accompany them.⁷¹ Women prisoners could be permitted to receive longer if less frequent visits, by accumulating visiting time allowances.⁷² Financial assistance might, for example, be provided to those women in prison who do not have the necessary means to maintain regular contact with their dependent children.⁷³

⁶⁴ Sweden: 1991 visit, paragraphs 109 and 110; Ireland: 2014 visit, paragraph 109.

⁶⁵ Georgia: 2012 visit, paragraph 56.

⁶⁶ Bosnia and Herzegovina: 2012 visit, paragraph 53; Portugal: 2008 visit, paragraph 99; Romania: 2014 visit, paragraph 103.

⁶⁷ <u>Slovenia: 2006 visit, paragraph 87</u>.

⁶⁸ <u>France (Reunion): 2004 visit, paragraph 53; Romania: 2014 visit, paragraph 105</u>.

⁶⁹ Ireland: 2014 visit, paragraph 109.

⁷⁰ <u>Ibid., paragraph 110</u>. See also Rule 26 of the "Bangkok Rules".

⁷¹ United Kingdom (Gibraltar): 2014 visit, paragraph 56.

⁷² Armenia: 2015 visit, paragraph 107.

⁷³ Ireland: 2014 visit, paragraph 110.