
Draft Jamaican Standard

Code of Practice

for

Correctional services for women



BUREAU OF STANDARDS JAMAICA

**COMMENT PERIOD:
20 AUGUST 2023 – 18 OCTOBER 2023**

Draft Jamaican Standard

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Month 202X

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ISBN XXX-XXX-XXX-X

Declared by the Bureau of Standards Jamaica to be a standard specification pursuant to section 7 of the Standards Act 1969.

First published Month 202X

This standard code of practice was circulated in the draft form for comment under the reference DJCP 10: 2023. Jamaican Standards establish requirements in relation to commodities, processes and practices, but do not purport to include all the necessary provisions of a contract.

The attention of those using this standard specification is called to the necessity of complying with any relevant legislation.

Amendments

No.	Date of issue	Remarks	Entered by and date

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Foreword

The Ministry of National Security (MNS) proposed that National Standards for correctional services be developed with the support of the Bureau of Standards Jamaica (BSJ). In keeping with its mandate, the BSJ agreed to facilitate local participation in the development of National Standards for correctional services in Jamaica through establishing a Correctional Services Technical Committee (CSTC). The CSTC was established to develop and promulgate Jamaican Standard Specifications for the correctional service industry in keeping with regional and international normative standards.

The Technical Committee (TC) is composed of members from a wide cross-section of ministries, agencies, and disciplines, the private sector, and academia. The TC recognizes the issue relating to gender equity within the correctional setting that needs to be addressed to ensure that the women minority within the correctional settings are afforded the same care and opportunities as their male counterpart whilst acknowledging and making provisions for their specific needs that are often neglected. Therefore, a working group was established to ensure that there is a standard that will provide guidance on how to meet all the needs of women within the correctional institutions, without infringing on gender equity and their basic human rights.

This Correctional Service for Women Standard was prepared by working group two (WG-2) of the BSJ's CSTC. This standard is a part of a suite of Jamaican standards that are first of its kind developments intended for use by correctional institutions in Jamaica.

This standard is voluntary.

Committee representation

The preparation of this standard for the Standards Council, established under the Standards Act of 1969, was carried out under the supervision of the Correctional Services Technical Committee which at the time comprised the following members:

Acknowledgement

Acknowledgement is made to the United Nations for the use of material taken from the United Nations Office on Drug and Crime (UNODC), the Bangkok Rules, the Nelson Mandela Rules, the Criminal Justice Handbook Series, the United Nations Human Rights Office of the High Commissioner (OHCHR), the United Nations High Commissioner for Refugees (UNHCR), and the United Nations Educational, Scientific, and Cultural Organization (UNESCO). Acknowledgement is also made to the International Organization for Standardization (ISO), the World Health Organization (WHO), the Government of Western Australia (Department of Justice), the Australian Capital Territory (ACT) Inspector of Correctional Services (ICS), and the Advocacy for Human Rights in the Americas (WOLA) for the use of their material.

Related documents

This standard makes reference to the following:

- a) ACT Inspector of Correctional Services, ACT Standards for Adult Correctional Services, Canberra, 2019
- b) Advocacy for Human Rights in the Americas, Women, Drug Policies, and Incarceration: A

Guide for Policy Reform in Latin America and the Caribbean, 2016

- c) Corrections Victoria, J. Bundy. Department of Justice, Standards for the Management of Women Prisoners in Victoria, 2014
- d) Government of South Australia - Department for Correctional Services, Women prisoners with children: Advice and services for female prisoners with children, infants or if they are pregnant when going to prison
- e) International Centre for Prison Studies, A Human Rights Approach to Prison Management: Handbook for prison staff, Second edition, 2009
- f) International Organization for Standardization, ISO 9001:2015 Quality Management Systems— Requirements
- g) National PREA Resource Center, Prison Rape Elimination Act (PREA), 2023
- h) Public Health England, Gender Specific Standards to Improve Health and Wellbeing for Women in Prison in England, 2018
- i) Second Chance Act, (Community Safety Through Recidivism Prevention) U.S.A. regulation, 2007
- j) The Planning Institute of Jamaica, Women in Prison- The Impact of the incarceration of Jamaican women on themselves and their families, 2005
- k) United Nations, Afghanistan: Female Prisoners and their Social Reintegration, 2007
- l) United Nations, Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment, adopted by the General Assembly resolution 43/173 on 09 December 1988
- a) United Nations, Convention on the Rights of the Child adopted by the General Assembly resolution 44/25 on 20 November 1989
- b) United Nations Educational, Scientific and Cultural Organization (UNESCO), Guidelines for implementing, monitoring and evaluating: gender responsive EFA plans, 2004
- c) United Nations, Handbook on Dynamic Security and Prison Intelligence, 2015
- d) United Nations, Handbook on Women and Imprisonment, CRIMINAL JUSTICE HANDBOOK SERIES, 2nd edition, 2014
- e) United Nations Human Rights Office of the High Commissioner (OHCHR), Women and Detention, September 2014
- f) United Nations, United Nations Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women clients with their Commentary (The Bangkok Rules), resolution adopted by the General Assembly on 21 December 2010 at the Sixty-fifth Session
- g) United Nations, United Nations Standard Minimum Rules for the Treatment of Prisoners (The Nelson Mandela Rules). Resolution adopted by the General Assembly on 17 December 2015 at the Seventieth Session

- h) World Health Organisation (WHO), Health in Prisons: A WHO Guide to the Essentials in Prison Health, 2007
- i) World Health Organisation (WHO), Imprisonment and women's health: concerns about gender sensitivity, human rights and public health. Bulletin of the World Health Organization, 89(9), 689-694, 2011

Draft Jamaican Standard

Draft Jamaican Code of Practice for Correctional services for women

1. Scope

This standard specifies the best practices for correctional services for institutionalized women that deliver professional, quality and evidence-based correctional programmes and services that are gender responsive, inclusive, and characterized by human rights.

This standard does not include requirements for other areas of correctional services, such as: children (juvenile) and community-based correctional services.

2. Normative references

The following documents are referred to in the text in such a way that some or all of their content constitutes requirements of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

- JS 365: 202X, Jamaican Standard Specification for Institutional Correctional Services
- JS XXX: 202X, Jamaican Standard Specification for Correctional Services - Health and Wellness

3. Terms and definitions

For the purposes of this document, the following terms and definitions apply.

3.1

best interests of the child

principle which requires that all interventions, actions and decisions are made in accordance with the goal of encouraging and optimising the safety, security, wellbeing, mental and emotional health and development of children

3.2

case management plan

individualized, coordinated and integrated plan for, assessing, securing, monitoring and evaluating appropriate rehabilitation and other treatment interventions and services for addressing the needs of clients in seeking to support their effective re-entry and reintegration into the community

3.3

client

woman sentenced or remanded to the professional care, custody, and supervision of the correctional services within any institutional setting

3.4

community

group of people with an arrangement of responsibilities, activities and relationship

NOTE In this context, a community has a defined geographical boundary and refers to communities outside of the correctional facility.

3.5 correctional staff

officers and other employees with specialized training and know-how in gender-responsive techniques and approaches with responsibility for the professional custody, care and supervision of clients within an institutional setting

3.6 custodial setting

facility(ies) or institution(s) used and equipped for the secured and legal detention, confinement, imprisonment, incapacitation or institutionalization of a sentenced or remanded clients, to include adequate gender-inclusive and normed conditions

3.7 gender

characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other.

NOTE The definition of gender is necessary to inform the meaning, and hence, understanding of other terms and definitions included in this Standard.

3.8 gender analysis

careful and critical examination, comparison and analysis of how differences in gender roles, activities, needs, risks, opportunities and rights or entitlements affect men and women in correctional situations or contexts, as a strategy for ensuring responsiveness to and compliance and alignment with current international-accepted diversity, equity and inclusion evidence and best practices

3.9 gender mainstreaming

the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making women's as well as girl's, boy's and men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally, and inequality is not perpetrated. The ultimate goal is to achieve gender equality.

3.10 gender responsive

gender analysis and inclusiveness-informed set of institutional values and policies that reflect a coordinated and coherent means of responding to specific gender-based needs, risks and requirements

3.11 gender-responsive assessments

new classification instruments for female offenders (domains assessed include criminal history, education or employment, financial, family or marital[or caregiving], accommodation or housing,

leisure or recreation, companions, alcohol or drug problems, emotional or personal, attitude or orientation

NOTE 1 Gender-responsive assessments may be one of two types: (1) Women's Risk/Needs Assessment and (2) Women's Supplemental Risk/Needs Assessment.

NOTE 2 Women's risk/Needs assessment refers to an assessment of gender-neutral and gender-responsive risk factors in the admissions, probation, Correctional Institution and pre-release settings

NOTE 3 Women's supplemental risk/Needs assessment refers to trailer instrument that attaches to gender-neutral assessments or dynamic risk tools such as the Level of Service Instrument (LSI-R) or NorthPointe COMPAS that assesses gender-responsive risk factors in the probation, Correctional Institution and pre-release settings

NOTE 4 The LSI-R: (Level of service inventory-revised) is an assessment used to measure an [client's]inmate's risk to reoffend and to define the [client]inmate's programming needs

3.12 menstrual equity

universal access [within the context of the correctional institution] to menstrual hygiene products, along with education and access to related resources relative to reproductive health and wellness

3.13 offending behaviour programmes

range of offence-specific and offence-related interventions aimed at addressing criminogenic and psychosocial needs, based on principles including personal and institutional risk, need, and responsivity, with an emphasis on human rights and gender responsiveness

3.14 period poverty

inadequate access to menstrual hygiene tools and education, including but not limited to [a variety of] sanitary products, washing facilities and waste management

3.15 rehabilitation programmes

targeted treatment and service delivery interventions aimed at improving clients' reintegration outcomes by effectively addressing key behaviour change needs

3.16 risk assessment

process of identifying and evaluating the correctional environment and the client's unique needs and personal characteristics needed to identify the potential organizational and individual hazards, characterize the likelihood of a client reoffending, and identify and implement protective factors to ensure mitigation of the risk of potential harm to the client during her period of incarceration

3.17 sentence plan

broad, holistic, flexible guide and plan of action detailing how each sentenced Client will be uniquely managed during her term of imprisonment

3.18 transfer

to shift or change from one location to another, one form to another, or one situation or condition to another.

NOTE Within the context of Corrections, this is a [process by which...]youth charged with a crime committed when under the age of 18 [are transferred] from the juvenile justice system to the adult system, which is responsive and necessary based on this subcategory of client's particular vulnerabilities during, among other places/conditions, transitioning from a lower-level facility to one that is designed for adults.

3.19 trauma

event or circumstance resulting in physical harm, emotional harm, and/or life-threatening harm. The event or circumstance has lasting adverse effects on the individual's: mental health, physical health, emotional health, social well-being, and/or spiritual well-being.

3.20 trauma- informed

assessments and intervention practices that recognize and prioritize responses to the signs, symptoms, and risks of trauma and unresolved past life experiences to better develop, design, and deliver supportive services and programming that strengthens efforts to ensure the client's successful and sustainable rehabilitation and reintegration

3.21 trauma-informed services

strengths-based service delivery approach, grounded in an understanding of and responsiveness to the impact of trauma, and thereby eliminates, avoids and mitigates against institutional processes and individual practices that are likely to be re-traumatize

3.22 woman in correctional center

female person of at least 18 years old, held in prison, awaiting trial or serving a prison sentence

NOTE The term "Female(s)" is comprised of both youthful or younger females classified as "juveniles" (younger than age 18) and other females classified as "women" or clients (age 18 and older). Take note that the provisions of this Standard applies solely to the "women" sub-category of females.

4 Infrastructure

Internationally, regionally, and locally the focus on crime prevention and mitigation and promotion of effective, fair, humane and accountable criminal justice systems are drivers of the best practice of gender mainstreaming. Sex, gender, sexual orientation and gender identity play a significant role in shaping clients' experiences of the disparate impact of crime and criminal justice policies and practices. A gender-sensitive understanding of the experiences, needs, priorities, capacities and rights of all individuals will result in these differences being taken into account in any effective criminal justice reform efforts.

- 4.1** When planning for the correctional service management system, the institution shall prioritize the use of evidence-based research, best practices, and the local context specific to

the offences committed by women, the characteristics of women clients and the impact of incarceration on women and their families, and the advancement of public safety as a natural by-product. Institutional leadership shall:

4.1.1 ensure prioritization of gender responsive infrastructure at its correctional institutions to address the issue of the safety and security of clients, employees, and visitors.

4.1.2 In this context, ensure segregated spaces (physical, visual, and auditory), service delivery areas, and rooms must be designed and placed in a way that reduces the risk of sexual assault while also discouraging other negative outcomes such as corruption and violence against women and other vulnerable groups in the correctional facility. This will also address the needs associated with the best interests of children born in a custodial setting.

4.2 Standard gender-mainstreaming infrastructure shall include:

- a. Universal design and accessibility provisions for Person living with a disability (PLWD), the elderly, and children;
- b. Adequate lighting in the cells or dormitories and surrounding areas;
- c. Cells and dormitories with adequate provision of WASH (including a consistent freshwater supply, at least one fully operational and well-maintained sink and drainage system);
- d. Toilets that are private, secure, gender appropriate, clean, and menstrual hygiene management (MHM)-friendly (this will help address issues related to Menstrual equity);
- e. Child or age appropriate and family-friendly spaces and day care for visiting families;
- f. Provision of and consistent access to adequate amounts of clean water to privately and reasonably comfortably change and dispose of sanitary products and wash and sanitise themselves. This includes adequate space and resources for the maintenance of personal hygiene and dignity (this will help mitigate concerns related to human rights issues such as period poverty);
- g. Access to mental health and counselling support in infrastructure design to facilitate improved medical and health outcomes for women and vulnerable groups, keeping in mind that effectiveness is compromised where the need for settings that allow for confidentiality can be a core component of service delivery; and
- h. A secure facility perimeter that protects from outside influences.

4.3 Institutional leadership shall, utilising a gender analysis and responsiveness approach:

- a. Determine external and internal issues that are relevant to its mission, vision and stated purpose with respect to the women committed to its care and examine everything that affects its ability to fully achieve the related intended result(s).
- b. Prioritise, plan and implement trauma-informed, gender-normed and responsive offending behaviour programmes designed to positively impact on client intrinsic motivation, choices, and behaviours, which shall include incorporation of guidelines, practices, and protocols informed by the unique characteristics of the incarcerated woman.

- c. Plan for, monitor and review information and data about these external and internal issues for purposes of Continuous Process Improvement, innovation, and reformation.

NOTE 1 External and internal issues can include positive, negative, past and current factors or conditions for consideration.

NOTE 2 Understanding the institutional external context can be facilitated by considering issues arising from legal, technological, competitive, sociocultural, and economic environments, whether international, national, regional or local.

NOTE 3 Understanding the institutional internal context can be facilitated by considering issues related to values, culture, knowledge, and performance of the institution (i.e., resources – human and otherwise)

NOTE 4 Understanding the individual (Client) external context can be facilitated by considering issues arising from experiences with violence, poverty, single parenthood, and lack of education and or employment opportunities.

NOTE 5 Understanding the individual (Client) internal context can be facilitated by considering issues arising from experiences with addiction, mental and or emotional disturbance, and chronic and age-related diseases, ailments, and disabilities.

NOTE 6 Females in conflict with the law are generally incarcerated for committing petty, non-violent offences, have primary caregiving responsibilities, are from impoverished and marginalised parts of society, have a background of physical and emotional abuse, as well as mental health problems and alcohol or drugs dependency concerns. Consideration of these and other factors can greatly improve the effectiveness of offending behaviour programmes, which can translate into decreased recidivism, and improved re-entry, reintegration, and resettlement, giving client's a second chance, while improving public safety.

5 Admissions

5.1 Confinement to a correctional institution shall be undertaken only under the authority of a duly executed court order issued by a court of competent jurisdiction.

5.2 Upon initiating the admissions process the particular gender specific needs and psychosocial related vulnerabilities of each client shall be ascertained. (Utilisation of the Women's Risks or Needs Assessment is one tool available for assessment and classification purposes.)

5.3 Clients shall be provided with:

- a. access to facilities, means, and an opportunity to contact their relatives and, legal advice and or counsel;
- b. access to legal advice and counsel;
- c. accessible and up-to-date client handbook, which includes, at a minimum, the facility's rules and regulations, the complaint process, confidentiality, non-harassment and non-discrimination policies, the Correctional Institution's regime and where to seek help when in need, expressed in a language and or format that the client easily understand access; and
- d. timely and unimpeded access to consular representatives, given that women in correctional centers suffer from a set of unique and particular vulnerabilities due to their gender. This contact must comply with existing agreements, protocols and requirements.

Where the law is silent, support to facilitate this access shall be provided within a reasonable amount of time and under internationally accepted standards and conditions.

5.4 Transfers

- 5.4.1 Institutional leadership shall recognize the unique vulnerabilities presented by the developmental stage of the young client and adopt a responsive set of gender-normed needs and risks assessments, evaluations, processes, policies, and protocols that, at a minimum, address the safety, psychosocial, and programs, interventions, and services needs of this special category of client. These should be subject to independent review and oversight.
- 5.4.2 Institutional leadership shall ensure that these rules and regulations are enshrined in appropriate policies and procedures, including the admissions process and are continuously reviewed and amended on a reasonable, predetermined, periodic basis.

6 Classification

- 6.1 Institutional leadership shall develop and implement classification methods addressing the gender-specific needs and circumstances of the clients to ensure appropriate and individualized planning and implementation towards those client restoration, early rehabilitation, treatment and successful reintegration into society.
- 6.2 The gender-sensitive and best practices-based risk assessment and classification of client shall:
- a. Determine the particular risk of abuse that women face in pre-trial detention (remandees) as recognized by the relevant authorities and adopt appropriate measures in policies and practices to guarantee the health, safety, and welfare of each client.
 - b. Take into account the generally lower risk posed by women as compared to their male counterparts, as well as the particularly harmful effects that high-security measures and increased levels of isolation can have on a woman's psychological, emotional, and physiological health and wellness.
 - c. Enable an allocation, sentence planning, and case management plan and framework that take into account essential information about the clients' background, such as trauma(s) or violence they may have experienced, history of mental disability or defect and substance abuse, as well as parental and other caretaking responsibilities.
 - d. Ensure that the client's sentence plans include restorative and rehabilitative programmes and services that match their gender-specific needs and ability or limitations.
 - e. Ensure that those with mental and or emotional health-care needs are properly assessed and housed under appropriate conditions and in accommodations that are not restrictive, at the lowest possible security level, and receive appropriate, ongoing treatment delivered by qualified, culturally aligned and or sensitive clinicians.

NOTE Utilisation of the Women's Risks/Needs Assessment is one tool available for assessment and classification purposes.

7 Record-keeping

7.1 At intake and throughout the client's period of incarceration, assessment and documentation of, at a minimum, the client's reproductive status (i.e., pregnancy), age-related change needs (i.e., menopause), disability and or other special needs (i.e., physical, emotional, learning or mental, special diets, assistive devices), parental and caregiving status, other health status (i.e., chronic illnesses and medications, cancer, and HIV/other communicable diseases) shall be undertaken.

This information shall be compiled and documented and electronically stored, managed, and made available as required by confidentiality, freedom of information acts, transparency, oversight, and other related laws and policies.

7.2 The number and personal details of the client's child(ren) and others for whom she has primary caregiving responsibilities shall be recorded, documented, and stored and managed electronically at the time of admission to the correctional institutions or facility. The records, without prejudicing the rights of the mother, shall include the full names of the child(ren) and person(s) for whom she is the primary caregiver, their age(s), gender, and, if not accompanying the mother, their location and custody or guardianship status.

7.3 All information relating to the child(ren)'s identity shall be kept confidential.

7.4 Upon request, the client shall be provided with accessible copies of all case files and or related documents at no cost if unable to pay.

7.5 An auditable and accessible system that provides clients access to documents related to their incarceration and that of their child(ren), where applicable, shall be developed and implemented.

8 Personal hygiene

8.1 Institutional leadership shall ensure that women's accommodations have the facilities and materials needed to meet their general and specific hygiene needs, including meeting the tenets and principles under a Menstrual Equity mandate that includes adequate amounts of free sanitary napkins and tampons (this to ensure no issues related to period poverty) and a regular supply of clean water for the personal care of all incarcerated children and clients alike.

8.2 Client clothing and Child(ren)'s clothing and sanitary needs

To ensure the health and wellbeing of clients, it is an international and jurisdictional best practice that the state is obligated to provide clothing which will keep clients and the child(ren) born to them while incarcerated warm or cool. To this end, Institutional Leadership shall ensure, at a minimum, that:

- a. a total prohibition is placed on clothing that is ill-fitting (i.e., form fitting, too tight, loose, short), revealing, damaged and or otherwise not fit for purpose such that they are degrading, undignified, or humiliating in any way;
- b. clients receive the requisite number and type of clothing and accompaniments as prescribed by law and replaced or exchanged on an established periodic basis, with provision made for

exigent circumstances as might be presented during clients' monthly menstrual cycles, menopause, etc;

- c. clients' clothing is maintained and provided in a clean and hygienic condition or to provide the means for prisoners to do so; and
- d. children housed with their mothers are provided appropriate and adequate clothing and sanitary needs (i.e., disposable diapers, baby wipes).

9 Health-care services

9.1 Medical screening upon entry

Given that the evidence shows that women in Correctional centers have a higher propensity for incidences of chronic illnesses, co-occurring disorders, mental illness, gender-based and other forms of violence, and co-occurring disorders as compared to their male counterparts, a Trauma-informed approach and delivery of trauma-informed services are required under each of the interventions provided for under this section.

- 9.1.1 The health screening of the client shall determine:
 - a. primary health care needs;
 - b. the presence of sexually transmitted diseases or blood-borne diseases;
 - c. the need for HIV testing based on risk factors and pre and post-test counselling offered if required;
 - d. mental health-care needs, including other trauma related outcomes such as post-traumatic stress disorder and risk of suicide and self-harm;
 - e. the reproductive health history of the client, including current or recent pregnancies, childbirth and any related reproductive health issues;
 - f. the existence of drug dependency;
 - g. age-related medical and or mental health concerns, and
 - h. sexual abuse and other forms of violence that may have been suffered prior to admission.
- 9.1.2 If the existence of sexual abuse or other forms of violence before or during detention is diagnosed, the client shall be informed of her right to seek recourse from judicial authorities. The client shall be fully informed of the procedures and steps involved, and provided access to legal counsel and any other supportive services needed to assist her with fully exercising her rights.

NOTE Adoption and implementation of a PREA (Prevention of Rape Elimination Act)-like mandate by Institutional leadership will serve as a prevention and mitigation best practice for the sector.

- 9.1.3 If the client agrees to take legal action, appropriate staff shall be informed and immediately refer the case to the competent authority for investigation. The relevant correctional authorities shall help such women access legal assistance.

- 9.1.3.1 Whether or not the client chooses to take legal action, correctional authorities shall endeavour to ensure that she has immediate access to specialized psychological support or counselling.

- 9.1.3.2 Specific measures shall be developed to avoid any form of retaliation against those making such reports or taking legal action.
- 9.1.3.3 The right of a client to medical confidentiality, including specifically the right not to share information and not to undergo screening in relation to their reproductive health history, shall be respected at all times.

9.2 Gender-specific health care

- 9.2.1 Gender-specific health care services at least equivalent to those available in the community shall be provided to the client.
- 9.2.1.1 If a client requests that she be examined or treated by a woman physician or nurse, a woman physician or nurse shall be made available, to the extent possible, except for situations requiring urgent medical intervention. If a male doctor undertakes the examination contrary to the wishes of the client, a woman staff member shall be present during the examination.
- 9.2.2 Only medical staff shall be present during medical examinations unless the doctor is of the view that exceptional circumstances exist or the doctor requests a member of the correctional staff to be present for security reasons or the client specifically requests the presence of a member of staff as indicated in clause 9.2.1.1 above.
- 9.2.3 Pregnancy, pre and postnatal care, childbirth, and lactation are also areas of concern for the woman client and require development, implementation, and ongoing review of gender-responsive policies, procedures, and processes that align with these unique needs and periods of time.

NOTE Children born in custody are not clients for purposes of this standard, but they represent a unique and especially vulnerable group of persons who form an important aspect of the correctional institution's role, responsibilities and mandates with respect to each child's care, treatment, and wellbeing. This relationship requires institutional responses that are in the best interest of the child, as articulated in local, regional, and international law, to include a robust, transparent, and reviewable internal and independent oversight and accountability mechanism.

9.3 Age-specific health care

- 9.3.1 Institutional leadership shall: develop, implement, and continuously improve gender-responsive correctional health care-related policies, protocols, processes, and procedures that are gender-responsive and informed that prioritizes around the unique needs of the ageing client in the custodial setting; and ensure that, at a minimum, these policies, protocols, processes, and procedures include age and gender-specific programming addressing issues such as menopause, multiple chronic health conditions, caregiving responsibilities, and dental, and mental health, among others.
- 9.3.2 Age-specific health care services at least equivalent to those available in the community shall be provided to the client.

NOTE Incarcerated (elderly) women have higher rates of chronic medical and psychiatric disorders, drug dependence, and co-occurring disorders and are generally sicker than their male counterparts, and their non-incarcerated counterparts who makes their health and wellness needs unique therefore requiring appropriate attention and action.

9.4 Mental health, wellness, and care

- 9.4.1 Individualised, gender-sensitive, trauma-informed and comprehensive mental health care and rehabilitation programmes shall be made available for clients with mental health-care needs in the custodial setting.
- 9.4.2 The correctional staff shall be made aware of times when the client may feel particular distress, so as to be sensitive to their situation and ensure that the client is provided with the appropriate support.
- 9.4.3 Institutional leadership shall make the elimination of prison rape and other sexual assault a priority. A policy and protocol shall be developed to prevent, detect, and respond to prison rape.
- 9.4.4 Institutional leadership shall ensure that persons with learning and other cognitive disabilities are provided with appropriate, specialised and individualised care and services that are also gender normed and responsive.

9.5 HIV prevention, treatment, care and support

- 9.5.1 In developing responses to HIV/AIDS in correctional institutions, programmes and services shall be responsive to the specific needs of women, including prevention of mother-to-child transmission. In this context, correctional institution's authorities shall encourage and support the development of initiatives on HIV prevention, treatment and care, such as peer-based education.
- 9.5.2 Institutional leadership shall provide comprehensive HIV prevention, treatment, care and support for clients in correctional institutions. In this regard, the intervention should include providing:
 1. Information on modes of HIV transmission and ways to reduce those risks, on testing, and treatment.
 2. Access to essential prevention commodities such as female condoms.
 3. Voluntary confidential HIV testing and counselling services.
 4. Diagnosis and treatment of sexually transmitted infections.
 5. Drug dependence treatment, including substitution therapy for opioid dependence.
 6. Appropriate diet and nutritional supplements.
 7. Antiretroviral treatments, preventing and treating tuberculosis, other opportunistic infections and other blood borne infections such as hepatitis B and C.
 8. Access to reproductive health and family planning services.
 9. Care during pregnancy and delivery in appropriate settings and antiretroviral therapy to HIV-positive pregnant clients to prevent mother-to-child transmission (PMTCT).
 10. Post-exposure prophylaxis (PEP) to clients having been exposed to a risk.
 11. Care for children, including those born to HIV-infected clients or HIV-infected.
 12. Palliative care and compassionate release for AIDS and terminally ill patients.

9.6 Substance abuse treatment programmes

- 9.6.1 Correctional institutions health services shall provide or facilitate specialized treatment programmes designed for substance abusers, taking into account prior victimization, the special needs of pregnant clients and clients with children, as well as their diverse cultural backgrounds.

9.7 Suicide and self-harm prevention

9.7.1 Institutional leadership shall:

- 9.7.1.1 Develop strategies to prevent suicide and self-harm and to provide appropriate, gender-specific and individualized psychosocial and psychiatric support to those at risk need to form a comprehensive element of mental healthcare in the correctional facility.
- 9.7.1.2 Undertake health screening on entry to correctional facility and regular assessments as key components of self-harm and suicide prevention strategies.
- 9.7.1.3 Ensure that that staff members receive mental health training so they can recognize signs of self-harm and suicide risk and provide assistance by offering support and referring such cases to specialists. Programs to prevent suicides must include post-admission supervision by compassionate, well-trained staff throughout the sentence. The development of the right kind of client-staff relationship is essential for enabling the women to speak up when they experience distress.
- 9.7.1.4 Use a multifaceted approach when designing individual programs for clients who have severe mental health issues but are not eligible to be transferred to a psychiatric hospital. These programs should include psycho-social support, counseling, and treatment. Absence of such programs may result in a rise in instances of self-harm and an overuse of segregation for extended periods of time.
- 9.7.1.5 Ensure that staff members are informed and alert to specific times (certain circumstances and detention stages) when clients may be experiencing high levels of stress, anxiety, and depression, which may result in self-harm and suicide.
- 9.7.1.6 Ensure that the reception area and procedures are organised in such a way as to minimise mental distress. Wherever possible, correctional facilities should be provided to enable the client to make early contact with their families. Procedures should ensure that all clients receive and understand the information given and that, so far as possible, the information is provided in accordance with their cultural traditions.
- 9.7.1.7 Institutional leadership shall give priority to ensuring that ongoing policy and programme reviews and adjustments are incorporated into related policies and plans.

9.8 Preventive health-care services

- 9.8.1 Each client shall receive education and information about preventive health-care measures, including on HIV/AIDS, sexually transmitted diseases and blood-borne diseases, as well as gender-specific health conditions. This education and training shall be delivered in an accessible manner based on the need of the relevant client.
- 9.8.2 Preventive health-care measures of particular relevance to women, such as Papanicolaou tests or Pap smear and screening for breast and gynaecological cancer, shall be offered to each client on a periodic, ongoing basis.

9.9 Health care emergency response

9.91 Institutional leadership shall ensure that relevant, up-to-date, and gender-responsive policies, procedures, processes, protocols, and resources are available to provide appropriate responses to:

- a) Pregnancy-related emergencies;
- b) Childbirth; and
- c) Emergencies specific to the child(ren).

NOTE These procedures, processes, protocols, and resources shall include integrated pathways for accessing and the use of related community-based assets, resources, services, and expert personnel equipped.

10 Safety and security

10.1 Searches

10.1.1 Institutional leadership shall:

10.1.1.1 Develop very clear and transparent gender-sensitive and responsive policies and establish a clear set of procedures with regard to the searching of women, based on the safeguards outlined above in accordance with the principles of legality, necessity and proportionality.

10.1.1.2 Ensure that safeguards are placed to prevent the overuse or discriminatory use of all types of searches and records must be kept of all searches, including the reasons for them, who authorised them, who conducted them, and any results.

10.1.1.3 Ensure a total prohibition of all personal searches, including pat-down searches, strip searches and invasive body searches of women by male staff. A sufficient number of female staff should be designated to carry out searches of women in correctional centres, while keeping in mind issues with regard to the sexual orientation of the assigned female staff member and implementing reasonable mitigation safeguards.

10.1.1.4 Ensure staff education, awareness, and ongoing training about women's particular vulnerability during searches, and their training should include search procedures and methods that comply with the requirement to protect the privacy, human rights, and dignity of the client being searched.

10.1.2 If there is suspicion that a client is concealing an illegal or forbidden item in her body, use alternative methods of screening to detect the item and execution of related appropriate, humane retrieve processes. This may include using modern scanning technology or making arrangements to keep the person under close supervision until such time as any illegal or forbidden item is expelled from the body.

10.1.3 Ensure that strip searches and invasive body searches of women should only be carried out in exceptional circumstances, if at all, which should be defined by law. Special consideration must also be given to pregnant, elderly, and or disabled clients.

- 10.1.4 Ensure that strip searches and invasive body searches should always be authorised by institutional leadership, in writing, and the legitimate grounds for the search committed to the record. A copy of this authorisation must be committed to the client's official file as well as the institution's automated recordkeeping system and must be made accessible and auditable as required by law.
- 10.1.5 Ensure that searches, in particular strip and body-cavity searches, are performed in privacy, in a dedicated place that is not in the field of vision of other staff or detainees. The procedure should be carried out in adequate sanitary and hygienic conditions and include only those staff members required for the search. Any search as authorised must be carried out in a manner that respects the client's dignity and human rights, to include exposing only parts of the body absolutely necessary (the person should never be completely naked).
- 10.1.6 Ensure that a strip or cavity search is not conducted in a manner or under conditions that are likely to cause physical injury to the person, as well as minimises the traumatic impact of the experience.
- 10.1.7 Ensure that independent, corroborated evidence and supporting documentation is maintained of the probable cause, authorising official, witnesses, and findings of the search. The same must be audible, transparent, and accessible as required by law.
- 10.1.8 Ensure that the staff is trained and qualified to carry out strip searches in a way that respects the dignity and human rights of the client being searched.
- 10.1.9 Ensure that oversight bodies are actively involved and uniquely placed to evaluate and monitor how body searches are conducted in practice, with priority placed on compliance and continuous process improvement.
- 10.1.10 Effective measures shall be taken to ensure that clients are treated with dignity and respect during personal searches, which shall only be carried out by a team of women staff who have undergone proper training in appropriate search methods, and such searches are conducted in accordance with established procedures and protocols.
- 10.1.11 When searching either children who are incarcerated with their mothers, or those visiting their mothers, staff shall:
- i. demonstrate a high level of competence, professionalism, and sensitivity;
 - ii. preserve and ensure the respect and dignity of the children being searched is preserved at all times; and
 - iii. ensure that searches are conducted in accordance with international best practices and provisions, along with national and institutional rules, regulations, policies, procedures, and protocols.

NOTE It is important to note that, given the current social climate, the consideration of the sexual orientation, preference, and identity of the woman officer must be addressed as a component of an effective policy and operational consideration, perspective, and posture as it has implications for professional conduct, good order and other operational and mission-related outcomes.

10.2 Strip searches

- 10.2.1 Strip searches shall be conducted by staff members of the same sex (where staffing and other considerations permit), in the least intrusive and gender and disability-sensitive

and responsive manner possible within correctional institutions, and under conditions that ensure preservation of the dignity and privacy of the client.

10.2.2 Clients subject to strip search are allowed the option of choosing which authorised type of search she prefers.

10.2.3 Strip searches of clients and visitors shall be limited to non-body cavity searches, to include non-removal of tampons or other menstruation-related materials being worn.

10.2.4 Development of alternative strategies for mitigating institutional risks (i.e., strip or body cavity searches) that may be posed by the client shall be required.

NOTE 1 Alternatives to strip and other invasive and or body searches of client's have been found not only to be of limited corrective value and unnecessarily contribute to unsafe corrective environments for both clients and staff but are a direct violation of client's right to dignity, other human rights, as well as prevailing community standards and norms.

NOTE 2 The use of strategies such as dynamic security ("...actions that contribute to a professional, positive and respectful relationship between prison staff and prisoner") has shown efficacy with regard to contributing to the mitigation of institutional safety concerns.

11 Emergency procedures

11.1 Emergency planning is most preferably conducted in a proactive manner. In order to ensure that unique considerations such as evacuation of pregnant or other special categories of clients or clients with disabilities, as well as children housed with their mothers, each correctional center shall have a clear set of procedures to effectively and consistently deal with all possible emergencies (i.e., riot, death, fire, medical emergencies).

11.2 Minimally, institutional leadership will ensure that these procedures are:

- I. Pre-planned;
- II. Posted, Legible and Accessible (i.e., pictures and verbiage); and
- III. Periodic preparations or Drills conducted (to include provisions for persons with disabilities, other cognitive and or physiologically limiting impairments)

12 Discipline and punishment

12.1 Punitive punishment such as close confinement or disciplinary segregation shall not be applied to certain vulnerable categories of clients, such as: pregnant clients, clients with infants, breastfeeding or lactating clients and, clients presenting with mental health, developmental and learning delays, psychological or emotional issues, and the ageing/elderly client.

12.2 Disciplinary action shall not include a restriction on contact with family, with particular emphasis on client's child(ren), nor shall it include imposition of any period(s) of period poverty.

12.3 Instruments of restrain

- 12.3.1 Instruments of restraint shall never be used on clients during labour and birth, or immediately after giving birth during the medically accepted postpartum phase.
- 12.3.2 Such restraints, when used, must apply the minimum amount of force necessary in the shortest time possible, in accordance with current best practices. Where those best practices are not gender normed or sensitive, Institutional Leadership will ensure that adaptations are made in accordance with current industry best practices.

13 Client complaints, inspections and oversight, and information

13.1 Client complaints

- 13.1.1 A client complaint system that is gender responsive and inclusive shall be developed and promulgated. Clients shall be provided the same in accessible formats and shall contain information regarding rights and responsibilities, the processes and protocols for filing complaints, and enforceable confidentiality, non-retaliation, and privacy statements.
- 13.1.2 The complaint system shall be one that is transparent, accessible to all clients, and provides timely review, investigation, and responses, to include appeal rights and processes and assistance and facilitation accessing the same.
- 13.1.3 If the client's complaint involves sexual abuse-related pregnancy, she shall receive appropriate, timely, and ongoing medical advice and counselling, the requisite physical and mental health care, support and legal aid. This requirement is applicable in all instances to include where the client files a complaint or not.
- 13.1.4 Each claim shall be investigated by independent, competent authorities utilizing a transparent, evidenced-based protocol and procedures that respects the principles of confidentiality, non-retaliation, and due process of law and is subject to review.
- 13.1.5 Protective measures shall be in place to mitigate and provide effective and timely responses to the risks of retaliation, abuse, harassment, misconduct, mistreatment, or other negative outcome as a result of filing a complaint.

13.2 Inspections and Oversight

- 13.2.1 Monitoring and or oversight of visiting boards, supervisory bodies, inspectorates, or other bodies charged with monitoring the conditions of detention and the treatment of the clients shall be diverse and inclusive of women members.
- 13.2.2 The clients shall be provided access to and opportunity to speak and/or otherwise communicate with members of these bodies privately and confidentially utilising established and promulgated protocols and procedures. These policies and procedures are to be clearly communicated and made accessible.
- 13.2.3 The client shall not be subject to any form of retaliation or retribution for the free and compliant exercise of these rights, to include the right of redress and complaint.

NOTE. protective measures includes an anonymous complaint protocol that incorporates a bypass system (i.e., in the case of allegations of officer misconduct), protocols that address the accessibility needs of

persons requiring assistance with process access and completion (i.e., the visually impaired) and other confidentiality, accountability, timeliness, and effectiveness of remedies.

13.3 Information

13.3.1 Institutional Leadership shall ensure that:

- a. Clients and or her authorised representative(s) have unimpeded and timely access to complete, unredacted (other than as provided for by law) information, documents, and any related materials related to the complaint and oversight functions.
- b. This information, documents, and any related materials shall be made available free of cost and in a form that is accessible to the requesting client and/or her authorised representative(s).
- c. This information, documents, and any related materials are stored in a secure, auditable electronic manner that ensures secure access and confidentiality of the same.

14 Social relations

14.1 Institutional leadership shall:

- a. Encourage and facilitate by all reasonable means, client's contact and visits with their families, including their child(ren), and their child(ren's) guardians and legal representatives as an important component to ensuring client's mental and emotional wellbeing and enhance the effectiveness of her behaviour and attitude change efforts and social reintegration.
- b. Client's approved contact and visitors list is designed and revised or updated in consultation with her. This is in view of the reported disproportionate experience of domestic violence and other abuse experienced by clients historically as well as concerns regarding re-traumatization and or opportunities for novel abuse(s).

14.2 Where conjugal visits are allowed, clients shall be able to exercise this right on an equal basis as their male counterparts. This includes dedicated designated private places and associated amenities for the same as reasonably available.

14.3 Visits involving children shall take place in an environment that is conducive to a positive visiting experience, including with regard to staff attitudes. It is preferred that client(s) are allowed open contact between her and her child(ren). Visits involving extended contact with children should be encouraged, where possible.

14.4 Where possible, measures shall be taken to counterbalance disadvantages faced by women detained in institutions located far from their homes.

15 Institutional personnel and training

15.1 Institutional Personnel

15.1.1 Capacity-building for staff employed in women's Correctional Institutions shall be

informed by a multidisciplinary gender analysis that enables Leadership to address the special social reintegration needs of clients, while managing safe and rehabilitative facilities.

- 15.1.2** Capacity building measures for women staff shall also include access to senior positions with key responsibility for the development of policies and strategies relating to the treatment and care of their clients.
- 15.1.3** There shall be a clear and sustained commitment at the managerial level in the Correctional Institution's administrations to prevent and address gender-based discrimination against women staff.
- 15.1.4** Clear policies and regulations on the conduct of the Correctional Institution's staff aimed at providing maximum protection for clients from trauma and other related outcomes as a result of any gender-based (including same-sex) physical, psychological, emotional or verbal violence, abuse and sexual harassment shall be developed and implemented.

15.2 Training

- 15.2.1 Women correctional staff shall receive equal access to training as male correctional staff, and all staff involved in the management of women's Correctional Institutions shall receive training on gender sensitivity, disability, human rights, and prohibitions on discrimination and sexual harassment.
- 15.2.2 All staff assigned to work with incarcerated women shall receive training relating to the gender-specific risks and vulnerabilities, mental health, and human rights needs of the client.
- 15.2.3 Basic training shall be provided for correctional staff working in women's Correctional Institutions on the main issues relating to women's health, including specific focus on safety, wellbeing, and care related to the best interests of the child(ren) housed with their mothers.
- 15.2.4 Where children are allowed to stay with their mothers in the Correctional Institution, awareness-raising on child development and basic training on the health care of children shall also be provided to correctional staff, in order for them to respond appropriately under routine conditions as well as in times of need and emergencies.
- 15.2.5 Capacity-building programmes on HIV shall be included as part of the regular training curricula of the correctional staff. In addition to HIV/AIDS prevention, treatment, care and support, issues such as gender and human rights, with a particular focus on their link to HIV, stigma and discrimination, shall also be part of the curriculum.
- 15.2.6 Correctional staff shall undergo industry-approved training and retraining to detect mental healthcare needs and risk of self-harm and suicide.

16 Managing Institutional Regimes

- 16.2 That the correctional system is flexible enough to respond appropriately and in a timely fashion to the unique needs of pregnant clients, nursing or lactating clients, and clients with

children.

- 16.3 To help facilitate participation of the clients in correctional activities, adequate childcare facilities, or arrangements, shall be provided.
- 16.4 Particular emphasis and resources shall be invested in providing programmes that are appropriate for pregnant clients, nursing or lactating clients, and clients with children in the Correctional Institutions.
- 16.5 Emphasis and particular efforts shall be placed on providing appropriate services and interventions for the clients who have psychosocial support needs, especially those who have been subjected to physical, mental or sexual abuse, and or have parenting or other caregiving responsibilities.

17 Aftercare and Resettlement

17.1 Institutional leadership shall ensure that:

- a. A gender analysis-informed approach to utilization of options such as home leave, open prisons, halfway houses and community-based programmes and services be taken to the maximum possible extent for the clients. This will assist with improving the ease of their transition from institutionalization to liberty. It will help reduce stigma and assists with reentry planning and aftercare support, including strategies for helping clients re-establish contact with their families at the earliest possible stage.
- b. Design and implementation of comprehensive pre- and post-release reintegration programmes and pathways which take into account the gender-specific needs of the client are undertaken. This must be in cooperation with probation and or social welfare services and relevant stakeholders and experts (i.e., family, local community groups, subject-matter experts, and non-governmental organizations).

18 Special categories of clients

18.1 Foreign nationals

- 18.1.1 Contact with the client's consular representative/office shall take place immediately upon detention or incarceration, and no undue and/or unreasonable restrictions on access to the client should be imposed.
- 18.1.2 Communications between the client and her consular representatives are to remain confidential and unmonitored, and specific space provided at the institution designated for relevant meetings, to include reasonable measures for ensuring the client's safety and wellbeing while in these settings.
- 18.1.3 Where relevant bilateral or multilateral agreements are in place, the transfer of non-resident foreign national clients to their home country, especially if they have children in their home country, shall be considered as early as possible during their imprisonment, following the application or informed consent of the client concerned.

- 18.1.4 Where there are no relevant agreements in place, institutional leadership shall act consistent with relevant regionally and internationally accepted norms and protocols.
- 18.1.5 Where a child living with a non-resident foreign-national client is to be removed from the correctional institution, consideration should be given to the wellbeing of the child(ren) as well as relocation of the child to its home country, taking into account the best interests of the child and in consultation with the mother.
- 18.1.6 These clients shall be accorded the same considerations and care as their local counterparts, to include gender-specific considerations related to reproductive status, age, etc.

18.2 Minorities

- 18.2.1 Institutional leadership shall recognize that clients from different religious and cultural backgrounds have distinctive needs and may face multiple forms of discrimination in their access to gender and culture-relevant programmes and services.
- 18.2.2 Institutional leadership shall provide comprehensive programmes and services that are responsive to and address these and other unique, gender-specific needs. This to be done in consultation with the clients themselves and the relevant stakeholder and other experts, parties or groups.

18.3 Clients awaiting trial (on remand or un-sentenced)

18.3.1 General Requirements

The particular risk of abuse that women face in pretrial detention shall be recognized by relevant authorities. Consistent with industry best practices, correctional authorities shall develop and adopt appropriate measures in policies, practice, and oversight to recognize the client's un-convicted status and therefore the applicable presumption of innocence standard is to be applied and reflected in the manner in which this category of client is managed, treated, and afforded the rights and benefits that accrues to her.

18.3.2 Specific Requirements

Given that clients awaiting trial are unconvicted and not serving a sentence of imprisonment, Institutional leadership will ensure that each client be:

- a. informed of this right, in an accessible manner (i.e., in braille for clients who are visually impaired), promptly after entrance to the facility as part of the admissions process;
- b. kept separate from sentenced clients, where possible, practicable, and appropriate. Assignment to punitive housing assignments (i.e., maximum security or extended lockdowns) as a strategy for mitigation of issues related to space is inconsistent with the corrective goals of the sector and is a significant contributor to negative psychosocial client outcomes and should, where at all reasonably possible, be avoided;
- c. permitted to wear their own clothing (subject to operational limitations);

- d. offered the opportunity to work and be reasonably compensated for that work where work is available;
- e. offered the opportunity to participate in educational and vocational programmes as well as outside recreational activities in a section of the institutional grounds separate from sentenced clients, where practicable;
- f. provided with adequate levels of psychological and other medical and psychosocial supports, services, and resources; and
- g. allowed increased visitor access, especially where children, especially minors, are involved. Reasonable restrictions and supervision that are necessary in the interest of the administration of justice and to ensure needed security and good order of the institution are the only ones allowable.

NOTE The standards cover the special privileges these people should enjoy, as well as their human rights.

19 Continuous process improvement

19.1 Institutional leadership shall:

- 19.1.1 adopt a gender responsive perspective in prison data gathering, including redesign or creation of a gender responsive data collection instruments, related information management and reporting systems;
- 19.1.2 Prioritize the compilation of detailed information on the situation of the clients in prison in the country and region. To promote transparency, this data must be auditable, accessible, and available to all stakeholders; specifying characteristics, at a minimum, that should be included on the data collection instruments include level of education, age, health or reproductive status, parental or caregiver status, employment status, conditions of confinement, and ethnic or racial identity;
- 19.1.3 Ensure ongoing research and process improvement efforts with regards to special needs categories such as ageing clients and clients disabled due to pregnancy and or pregnancy-related health concerns; and
- 19.1.4 Consider the value of a Second Chance policy perspective that will allow clients to have a greater opportunity for successful reintegration as a result of a facilitated re-entry strategic, to include supportive structures made available as a result of community and other partnerships.

NOTE In order to overcome existing barriers to the collection and reliability of, and access to good public data related to incarcerated women there are obstacles that must be addressed. One of the most significant obstacles to effective policies and programs design, implementation and management that are consistent with a gender perspective and a human rights-based approach is the lack of information and knowledge of women and their situations prior to and once incarcerated.

END OF DOCUMENT

Draft Jamaican Standard

Annex A (Informative)

OVERVIEW & THE CONTEXT OF THE WOMAN CLIENT

A.1 Incarcerated women are an especially vulnerable group

Building on the *International Covenant on Civil and Political Rights, Article 10*'s finding that "All persons deprived of their liberty shall be treated with humanity and with respect for the inherent dignity of the human person," this standard addresses the unique, gender and trauma-informed, gender responsive, and inclusiveness needs of incarcerated women in Jamaica. This standard serves as recognition of the uniqueness of the needs of incarcerated women, and as such serves as a compliment to the Institutional Standard within this suite.

Prisons operate optimally when organised and managed around a clear, ethical framework. These frameworks are guided by international standards developed to protect the human rights of persons (in this instance, clients) deprived of their liberty and to ensure that their treatment aims to facilitate prioritisation of their effective social reintegration. As one of several key foundational aspects of a best practices and evidence-based approach to management and service delivery, human rights is integral and must suffuse all aspects of good prison management. Historically, there has been a concentration by prison authorities on technical/quality processes and procedures. This approach has a propensity for lending itself to an organisational culture that forgets that a prison is not the same as a factory which produces cars or machines, but one that is charged with the rehabilitation and correction of people.

Barriers to achieving these rehabilitative and corrective outcomes for its clients can be challenging. The need of the correctional system to reposition itself in response to the recognized need for adoption and implementation of human rights driven, gender-sensitive, trauma-informed and responsive policies, procedures, and processes as an intersectional best practices and evidence-based response to its women clients.

A.2 Factors informing this vulnerability

It is a well-settled fact that women within the context of the prison constitute a vulnerable group, which is directly related to their gender, including increased vulnerabilities at differing stages of their lives. A number of common factors that consistently inform and influence their needs, risks, and outcomes (regardless of differences related to factors such as locale and the reasons for and intensity of their individual vulnerability) include:

- Challenges they face in accessing justice on an equal basis with men in many countries;
- Disproportionate victimisation from sexual or physical abuse prior to imprisonment;
- Disproportionately high level of mental health-care needs, often as a result of; domestic violence and sexual abuse;
- High level of drug or alcohol dependency;
- Vulnerability due to the extreme distress imprisonment causes to women, which may lead; to mental health problems or exacerbates existing mental disabilities;
- Susceptibility to sexual abuse and violence against women in correctional centers;
- High likelihood of having caring responsibilities for their children, families and others;
- Gender-specific healthcare needs that cannot adequately be met; and
- Post-release stigmatisation, victimisation and abandonment by their families.

Note: Statement of Non-discrimination. Measures applied under the law and designed solely to protect

the rights and special status of women—especially pregnant women and nursing mothers, children and juveniles, aged, sick or handicapped persons—shall not be deemed discriminatory. The need for, and the application of such measures shall always be subject to review by a judicial or other authority. —*Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment Principle 5 (2)*.

A.3 Non-Discrimination

Gender Equity and Discrimination

Rule 6 of the Standard Minimum Rules for the Treatment of Prisoners makes clear that, putting the principle of non-discrimination into practice requires that, “account shall be taken of the distinctive needs of women prisoners in the application of the Rules.” It is important to note that making provisions under this standard in response to the need to ensure the need to accomplish “substantial gender equality” shall not be regarded as discriminatory.

Standards Council

The Standards Council is the controlling body of the Bureau of Standards Jamaica and is responsible for the policy and general administration of the Bureau.

The Council is appointed by the Minister in the manner provided for in the Standards Act, 1969. Using its powers in the Standards Act, the Council appoints committees for specified purposes.

The Standards Act, 1969 sets out the duties of the Council and the steps to be followed for the formulation of a standard.

Preparation of standards documents

The following is an outline of the procedure which must be followed in the preparation of documents:

1. The preparation of standards documents is undertaken upon the Standard Council's authorisation. This may arise out of representation from national organisations or existing Bureau of Standards' Committees of Bureau staff. If the project is approved it is referred to the appropriate sectional committee or if none exists a new committee is formed, or the project is allotted to the Bureau's staff.
2. If necessary, when the final draft of a standard is ready, the Council authorises an approach to the Minister in order to obtain the formal concurrence of any other Minister who may be responsible for any area which the standard may affect.
3. The draft document is made available to the general public for comments. All interested parties, by means of a notice in the Press, are invited to comment. In addition, copies are forwarded to those known, interested in the subject.
4. The Committee considers all the comments received and recommends a final document to the Standards Council
5. The Standards Council recommends the document to the Minister for publication.
6. The Minister approves the recommendation of the Standards Council.
7. The declaration of the standard is gazetted and copies placed on sale.
8. On the recommendation of the Standards Council the Minister may declare a standard compulsory.
9. Amendments to and revisions of standards normally require the same procedure as is applied to the preparation of the original standard.

Overseas standards documents

The Bureau of Standards Jamaica maintains a reference library which includes the standards of many overseas standards organisations. These standards can be inspected upon request.

The Bureau can supply on demand copies of standards produced by some national standards bodies and is the agency for the sale of standards produced by the International Organization for Standardization (ISO) members.

Application to use the reference library and to purchase Jamaican and other standards documents should be addressed to:

Bureau of Standards Jamaica
6 Winchester Road
P.O. Box 113,
Kingston 10
JAMAICA, W. I.