GLOBAL PRISON TRENDS 2019

SPECIAL FOCUS
Pull-out section
Healthcare in prisons
Global Prison Trends 2019

This document is co-published and produced with financial assistance from the Thailand Institute of Justice (TIJ). It is the fifth edition in Penal Reform International’s (PRI) Global Prison Trends series.

This report was authored by Vicki Prais and Frances Sheahan. The authors drew on information provided by contributors to PRI’s expert guest blog series available at www.penalreform.org/blog and information kindly provided by partner organisations. The report was edited by Martha Crowley.

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ISBN: 978-1-909521-64-3

First published in May 2019. © Penal Reform International 2019

Penal Reform International (PRI) is an independent non-governmental organisation that develops and promotes fair, effective and proportionate responses to criminal justice problems worldwide.

We promote alternatives to prison that support the rehabilitation of offenders, and promote the right of detainees to fair and humane treatment. We campaign for the prevention of torture and the abolition of the death penalty, and we work to ensure just and appropriate responses to children and women who come into contact with the law.

We currently have programmes in the Middle East and North Africa, Central Asia, the South Caucasus and Sub-Saharan Africa, and work with partner organisations in other regions.

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The Thailand Institute of Justice (TIJ) is a public organisation established by the Government of Thailand in 2011 and officially recognised by the United Nations Office on Drugs and Crime as the latest member of the United Nations Crime Prevention and Criminal Justice Programme Network Institutes in 2016.

One of the primary objectives of the TIJ is to promote and support the implementation of the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules).

In addition, the TIJ strives to serve as a bridge that transports global ideas to local practices with an emphasis on fundamental issues including interconnections between the rule of law and sustainable development, human rights, peace and security.

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Acknowledgements

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Jean-Sébastien Blanc, Association for the Prevention of Torture
Dr Miranda Davies, Nuffield Trust
Dr Abigail Dymond, University of Nottingham
Dr Matti Tapani Joutsen, Thailand Institute of Justice
Dr Ian Marder, Maynooth University
Matthew Mcevoy, Omega Research Foundation
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Cover photo © Carlos Jasso for Reuters. Yoga class inside a juvenile detention centre – part of a voluntary programme that uses yoga to reduce stress, violence and addiction amongst detainees in juvenile centres in Mexico City.

Graphic design by Alex Valy.
Printed on recycled paper, manufactured using 100% post-consumer waste.
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CENTREFOLD

Special Focus 2019 (pull-out section)
Healthcare in prisons
The daily life of a prison is a mirror reflection of society, as Nelson Mandela said in 1998: ‘The way that a society treats its prisoners is one of the sharpest reflections of its character.’ The 2019 edition of Global Prison Trends, produced by Penal Reform International and the Thailand Institute of Justice, highlights the following issues within prisons systems: overcrowding; a lack of effective programmes for rehabilitation and reintegration; an emphasis on security above all; insufficient staff and low wages; the influence of criminal subcultures; the vulnerable position of women, children, the elderly, prisoners with disabilities and ethnic and racial minorities; insufficient or ineffective application of alternative measures to imprisonment; and violent extremism and radicalisation in prisons.

Within Global Prison Trends 2019, the chapter on prison management deserves special attention. Prison management should be implemented by well-trained and professional staff, and the human rights of prisoners should be respected, including the right to non-discrimination. There should be safe conditions for all members of the prison, opportunities for constructive dialogue with society, transparency, and accountability. In many countries, work in prisons is menial and low-paid, and is not seen as an opportunity to gain skills for future employment. In prison management, women are not afforded equal status and many prisons still cannot provide staff with decent and acceptable working conditions.

The right to healthcare that is accessible, acceptable, high quality and safe is an inalienable human right, and is the subject of this edition’s Special Focus. Article 12 of the International Covenant on Economic, Social and Cultural Rights and Rule 24 of the UN Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) oblige states to provide prisoners with medical care in case of health problems, and to not discriminate against offenders because of their status as prisoners. Each prison should make efforts to ensure that prisoners are treated by qualified medical personnel and are provided with appropriate medicines and healthcare services. Vulnerable categories of prisoners – such as women, children, the elderly and people with disabilities – need additional guarantees of access to medical care. The aim of Goal 3 of the Sustainable Development Goals – agreed by United Nations member states in 2015 – is to ‘ensure healthy lives and promote well-being for all at all ages’ by 2030. Thus, by ensuring appropriate prison health services and the well-being of those in custody, prisons have an important role in promoting the health of some of the most disadvantaged people in society and in contributing to the achievement of Sustainable Development Goal 3.

In most countries, preference is still given to imprisonment, including for minor offences. The consequence of this policy is the criminalisation of high numbers of people, as well as prison overcrowding – which can increase the spread of infectious diseases and act as a catalyst for the destabilisation of prisons. The UN Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) call on states to use alternative measures to imprisonment more widely, taking into account the political, economic, social and cultural conditions of each country, as well as the goals and objectives of its criminal justice system. Alternative measures enable offenders to avoid the negative consequences of imprisonment. In many parts of the world, alternative measures are still at a developmental stage and greater collaboration and cooperation is needed to ensure their effectiveness.

Cholpon Askerbekovna Omurkanova
Chair of the Public Council of the State Service of Execution of Punishment under the Government of the Kyrgyz Republic
Introduction

2019 marks the third year of collaboration between Penal Reform International and the Thailand Institute of Justice to create Global Prison Trends. The spirit of this partnership lies in the acknowledgement that lasting, effective change cannot be achieved in isolation. In the past decade, while there have been numerous positive steps in criminal justice and prison reform – such as the adoption of the revised UN Nelson Mandela Rules and the UN Bangkok Rules – there are also many challenges that still need to be overcome. Only with this spirit of collaboration and multi-stakeholder engagement can we move towards a more humane criminal justice system. The fifth edition of Global Prison Trends is our joint effort to provide a platform to bring pressing issues related to crime prevention and criminal justice to the foreground.

This year, Penal Reform International is also proud to celebrate its 30th anniversary. As we reflect back on the past 30 years, it is clear that there are certain groups of people in prison who are especially vulnerable and whose needs must be addressed. Designed, built and managed for men, our criminal justice systems continue to be mostly ill-equipped to respond to the needs of specific populations, such as children, women, older people, and lesbian, gay, bisexual, transgender and intersex prisoners.

In this edition’s Special Focus, we highlight the impact prison can have on the physical and mental health of prisoners. Goals 2, 3 and 6 of the Sustainable Development Goals on hunger, health, and water and sanitation are all related to the basic needs of prisoners – which are not met in many prison systems around the world. We believe that the primary purposes of prison are rehabilitation and reintegration. Rehabilitation is, however, only possible if prisons enable offenders to rebuild their lives, by learning, developing and preparing to positively contribute to society. Prisoners often have higher prevalence of physical and mental illnesses than the general population, but healthcare in prison is too often neglected across high, medium and low-income countries.

As well as healthcare for prisoners, ensuring that care is given to the health of prison staff is also vital. Staff health has an impact on the attention given to the health of prisoners. Healthy prison staff are obviously better equipped to deal with the particularly stressful situations they encounter, such as self-harm, violence against others in prisons and suicide.

The prison environment as a whole impacts the health of prisoners, and prison health is not limited to the provision of healthcare. As in previous editions of Global Prison Trends, we look at the causes of prison overcrowding – a factor that negatively impacts the health of all prisoners – which include the unnecessary use of pre-trial detention, ineffective criminalisation of drug users, and disproportionate increases in the length of sentences, including a massive increase in life sentences since the beginning of the century.

Through Global Prison Trends 2019, we hope to show that society as a whole is affected by the management of criminal justice and prison systems. We aim to inform policymakers and civil society alike: turning our attention to building fair and effective criminal justice systems will help to strengthen respect for human rights, which in turn will help to solidify the rule of law and achieve the Sustainable Development Goals.

Florian Irminger
Executive Director
Penal Reform International

Dr Kittipong Kittayarak
Executive Director
Thailand Institute of Justice
More than **10 million**

Men, women and children are **IN PRISON WORLDWIDE**

Prisons are **OVERCROWDED** in at least **121 COUNTRIES**

The number of **WOMEN & GIRLS** in prison increased by **53%** between **2000 >> 2017**

According to one UK study, **95% of CHILDREN** become displaced from the family home when a MOTHER goes to prison

**PRISONS** that cater for a predominantly male prison population are **ILL-EQUIPPED** to address the needs of women prisoners

- Worldwide, prisoners disproportionately come from **MARGINALISED** and **POOR** backgrounds
- 30% of detainees are **AWAITING TRIAL**, presumed innocent

A growing number of **CHILDREN** are being detained in the context of **COUNTER-TERRORISM** operations

- **PSYCHOLOGICAL** and **PHYSICAL** HARM
- Compromised cognitive development
- Post-traumatic stress
- Increased suicide risk

A high proportion of women prisoners:
- commit minor non-violent offences
- are driven to offend due to poverty
- are victims of abuse
- have mental health and/or drug-related issues

1. **Lack of gender-specific healthcare:**
   - Increased risk of ill-health
2. **Inadequate or non-existent rehabilitation opportunities:**
   - Reinforced discrimination
   - Higher risk of reoffending
The number of people in prison increased by +20% between 2002 – 2015.

The use of the death penalty is decreasing, but this is linked to an increased use in life sentences.

In many countries prisoners are still prevented from having regular contact with the outside world.

Overcrowding creates insanitary and violent prison conditions, harmful to prisoners’ physical and mental wellbeing, and impede rehabilitation.

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Staff shortages and budget cuts in many countries have led to an increase in violence in prison, where staff are at risk for their physical and mental wellbeing.

Substandard prison conditions and poor treatment of prisoners leads to serious human rights violations.

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Torture and degrading treatment of prisoners is prevalent in many countries.

Solitary confinement is still widely used despite its severe detrimental effect on mental health.

Drug-related convictions fail to reduce drug consumption or drug-related crimes, but increase prison populations.

Overcrowding creates insanitary and violent prison conditions.

The number of prisoners serving life sentences increased by +84% between 2000 – 2018.

Female prison officers are a minority and many face harassment at work, both from prisoners and other staff.

Death in prison: suicide is the single most common cause.

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PART ONE

Crime and imprisonment

Crime rates and the use of imprisonment

Despite the efforts made by the international community to harmonise how crimes are categorised, it remains a challenge to accurately measure crimes rates across the world. This is not least because of the fragmented and incomplete data available. However, there is evidence to suggest that there has been an overall decrease in the rate of crime globally, although there are large variations regionally and between countries. Two notable areas where the rates of offending have increased significantly: cybercrime and drug-related crimes. With regard to the increase in cybercrime, one (unproven) hypothesis is that ‘traditional’ crime has not necessarily decreased but has migrated or ‘reinvented’ itself in the context of cyberspace.

The crime of intentional homicide is regarded as one of the most measurable and comparable indicators for monitoring rates of violent deaths, and is often considered both a proxy for violent crime as well as an indicator of levels of security within countries. While an overall decline in intentional homicide was observed from 2004 to 2015, there were significant regional variations and high concentrations of intentional homicide in certain countries and within very specific urban areas. Latin America is the region with the highest homicide rates in the world. However, this violence is concentrated in certain countries and cities.

Based on available data, men account for 80 per cent of homicide victims globally, with young men particularly vulnerable. A report by the global initiative Know Violence in Childhood estimated that at least three out of every four of the world’s 1.7 billion children had experienced some form of interpersonal violence, cruelty or abuse in their daily lives during 2015, regardless of whether they lived in rich countries or poor, in the global North or the global South. Although violence against children is a universal phenomenon, regional differences do exist. For example, the highest rates of physical and sexual violence against children were found in Africa, the Middle East and South Asia, while the highest homicide rates were in Latin America and West and Central Africa.

The 12th edition of the World Prison Population List, produced by the Institute for Criminal Policy Research (ICPR) in 2018, estimates that there were over 11 million people in prison globally in 2018, either in pre-trial detention or after conviction and sentence. Around half of all prisoners are in just four countries – the US, China, Russia and Brazil.

There are very significant regional differences in prison populations. Since 2000, the total prison population in Oceania has increased by 86 per cent; in Asia by 38 per cent; and in Africa by 29 per cent. Particularly large increases have been recorded in South America (175 per cent) and Southeast Asia (122 per cent). In Europe, by contrast, the total prison population has decreased by 22 per cent, reflecting large falls in prison populations in Russia (45 per cent) and also in Central and Eastern Europe. Outside of Russia, Europe’s prison population has increased by three per cent. The significant decrease in Russia’s prison population has led to the closing of 93 prisons in the last seven years.

The US still maintains its position as the country with the world’s highest national rate of imprisonment (675 prisoners per 100,000 of the national population), far ahead of the next countries on the list – El Salvador (597 per 100,000) and Turkmenistan (552 per 100,000). Significant changes have taken place in individual countries since the 11th World Prison Population List was produced in 2015. From 2015 to 2018, there was a large increase in the rate of imprisonment in Cambodia (a 68 per cent increase in prisoners per 100,000 of the national population), Nicaragua (61 per cent), Egypt (53 per cent) and the Philippines (48 per cent). There have also been large decreases in the past three years in Mexico (23 per cent) and Romania (22 per cent).

There is no simple explanation for these widely varying rates in the use and over-use of imprisonment. However, the ICPR finds that ‘the net result of these divergent trends is a world in which the rate of increase in the known total prison population (3.7 per cent) continues to exceed the increase in the general population (3.0 per cent)’.

The size of the prison population is defined by two simple factors: how many people are sent to prison and how long they are kept there. Explanations for an increase in the...
use of imprisonment that outpaces the increase in the global population need to be sought at local levels. They are likely to include a highly complex mix of criminal justice policies and practices (such as "tough on crime" policies and longer sentences) and social, cultural and economic factors (such as rising inequalities). Evidence of a relationship between levels of imprisonment and rates of criminal activity remains highly contested and many researchers assert that there is very little evidence that the use of imprisonment effectively lowers criminal offending.

An interesting case in point is Kazakhstan, where the prison population fell from 57,000 in 2011 to 35,000 in 2018.13 This was achieved in part by reducing the length of prison terms, with the average sentence decreasing from nine and a half years to eight and a half, and in part by the increased use of non-custodial sanctions for minor offences. Along with this fall in the prison population, measures to encourage the recording of crimes were strengthened in Kazakhstan – but the overall crime rate has still declined.14

Worldwide, the common thread is that prisoners disproportionately come from poor and marginalised backgrounds. A large number come into conflict with the law due to reasons connected to poverty. Once in the system, they lack the financial resources to afford proper legal representation or monetary bail and are more likely to be given prison sentences than non-custodial options. A cycle of deprivation is then created, from which people struggle to break free. This cycle perpetuates itself through generations, as evidence suggests that children of prisoners are also more likely to end up in the criminal justice system themselves.15

Prison overcrowding persists as a global concern, and in large part is caused by the excessive use of pre-trial detention. Data from the ICPR shows that in 121 countries, the number of prisoners exceeds the official prison capacity.16 This is likely to face potential violence, the risk of contracting infectious diseases, and increased stress and mental health issues. When prisons are overcrowded, prison management and resources are so stretched that they are only able to provide the basic necessities for those under their care.

The Philippines has the most overcrowded prisons in the world, and its institutions are currently operating at 463 per cent capacity.17 This can be largely attributed to President Rodrigo Duterte’s “war on drugs” that has resulted in a huge increase in arrests in recent years. In Manila City jail, it was reported recently that 518 men were crowded into a space meant for 170, and that on at least one shift, there was only one correctional officer on duty for every 528 prisoners.18 The Philippines Commission on Audit stated that: “congestion in jails leads not only to health and sanitation problems but also to increased gang affiliation of inmates. To sustain survival, inmates hold on to gangs or “pangkat” where they find protection, network of social support and most importantly, access to material benefits.”19

Strategies for addressing overcrowding are set out in comprehensive detail in different international and regional guidelines and tools.20 On the whole, they entail strengthening crime prevention measures, expanding the use of alternatives to both pre- and post-trial detention (see Pre-trial detention, page 12 and Alternatives to imprisonment, page 40), reviewing the length of sentences, limiting the use of recall of prisoners on parole or probation, and ensuring consistent sentencing practices.

Amnesties and pardons continue to be used as a short-term solution to overcrowding, as well as for other more politicised purposes. In September 2018, over 2,000 prisoners were released in Rwanda, including some high-profile political detainees.21 A new amnesty law was introduced in Bolivia,22 and there were plans to release up to 3,000 prisoners in Zimbabwe.23 In Côte d’Ivoire, more than 4,000 prisoners accused of non-political crimes were pardoned in January 2018 and a further 4,000 were pardoned in September,24 while in Egypt over 700 prisoners received a presidential pardon.25

In Israel there were plans to release prisoners early26 in response to a 2017 High Court ruling that the state should provide at least three square metres of living space for prisoners; in some prisons in Israel, prisoners only have 2.2 square metres per person – while the standard set by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) is six square metres for a single-occupancy cell and four square metres per prisoner for a multiple-occupancy cell.27

Another common solution to overcrowding is to build more prison capacity. For example, a new prison is due to be opened this year in Cambodia, where prisoners can pay to be detained in a building with additional space.28 In Slovakia, the Justice Ministry plans to build a new prison with capacity for 832 prisoners,29 while in Bangladesh there were proposals for temporary sheds to be built to accommodate the expanding prison population.30

Inhumane conditions that are harmful to their physical and mental well-being and which do not support rehabilitation. Staff working in overcrowded prisons are also at risk and are more likely to face potential violence, the risk of contracting infectious diseases, and increased stress and mental health issues. When prisons are overcrowded, prison management and resources are so stretched that they are only able to provide the basic necessities for those under their care.

The impact of overcrowding on the lives of prisoners can be enormous, leading to insanitary and violent conditions that are harmful to their physical and mental well-being and which do not support rehabilitation. Staff working in overcrowded prisons are also at risk and are more likely to face potential violence, the risk of contracting infectious diseases, and increased stress and mental health issues. When prisons are overcrowded, prison management and resources are so stretched that they are only able to provide the basic necessities for those under their care.

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Prison overcrowding persists as a global concern, and in large part is caused by the excessive use of pre-trial detention.
Elsewhere, there were moves towards a more sustainable and long-term approach to reducing overcrowding. In Nigeria, a Presidential Advisory Committee was established in order to focus efforts on decongesting the country’s prisons, which have a 136 per cent occupancy rate. In 2018 the African Commission on Human and Peoples’ Rights produced guidelines urging states to decriminalise petty offences in order to address prison overcrowding and in recognition of the fact that criminalising such offences ‘contributes to discrimination and marginalisation by criminalising poverty, homelessness and unemployment, and impact[s] the poorest and most marginalised persons in our communities’.

**RECOMMENDATION 01**

**Prison overcrowding needs to be addressed as a key factor affecting the physical and mental health of prisoners and staff. States should put measures in place to strengthen crime prevention, decriminalise petty offences, review the proportionality of sentencing and increase the use of alternatives to imprisonment.**

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**Closing space for civil society**

Civil society organisations play a vital role within criminal justice and prison systems. They act as watchdogs and highlight human rights abuses and corruption; provide legal aid services to defendants and prisoners; monitor conditions and treatment inside prisons through formal and informal mechanisms; link prisoners with their families and communities; support prison staff; advocate for transparency and accountability; share information, knowledge and skills to build consensus on evidence-based law and policy; and offer services and programmes that are essential for prisoners’ rehabilitation and reintegration into society on release. Crucially they bridge the gap between communities and prisons and bring a sense of normality to prison settings that are often far from normal.

Civil society organisations also play a role in the work of external prison monitoring bodies, such as national human rights institutions, Ombudspersons, health inspectorates or anti-corruption bodies. As of October 2018, 88 United Nations (UN) member states had ratified the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment, and 70 of these states have now designated National Preventive Mechanisms (NPMs) – torture prevention monitoring bodies mandated to conduct regular visits to all types of places where persons are deprived of their liberty. Civil society organisations often have a specific role as part of NPMs. According to the Association for the Prevention of Torture (APT), the benefit of this is to supplement the resources and expertise of existing institutions and to ‘help to legitimize both an NPM’s mandate and its credibility as an institution, not least because civil society organisations are often structurally independent from government’.

Whether working within NPMs or providing reintegation support, civil society needs to be able to operate within an enabling environment. This means working in favourable economic, political, social, cultural and legal conditions that allow citizens to engage with civil society. In the past decade, there has been an alarming trend towards restricting the space that civil society can operate in. According to data from the International Center for Not-for-Profit Law, between 2004 and 2010 more than 50 countries considered or enacted measures restricting civil society. The global alliance CIVICUS reported that in 2018 there were serious systemic problems with the space for civil society in 109 countries, and concluded that ‘the enemies of human rights and social justice have grown more confident’. Civil society actors that engage in politically sensitive or human-rights related activities are particularly targeted, and restrictions are in part driven by the heightened international focus on counter-terrorism.

Such restrictions have affected how civil society organisations can access funding and how they engage with governments. For instance, since 2012 Russia has obliged foreign-funded civil society organisations engaged in ‘political activities’ to register as ‘foreign agents’, while in Ethiopia, the government has prohibited organisations working on human rights issues from receiving more than 10 per cent of their funding from abroad (it should be noted that this law is currently being revised). In Egypt, a 2017 law governing civil society prohibits engagement ‘in any work of political nature’ and requires organisations to seek prior permission before cooperating with any foreign entity.

Restrictions on the legal and regulatory environment in which organisations operate have also constrained their ability to fulfil their role properly. The UN Special Rapporteur on the rights to freedom of peaceful assembly and of association describes how having a complex legal environment...
relating to the functioning of civil society ‘has the effect of destabilizing and intimidating associations by generating confusion and increasing the administrative burden of continuing their activities, while instilling fear of action among their members’. 39

The impact of closing space for civil society of course varies from country to country and sector to sector. However, organisations working on issues around criminal justice and prison reform are often impacted the most, because of the human rights focus of their work. In some cases, this has resulted in attacks, harassment, criminal prosecution and intimidation. In other cases, it has resulted in organisations closing, moving or adapting to the new environment. The impact is often felt more acutely in countries where prison systems are under-resourced and rely on civil society to provide material support for prisoners. It is more intangible when organisations internalise a sort of self-censorship and move away from working on more sensitive issues (such as exposing the use of torture in detention facilities) to working on less sensitive ones (such as the provision of services to prisoners leaving prison).

RECOMMENDATION 02
Civil society organisations working in prisons and advocating for criminal justice and prison reform need to operate in a secure space, free from attacks and without the imposition of unnecessary or arbitrary restrictions. States should ensure a safe and enabling environment for civil society that is supported by a robust national legal framework and which is grounded in international human rights law.

Restorative justice

Restorative justice processes include mediation, conciliation, conferencing and sentencing circles, and are defined as any process in which the victim, offender and other relevant individuals or community members affected by a crime actively participate together in the resolution of matters arising from that crime, generally with the help of a facilitator. Restorative justice has long been used in informal legal systems and, in recent years, there has been a significant expansion in its use within formal legal systems. Although there are barriers to its uptake – such as concerns about due process and net-widening – there is a growing evidence base that it can be cost-effective, aid in victim recovery, and help reduce recidivism. It is now commonly used in several countries and regions such as Australia, North America, Europe, and Central and Eastern Asia, whether as part of sentencing or at other points within criminal justice proceedings.

A key development in the use of restorative justice was the adoption of a Council of Europe Recommendation in 2018 stating that it should be a ‘generally available service’, rather than being contingent on the type of crime, the age of the offender, the stage of the criminal justice process or the geographical location of the victim. 41

The Recommendation also promotes the use of restorative justice outside of criminal justice procedures in ‘reactive applications’ (such as resolving conflicts between prisoners or between prisoners and prison officers) and ‘proactive applications’ (such as building relationships within criminal justice institutions or communities). Restorative justice principles also feature as part of the implementation of the European Union (EU) Victims’ Rights Directive. 42

Civil society organisations and other stakeholders are now looking at ways in which the Recommendation can be successfully implemented. 43

In Scotland, the government has committed to making restorative justice services widely available across the country by 2023 and to publishing a Restorative Justice Action Plan in 2019, and has also issued statutory guidance for service providers and facilitators. 44

In the last few years, there has been a trend in several Eastern European and Central Asian countries towards the development of new codes on justice for children, many of which have incorporated progressive restorative justice principles. The Albanian Code of Juvenile Justice for example requires that alternative measures aimed at the enforcement of restorative justice be considered as a first option. 45 In Georgia, the Juvenile Justice Code, adopted in 2015, makes specific provision for diversion and mediation programmes that are supervised by social workers employed by the National Probation Agency. 46 This has been pivotal in reducing the number of children in detention across the criminal justice system more widely. 47

A number of other countries have announced new initiatives. The Ministry of Justice in Jamaica is looking to establish more restorative justice centres to complement the nine centres that have been established since the adoption of the Restorative Justice Act in 2016. 48 The Justice Department in Alberta, Canada, pledged an additional CAD$4.5 million to its victims of crime fund, which includes funds to pay for restorative justice measures. 49 Since November 2018, survivors of domestic or sexual violence in Australia have, for the first time, been able to access restorative justice services, although given the serious risk of traumatising individuals who have experienced abuse, mediated sessions will only take place under strict conditions. 50

RECOMMENDATION 03
Policymakers, practitioners and other professionals involved in criminal justice should promote and use restorative justice processes in a way that is safe, effective and evidence-based.
TRENDS IN THE USE OF IMPRISONMENT

PART TWO

Trends in the use of imprisonment

Pre-trial detention

Pre-trial detention should be an exceptional measure – only to be used when necessary and proportionate and in compliance with the presumption of innocence and the right to liberty. Its use is only acceptable as a measure of last resort and in very limited circumstances. Around 30 per cent of prisoners globally have not been convicted and in some countries over 60 per cent of people in prison are in pre-trial detention. There were close to three million people held in pre-trial detention and other forms of remand imprisonment throughout the world on any given day in 2016, when the most recent figures were published. This figure is likely to be an underestimate, as it does not include detention in police custody. The total number remanded into custody each year is of course much higher, reaching a total of approximately 14 million people.

Since 2000, the numbers of pre-trial prisoners have grown rapidly in the Americas (an increase of 60 per cent) and Asia (34 per cent), while in Oceania the pre-trial population has grown by as much as 175 per cent. Africa and Asia have seen a far more modest rise, but pre-trial prisoners still constitute over 40 per cent of the prison population in much of Africa and in many countries in southern and western Asia. In Europe by contrast, the pre-trial prisoner population has fallen by 42 per cent since 2000.

Data on the length of time people spend in pre-trial detention is hard to find. However, research suggests that remand prisoners can be detained for excessive periods of time that are often disproportionate to the sentence they would receive if found guilty. In addition, they are often held for long periods in pre-trial detention and subsequently acquitted or given a community-based sanction. For example, research conducted by Penal Reform International (PRI) in 2016 on women serving community sentences in Kenya showed that of 97 women offenders interviewed, 87 per cent had been in pre-trial detention before being given community sanctions. Most had not been granted bail and those who were could not meet the monetary bail terms or security required.

The impact on individual prisoners of any period of time spent in pre-trial detention can be devastating, but it is worse if the detention is protracted. People taken into pre-trial detention are uprooted from their community and social and family connections are disrupted. They are also at risk of feeling pressured into pleading guilty in order to obtain lesser sentences. According to the Open Society Foundation, prisoners in pre-trial detention are commonly held in worse conditions than convicted prisoners and are at increased risk of being tortured. A 2018 global report on children held in pre-trial detention found that time spent in pre-trial detention results in an increased risk of torture; false confessions and unfair plea bargains; increased corruption; physical and mental abuse; prison overcrowding; long-term social and developmental impacts; and increased recidivism.

Excessive and prolonged pre-trial detention can also have a wider detrimental impact on public perceptions of the justice system. Recent research in the Philippines suggests that its over-use has led to a widespread perception that the justice system is broken. Cynicism and disdain for the rule of law has in turn contributed to popular support for the belief that citizens should take matters into their own hands and respond to themselves to criminality.

Lack of access to legal representation and inability to pay monetary bail are common drivers of the excessive use of pre-trial detention and are closely linked to poverty. A 2018 audit by the Office of the Director of Public Prosecutions in Kenya revealed that nine out of 10 pre-trial prisoners had been granted bail or bond but could simply not afford the terms, and approximately the same proportion had no legal representation. In June 2018, California became the first state in the US to abolish the cash bail system for suspects awaiting criminal trial; defendants will instead be released if they are deemed likely to appear for court hearings and pose little danger to the public – this will be determined by a risk assessment process that uses data and mathematical formulas to generate risk scores. Some organisations have argued that the new process will not sufficiently address racial bias in decision-making and may in fact result in an overall increase in the rate of pre-trial detention.

Other reasons behind the excessive use of pre-trial detention include a lack of adherence to time limits, which are imposed in order to regulate the time spent in pre-trial detention. Where such time limits do exist, there can be a lack of appropriate record-keeping to help ascertain how long detainees
have been in custody; little clarity as to who is responsible for ensuring adherence to custody time limits; and a lack of mechanisms to identify when detainees have been held in excess of the custody time limit. In a recent ruling, the European Court of Human Rights found that Hungary had violated the right to liberty when it kept a man in pre-trial detention for over three years without properly assessing the reasons for extending his detention each time it was reviewed.70 A 2018 global report on children in pre-trial detention surveyed 118 countries and revealed that 26 per cent of these countries have no pre-trial detention limit for children; 43 per cent have a pre-trial detention limit that applies to children only; and 31 per cent have a generally applicable pre-trial detention limit that applies to both adults and children. The report concludes that a new international time limit should be introduced that restricts the amount of time children can spend in pre-trial detention to a maximum of 30 days.67

Some states operate a system of mandatory denial of pre-trial release for certain crimes. This is a particular issue in Mexico, where 40 per cent of the total prison population are held in pre-trial detention. The Mexican constitution already requires mandatory pre-trial detention in cases of murder, rape, kidnapping and several other crimes, and draft legislation is currently before parliament to widen this range of offences to include home burglary and possession of weapons.76 In Ghana, by contrast, levels of pre-trial detention fell from 30 per cent in 2007 to 12 per cent in 2018.64 A contributory measure to this was a Supreme Court ruling that made all criminal offences subject to bail.70

One tool that is used to address both overcrowding and pre-trial detention is the introduction of plea bargaining. Widespread in the US, the practice has increased significantly elsewhere around the world in recent years. The NGO Fair Trials reported on this in 2017 and found that there has been a 300 per cent increase in plea bargains worldwide since 1990.71 The same report also found that without adequate procedural safeguards, there are considerable concerns about its use and expansion: innocent people can be persuaded or pressured to plead guilty; easier convictions can encourage over-criminalisation and drive harsher sentences; there can be an inequality between the negotiating partners and a lack of transparency where ‘deals’ are done by prosecutors and defence counsels behind closed doors; and public trust in justice can be undermined.72

In New Zealand, the number of people held in pre-trial detention was reduced over a relatively short period of time during 2018, by introducing efficiencies to the system – such as having bail advisors in prisons who proactively work with new remand prisoners in order to support applications for electronic monitoring; providing bail support services at court hearings, including connecting people with alcohol and drug abuse programmes; and providing a mobile phone application for people on bail in order to provide them with updated information regarding their hearings and available support.73

**RECOMMENDATION 04**

Pre-trial detention should be used as a last resort and only where necessary and proportionate. Legal aid and assistance should be provided and, where monetary bail is used, this should be set according to the circumstances of the individual defendant. The use of non-custodial measures should be increased and states should develop effective systems to help ensure that detainees spend no longer in pre-trial detention than is strictly required by law.

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### Sentencing

Sentencing decisions are shaped by a complex mix of objectives. As well as punishment, these objectives include rehabilitation, the protection of society and deterrence. The severity and length of sentences imposed for similar crimes across the globe vary enormously, suggesting that the assessment of these objectives is interpreted very differently. Even within jurisdictions, the rationale for sentencing can vary from case to case and from judge to judge. There is some evidence to suggest that in many jurisdictions, sentences of imprisonment are getting longer – particularly for serious offences.74

Tougher sentencing practice arises through the interplay of several factors: an increasingly punitive climate of political and media debate about punishment; legislative changes; new sentencing guidelines; new precedents on sentencing; and perceptions about new or different patterns of offending.

The public is often thought to favour a tough approach to sentencing, in which prison is viewed as the only ‘real’ punishment and is easier to understand than community-based sanctions. In practice, this assessment of public opinion may not always be accurate or up to date. Research demonstrates that when more information is provided to members of the public about a case, their opinions align more closely with the sentences actually imposed by the courts.75 A recent review of over 50 public opinion surveys and polls in the US found that there has been ‘a significant thaw’ in terms of punitiveness that could, over time, produce a paradigm shift towards prevention, rehabilitation and reintegration as policy objectives.76

Meanwhile, research from Italy found that increases in sentence length, either through mandatory minimums, sentence enhancements or more severe sentencing, are unlikely to have much deterrent effect when the baseline sentence is already long.77

Several countries have developed sentencing guidelines and/or established an advisory sentencing council or commission to assist in sentencing decisions. This is often done to address a perceived lack of confidence or fairness in the sentencing process or wide inconsistencies in sentencing practice. For example, in 2018 Scotland introduced sentencing guidelines for the first time, which set out ‘fairness and proportionality’ as core principles for sentencing and defined the purposes of sentencing as rehabilitation, protection of the...
public, punishment, giving the offender the opportunity to make amends, and expressing disapproval of offending behaviour.  

Elsewhere, countries have moved away from using imprisonment as a sentence for minor offences. In Cape Town, South Africa, a High Court judge ruled that all people given sentences of less than two years should instead perform community service, given that defendants are ‘generally poor and casualties of socio-economic conditions’. In Scotland, judges are now prevented from sentencing people to less than six months’ imprisonment in all but exceptional cases. In England and Wales, the government expressed a commitment to scrapping sentences of less than six months in order to reduce overcrowding, and also as recognition of evidence that short sentences are less effective at cutting reoffending than community sentences – they are ‘long enough to damage you and not long enough to heal you’. The language being used is of ‘smart’ sentencing – a choice between effective and ineffective justice rather than between ‘hard’ and ‘soft’ justice. (See Alternatives to imprisonment, page 40).

Gender bias exists in sentencing decisions. A report on women on death row found that criminal justice actors frequently see women as victims and survivors, rather than as perpetrators of crime. While this assumption can benefit some women and strengthened. Nonetheless, the factors that lie behind their offending, and the support they can draw on to move away from crime. The UN Standard Minimum Rules for Non-custodial Measures, also known as the Tokyo Rules, explicitly note the value of such assessments. Their importance was highlighted in research that found that the use of community sentences has fallen recently in England, which may be linked to an accompanying decline in the extent to which pre-sentence reports are provided to judges. In some jurisdictions there has been a move towards more evidence-based sentencing practices, which aim to improve sentencing decisions by giving courts access to an empirical assessment of the static and dynamic factors that make it more or less likely that an offender will reoffend. An offender is typically assigned a risk ‘score’ that is also used to inform rehabilitation interventions. A low-risk offender may receive a non-custodial sentence, while those deemed to be at a higher risk may be more likely to be imprisoned. The argument is that these risk assessment instruments can predict the risk of reoffending with a high degree of accuracy, impartiality and objectivity. Such risk assessments are often produced by probation or court welfare officers. However, a fast-moving trend in the US is the use of computer-based criminal justice algorithms that generate risk models for courts based on vast quantities of data. Many of these risk assessment algorithms take into account personal characteristics of the offender, such as age, sex, geography, family background and employment status. They are used to inform decisions not just about sentencing but also about bail. In practice, they mean that two people accused or convicted of the same crime may receive quite different bail or sentencing outcomes. The use of these tools has been heavily critcised on the basis that they are unreliable and can lead to racial profiling, and that there is little clarity or transparency about how the algorithms weigh different variables. They are often developed by private businesses, which keep their algorithms and underlying research a proprietary secret, even from the courts or government agencies that use them. The NGO ProPublica conducted an investigation of one such risk assessment algorithm, COMPAS, which is used as an aid to judicial decision-making, its conclusions being only one of the variables considered by the judge when deciding on the sentence. Defendants answer 137 questions, including whether they have a telephone at home, difficulty paying bills, family history and criminal history. COMPAS then rates the person on a scale from one (low risk) to 10 (high risk). ProPublica found that the formula used was particularly likely to flag black defendants as future offenders, labelling them at almost twice the rate as white defendants. In addition, the scores generated by the algorithm were unreliable in forecasting violent crime and only 20 per cent of the people predicted to commit violent crimes actually went on to do so.

At present, this kind of artificial intelligence has not been widely adopted in other regions. In Europe, for example, only the UK has piloted predictive tools for judges to assess the risk of reoffending. However, in recognition of the associated risks, the European Commission for the Efficiency of Justice published an ethical charter on the use of artificial intelligence in judicial systems. This promotes a precautionary approach and spells out key standards that need to be in place, including ensuring that the design and implementation of artificial intelligence tools and services are compatible with fundamental rights; preventing the development or intensification of any discrimination between individuals or groups of individuals; making data processing methods accessible and understandable; and ensuring that users are informed actors and are in control of their choices.

**RECOMMENDATION 05**

States should review the proportionality of sentencing policy and practice. Mandatory minimum sentences should be discontinued – particularly for non-violent crimes – and the use of alternatives to imprisonment should be promoted and strengthened.
Death penalty

Progress continues towards the global abolition of the death penalty, and a record number of UN member states – 120 out of 193 – voted in favour of a moratorium on its use at the UN General Assembly in December 2018. Thirty-five states voted against a moratorium and 32 abstained. This is an improvement from December 2016, when 117 states supported the resolution. Several countries changed their vote in favour of the resolution for the first time, including Pakistan, Dominica, Libya and Malaysia. Currently, 103 of 192 states have abolished the death penalty for all crimes and 139 have abolished the death penalty in law or practice.

Other positive developments in the past year were Burkina Faso and Malaysia moving towards the abolition of the death penalty, and in September 2018, The Gambia ratified the Second Optional Protocol to the International Covenant on Civil and Political Rights (ICCPR), committing to the full abolition of the death penalty. As of March 2019, 86 states had ratified the Second Optional Protocol to the ICCPR. In June 2018, the Caribbean Court of Justice in Barbados unanimously declared the mandatory death penalty for murder unconstitutional.

Harm Reduction International found a positive downward trend in executions worldwide for drug offences, reporting a decrease of 90 per cent since 2015. This was driven in part by a significant fall in the use of the death penalty for drug offences in Iran. Currently, at least 35 countries and territories still maintain the death penalty for drug offences and four of these carried out executions in 2018: Iran, China, Saudi Arabia and Singapore. In a worrying trend, the Sri Lanka Cabinet approved a move to bring back the death penalty for drug-related crimes, and the Bangladeshi government approved a draft bill – the Narcotics Control Act 2018 – which made the manufacture and distribution of methamphetamine punishable by death. (See Drugs and imprisonment, page 18).

In the US, death sentences and executions decreased in number for the 18th consecutive year and, for the first time in 25 years, fewer than 2,500 people faced active death sentences. Washington became the 20th state to abolish the death penalty, on the grounds that it was imposed in an ‘arbitrary and racially biased manner and fails to serve any legitimate penological goal’. The Governor of California introduced a moratorium on executions that will last as long as his current term of office (until 2023). Despite these positive trends, there were reports of a resumption of executions in Botswana and in June 2018, Thailand executed a 28-year-old man for aggravated murder in the country’s first execution since August 2009. According to Amnesty International, Japan saw an ‘unprecedented spate of executions’ in July 2018, with the execution of 13 members of the religious cult Aum Shinrikyo (Aum), who were found responsible for a deadly sarin gas attack in Tokyo in 1995. In August 2018, Taiwan carried out its first execution since 2016, thereby putting an end to its de facto moratorium. There were several reports in 2018 of death sentences being handed down to foreign nationals in Iraq for terrorism-related activities. For example, in May 2018, a Belgian national was given a death sentence by the court in Iraq. (See Foreign national prisoners, minorities and Indigenous peoples, page 21).

New laws in several countries resulted in an expansion of the scope of the death penalty for certain crimes. In April 2018, Mauritania adopted a law making the death penalty mandatory for ‘blasphemous speech’ and ‘sacrilegious acts’. In April 2018, India passed an executive ordinance approving the death penalty for anyone convicted of raping a child under the age of 12 years.

The use of the death penalty continues to divide public opinion. Though it was abolished in the Philippines in 2006, there have been calls to reinstate it – particularly in the context of President Duterte’s ‘war on drugs’. In a national survey, the Commission on Human Rights of the Philippines interviewed approximately 2,000 people about the use of the death penalty in relation to drug crime. While 47 per cent of respondents called for the death penalty for rape under the influence of drugs, only 33 per cent supported it for other serious crimes related to illegal drugs. Among those who disagreed with the death penalty, at least 42 per cent cited religious reasons and 21 per cent thought it possible for rehabilitation to take place.

In Belarus, 13 people were executed while their cases were under examination by the UN Human Rights Committee (the Optional Protocol to the ICCPR recognises the competence of the UN Human Rights Committee in considering individual cases of alleged violations of rights contained in the ICCPR). In all of these cases, the Committee had issued interim measures of protection to halt executions from taking place while the cases were being considered. While waiting for their execution – often for years on end – death row prisoners are frequently detained in particularly harsh conditions, irrespective of whether or not they present an actual security risk. The severe emotional distress prisoners experience during the lengthy wait for execution has been found to violate the international prohibition against torture. In 2018, the Pope joined the debate, stating that executions were unacceptable in all cases as they were ‘an attack’ on human dignity.

In Japan, prisoners are given just a few hours’ notice before execution. In the state of Virginia in the US, conditions were so bad on death row that a federal district court issued an injunction in 2018 to remedy the situation after a lawsuit challenging the conditions was filed. The applicants – prisoners on death row – argued that their conditions violated the constitutional prohibition against cruel and unusual punishment. Conditions included 23 hours a day alone in cells of 6.6 metres; no contact visits; no congregate meals; no congregate recreation, religious, educational or social programming; only three showers a week; and just five hours of outdoor recreation per week in separate, isolated cages.
A report in early 2018 by the Cornell Center on the Death Penalty Worldwide examined the risk factors and systemic flaws that led to wrongful convictions and use of the death penalty in six countries.\textsuperscript{122} Common factors included ineffective assistance of legal counsel; torture and coercion leading to false confessions; mistaken eyewitness identification; misconduct by officials; lengthy pre-trial detention; fair trial violations; obstacles to appeal and post-conviction review; racial and ethnic discrimination; and false or misleading forensic evidence. Short of abolition, the report concludes that basic procedural safeguards are required to minimise the risk of wrongful convictions and death sentences.

**RECOMMENDATION 06**

Countries that still retain the death penalty should move progressively towards its abolition. Countries that implement the death penalty should uphold the highest fair trial standards and make efforts to improve the conditions of prisoners on death row.

### Life imprisonment

The global trend towards the abolition and restriction of the death penalty has resulted in many states adopting life imprisonment as their most serious sanction. (See Death penalty, page 15). In 2014, there were an estimated half a million people serving life sentences globally.\textsuperscript{129} Recent ground-breaking research revealed that between 2000 and 2014, there was an increase of almost 84 per cent in the number of people serving formal life sentences worldwide, and formal sentences of life imprisonment exist in 183 out of 216 countries.\textsuperscript{130} The same study also highlighted the increased prevalence and growth in de facto life sentences, such as long, fixed terms of imprisonment for as much as 99 years. There are at least 64 countries that have provisions for de facto life sentences, including 15 that do not impose formal life sentences at all.\textsuperscript{131} For instance, in the federal system in Mexico, prisoners can face maximum fixed-term sentences of up to 140 years.

Life without parole sentences (LWOP) mean that the prisoner has no possibility of having their sentence reviewed, so will be imprisoned until his or her death. There has been a significant increase in the numbers of prisoners serving LWOP in the US, which accounts for half of all prisoners serving whole life sentences around the world.\textsuperscript{132} Other countries, such as India and China, have recently adopted LWOP as a formal statutory sanction.

The only country to still allow LWOP for crimes committed under the age of 18 is the US. In October 2018, the Washington State Supreme Court ruled that these sentences violate the state constitution and found that ‘children are less criminally culpable than adults, and the characteristics of youth do not support the penological goals of a life without parole sentence’. In total, 26 US states and the District of Columbia now prohibit or do not use life without parole for children.\textsuperscript{133}

There are still 67 countries that retain life imprisonment as a penalty for offences committed under the age of 18. A further 49 countries permit sentences of 15 years or longer, and 90 countries permit sentences of 10 years or longer.\textsuperscript{134} There is a growing movement for the prohibition of all forms of life imprisonment for children and the UN Human Rights Council has called on member states repeatedly to prohibit it in law and practice.\textsuperscript{135} The UN Special Rapporteur on torture has also stated that ‘life imprisonment and lengthy sentences, such as consecutive sentencing, are grossly disproportionate and therefore cruel, inhuman or degrading when imposed on a child. Life sentences or sentences of an extreme length have a disproportionate impact on children and cause physical and psychological harm that amounts to cruel, inhuman or degrading punishment.’\textsuperscript{136}

### Women and the death penalty

Available data indicates that there are approximately 500 women on death row globally. Most of these women have been sentenced to death for the crime of murder, often of a close family member following a history of gender-based violence.\textsuperscript{137} Drug-related offences are the next largest category of crimes that women are sentenced to death for, particularly in the Middle East and Asia.\textsuperscript{138}

There are striking similarities around the world among women sentenced to death for murder, and most cases involve long-term abuse by a family member and the absence of effective outside help.\textsuperscript{139} Economic dependence, fear of losing custody of a child, widespread societal tolerance of violence against women, and the difficulty and stigma involved in obtaining a divorce exacerbate the effects of family abuse. Several women sentenced to death, particularly in Iran and Nigeria, had been forcibly married at a young age.\textsuperscript{140}

When prosecuting women, courts routinely fail to consider their history as survivors of gender-based violence and it is exceedingly rare for family violence to be treated as a mitigating factor during sentencing proceedings for death penalty cases. In some countries, the death penalty is mandatory for certain offences, in which case there is no possibility for a woman’s prior history of abuse to be considered. Even in countries with discretionary capital sentencing, courts often ignore or discount the significance of gender-based violence. This was highlighted by the case of Noura Hussein, a 19-year-old Sudanese woman who was sentenced to death in May 2018 for killing the man she was forced to marry at the age of 16, as he and his accomplices tried to rape her for the second time. An appeals court eventually overturned her death sentence and replaced it with a five-year sentence.\textsuperscript{141} Her case received international attention, but many other similar cases do not.

Detention conditions in most of the states that retain the death penalty fall far short of minimum standards, although there is little research about the living conditions of women specifically. In general, the situation for women on death row is an under-researched area which merits more attention.\textsuperscript{142}
The global trend towards the abolition and restriction of the death penalty has resulted in many states adopting life imprisonment as their most serious sanction.
In March 2018, the Constitutional Court in Malta added to the body of ‘right to hope’ jurisprudence when it ruled that a person sentenced to life in jail could be considered for parole after serving a minimum of 25 years. The Court stated that ‘the person who is found guilty of the worst crimes must not lose its dignity and must retain its right to hope that, after having paid for its actions, be considered as having learned from the shortcomings and change the path it had taken’.

Following the Supreme Court of Kenya’s 2017 ruling that the mandatory death penalty was unconstitutional, the government established a taskforce which recommended that various offences that had previously carried a death sentence should instead be punishable by a penalty of life imprisonment, including treason, murder and aggravated robbery. In the US, the Senate passed the First Step Act in 2018, which brings to an end automatic life sentences for certain federal offences under the ‘three strikes’ penalty. In 2018, the Caribbean Court of Justice upheld the Belize Court of Appeal’s decision that mandatory life sentences for murder are unconstitutional. This means that judges have the discretion to impose a fixed-term sentence for individuals convicted of murder, rather than mandatory life imprisonment or the death penalty. As a result of this decision, at least 44 life-sentenced prisoners will be re-sentenced.

**RECOMMENDATION 07**

The number of offences that attract life sentences or *de facto* life sentences should be reduced, in line with the principle of proportionality. States should take measures to abolish life sentences without parole, which can never meet fundamental human rights standards. All forms of life imprisonment should be prohibited as a penalty for offences committed under the age of 18.
more widely available for drug offenders and that they implement them effectively and monitor and evaluate their effectiveness.

At the national level, there is growing polarisation in the approach to drug policy, and so far 26 countries have adopted a decriminalisation model. In late 2018, the South African Constitutional Court ruled that a law banning marijuana use in private was ‘unconstitutional and therefore invalid’. Also in 2018, several countries enacted laws allowing or expanding the medical use of marijuana – including New Zealand, Thailand, Luxembourg, Portugal and Greece. In a bid to address prison overcrowding, Thailand took steps to amend its drug laws to ensure more proportionate penalties for drug offences, and to allow for the licensed medical use of marijuana – including New Zealand, Thailand, Luxembourg, Portugal and Greece. In a bid to address prison overcrowding, Thailand took steps to amend its drug laws to ensure more proportionate penalties for drug offences, and to allow for the licensed medical use of marijuana – including New Zealand, Thailand, Luxembourg, Portugal and Greece.

Elsewhere, countries impose strict zero-tolerance drugs policies that directly or indirectly result in increases in the use of imprisonment. In South and Southeast Asia in particular, governments have emulated the punitive drug control approach taken by President Duterte in the Philippines, which has resulted in the killings of an estimated 27,000 suspected drug offenders, mass arrests and arbitrary detention in overcrowded and unsanitary conditions. In May 2018, the Prime Minister of Bangladesh launched a nationwide anti-drugs campaign that led to the arrest of approximately 7,000 people and resulted in the deaths of 200 people at the hands of the police.

The ongoing criminalisation of people who use drugs and the stigma associated with drug use is a significant barrier to prisoners’ right to health. In prisons, access to harm reduction – a key measure in preventing harms associated with drug use, including the transmission of HIV – is so limited that the prevalence of infectious diseases is two to 10 times higher than in the community. According to Harm Reduction International, only 10 countries implemented needle and syringe programmes in at least one prison in 2018. The same study reports that opioid substitution therapy is provided in prisons in only 54 countries and women prisoners in general have no access to such services. (See Special Focus, centrefold).

RECOMMENDATION 08

Drug policies should be evidence-based and include the decriminalisation of minor offences, proportionality of sentencing, and non-custodial alternatives to imprisonment. Measurements of the outcomes of drug policies should include their impact on human rights, health, peace, and security and development.
Women

Women and girls are a minority within prison systems, making up just 6.9 per cent of the global prison population.\footnote{163} However, female prisoners are rapidly increasing in number: from 2000 to 2017, the number of women and girls in prison globally increased by more than 50 per cent, while the male prison population increased by around 20 per cent.\footnote{164} Eastern and Southeast Asian states have the biggest proportions of women prisoners, including Hong Kong (approximately 21 per cent), Qatar (15 per cent), Kuwait (14 per cent) and the United Arab Emirates (11 per cent).\footnote{165}

Women are frequently convicted of non-violent offences. They also continue to be imprisoned for ‘morality’ offences such as failing a virginity test\footnote{166} and for suspected abortion.\footnote{167} Harsh enforcement and sentencing policies for drug offences, particularly for low-level trafficking offences, have a disproportionate impact on women offenders.\footnote{168} Eighty-two per cent of all women in prison in Thailand are imprisoned for a drug offence; in the Philippines, the proportion of women in prison for a drug offence is 53 per cent and in Peru and Costa Rica it is more than 60 per cent.\footnote{169} In Brazil, 63 per cent of women in prison in 2014 were there because of minor drug-related offences – compared to a quarter of men.\footnote{170}

Poverty is a significant driver of women’s offending. Their backgrounds are typically marked by economic deprivation and household disruption, which points to longstanding failures of social policies and policies to counter discrimination in society and employment. Their inability to access economic resources has implications for their ability to access bail and legal representation. This also means that women are unlikely to benefit from legal systems where financial restitution can lead to a reduction in sentence (including avoiding detention).

The World Health Organization has reported alarmingly high rates of mental health problems amongst female prisoners, such as post-traumatic stress disorder, depression, anxiety and a tendency to attempt self-harm and suicide.\footnote{171} Women prisoners have often been victims of violence; research from the UK found high levels of brain injury amongst women prisoners. Of 173 female offenders screened using a brain injury screening index tool, 64 per cent reported a history indicative of a brain injury and many had sustained the injury as a consequence of domestic violence.\footnote{172} The clinical supervisor for the study stated that people who have suffered brain damage ‘may be more prone to being impulsive and have less emotional resources to deal with anxiety or anger’, putting them at a higher risk of criminal offending. Similar research in New Zealand found that 94 per cent of women prisoners presented with a history of brain injury.\footnote{173} The implications of this are significant, both in terms of treatment by the criminal justice system but also within prisons, where women with brain injuries should be identified and provided with personalised and therapeutic interventions to manage the health, cognitive, behavioural, social and emotional consequences of their injury, including aggressive behaviour. They may also need additional support with related secondary conditions such as drug or alcohol dependency.

Many women prisoners are single mothers and are responsible for children and other dependents. Research in the UK revealed that only five per cent of children remain in the family home when a mother goes to prison and they may encounter other significant changes such as moving school and being separated from siblings.\footnote{174} The Council of Europe has issued policy guidelines aimed at safeguarding the rights and interests of the 2.1 million children in Europe who have imprisoned parents. The guidelines include avoiding the arrest of parents in front of children; using measures such as home leave, open prisons and electronic monitoring; allowing children to visit their parents within a week following arrest; regular visits without interference with education; child-sensitive searches and visiting environments; the use of technology to keep parents and children in contact; and specialised training for detention staff.\footnote{175}

Women from Indigenous communities and ethnic minorities face significant disadvantages in the criminal justice system, due to the double discrimination of gender and race – which is usually coupled with poor socio-economic status and education. The rate of criminalisation and imprisonment of Indigenous women is particularly concerning in Canada, Australia and New Zealand. In Australia, Aboriginal and Torres Strait Islander women comprise 34 per cent of women sentenced to imprisonment in 2017, despite only 15 per cent of New Zealand’s population identifying...
as Māori. Drug policies can also disproportionately impact minority women. In Canada for example, more than half of all women serving sentences for drug-related offences in federal prisons are Indigenous and black women. (See Foreign national prisoners, minorities and Indigenous peoples, below).

It is well-documented that prisons are designed and run for the majority male prison population – from prisons’ architecture and security procedures to healthcare, family contact, work and training. A report by the United States Department of Justice found three main areas where the needs of women held in federal prisons are still not being met: trauma treatment programming, pregnancy programming, and feminine hygiene. Women continued to experience abusive conditions during birth; in Australia for example, a woman was left to give birth alone in her cell. In Russia, inspectors found that women were working 18 hours a day stitching garments. Various progressive initiatives have been introduced to implement the UN Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules). In Florida, in the US, the Dignity for Incarcerated Women Act was passed which, inter alia, guarantees that women have free and unlimited access to hygiene products and prohibits male staff from performing strip and cavity searches on women. The Brazilian Federal Supreme Court decided that pregnant women and mothers with children under the age of 12 will be placed under house arrest instead of in pre-trial detention, if they are accused of non-violent crimes. The judgment gave authorities 60 days to apply the order, which will affect at least 4,500 women who are currently detained. The government in Zimbabwe announced plans for an open prison for women in prison with their children. In most countries however, efforts to implement the Bangkok Rules remain fragmented and gradual.

RECOMMENDATION 09
When women are sentenced, the court should take the context of the criminal conduct into account, as well as any experience of victimisation or any caretaking responsibilities. States should ensure that prison policy and practice comply consistently with the Bangkok Rules.

Foreign national prisoners, minorities and Indigenous peoples

People from minority groups continue to be discriminated against within criminal justice systems and are disproportionately represented within prison populations worldwide.

Foreign nationals are a growing population in many prison systems, although there is considerable variation between countries. For example, they represent 87 per cent of all prisoners in the United Arab Emirates and just 0.3 per cent of prisoners in the Philippines. This variation can largely be attributed to factors such as geographical location and immigration policies. In Europe, foreign nationals make up 21 per cent of the prison population, on average. Foreign nationals are over-represented in comparison to their numbers in the general population in part because of disadvantages they face during the criminal justice process, such as increased targeting by police, language barriers, a lack of access to legal aid, and discriminatory sentencing, as well as increasingly punitive approaches to immigration-related offences. Foreign nationals’ experience of prison is characterised by isolation, language barriers, limited or no family contact, discrimination and a limited understanding of the prison regime and broader criminal justice procedures. In addition, they face challenges linked to their immigration status – such as deportation – as well as difficulty in accessing rehabilitation programmes. One distinctive right that foreign nationals have is access to consular support, although diplomatic missions are often not able or willing to provide this. Countries have addressed these challenges in different ways, including the provision of a picture book for prisoners to aid communication, prisoners of the same nationality mentoring new arrivals, the provision of video conferencing to enable contact with family abroad, and training in different languages for staff. In Austria, which has a large number of prisoners who are non-German speakers, a private company supplies online interpretation services to prison staff between 8am and 6pm for a handful of pre-defined languages.

The FORINER project was funded by the European Commission and lasted for two years. It provided foreign national prisoners from EU countries with access to education offered by their home country. An evaluation found that the majority of participants believed that these courses would reduce the likelihood of recidivism and make it easier for them to find a job after prison. More than half the students indicated that they hoped participation in the course would improve their relationship with their family and friends.

There is a large proportion of foreign national women prisoners held in various countries and regions globally, mainly for drug-related offences and for breaching immigration laws – including many migrant workers. For example, in the United Arab Emirates, as of June 2018 there were nine women under sentence of death; all but one were foreign nationals, and most were migrant workers. In Hong Kong and Macau, which have the largest proportions of female prisoners globally, the majority of women are foreign nationals; most have been
convicted for either drug trafficking or immigration violations (common among foreign sex workers). \(^{192}\)

While the experience of women foreign nationals in prison has been overlooked, research in Portugal found that they reported problems with managing family relationships, and their inability to care for children and relatives was particularly distressing. The women also felt they had fewer rights in the criminal justice process on account of their gender and nationality. \(^{193}\)

Indigenous peoples are heavily over-represented in prison populations – particularly in Australia, Canada and New Zealand – and this is a persistent and growing problem, especially for women. (See Women, page 20). In Australia, Aboriginal and Torres Strait Islander adults comprise 27 per cent of the national prison population but only approximately two per cent of the national population, which has been described as a ‘national disgrace’ and is attributed to social and historical factors. \(^{194}\) Although they comprise about five per cent of Canada's population, Indigenous peoples accounted for 27 per cent of the federal prison population in 2016–17 – an eight-point increase from 10 years ago. In New Zealand, Māori people are 11 times more likely than other offenders to face prison time once convicted. \(^{195}\)

In late 2017, the Australian Law Reform Commission produced a report setting out how to achieve not just formal but substantive equality before the law for Aboriginal and Torres Strait Islanders. It took a ‘justice reinvestment’ approach — broadly, the notion that there should be a redirection of criminal justice resources away from imprisonment and towards strategies that can better address the causes of offending. However, the government has been criticised for not taking steps to implement this approach. \(^{196}\)

When in prison, Indigenous peoples do not always receive the individualised treatment they require. In New Zealand, only five out of the country’s 18 prisons offer Te Tirohanga, a rehabilitation course tailored for Māori people that has been successful in reducing reoffending. \(^{197}\)

In Australia however, technology has been used to support Indigenous peoples to access education through the provision of tailored courses, such as the Indigenous Higher Education Pathways Program. \(^{198}\)

Ethnic and racial minority prisoners are also often over-represented in prison systems and are particularly likely to have multiple needs due to their social and economic marginalisation. When they are released from prison, these groups may face particular barriers to rehabilitation, and existing support services may not take into account their special cultural needs. They are also likely to face discrimination when seeking housing, employment and social support.

**RECOMMENDATION 10**

*States should closely monitor the representation of foreign nationals and people from ethnic and racial minority or Indigenous backgrounds in criminal justice systems. They should review sentencing policies or practices to determine if they are discriminatory, and develop specific measures to meet the rehabilitation and reintegration needs of these prisoners.*

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**Children and young people**

In 2018, there was both sustained and positive progress in many countries in establishing specialised justice systems for children, as well as alarming reports of serious violations – particularly in the context of counter-terrorism operations and for children in detention. At the international level, work on the UN Global Study on Children Deprived of Liberty continued; the report is expected to be available in late 2019. It will provide up-to-date research, data and information on the situation of children deprived of their liberty, not just in the criminal justice system but also in the context of immigration, armed conflict, national security and when children live in places of detention with their parents. \(^{199}\) The UN Committee on the Rights of the Child is also in the process of revising the 2007 General Comment on Juvenile Justice, to bring it up to date and to reinforce key provisions; it is expected to be finalised during 2019. \(^{200}\)

Recently there has been ongoing discussion in some countries regarding the minimum age of criminal responsibility. In the Philippines, it is currently fixed at 15 years of age but a congressional committee has now approved a bill lowering it to 12, using widely discredited arguments that children need protection from being forced to commit crimes by adults. \(^{201}\) In Australia, the minimum age of criminal responsibility is low at 10 years old, and as many as 600 children under 14 are imprisoned each year; \(^{202}\) however, following a Royal Commission recommendation, there are moves towards raising it to 12 years of age in at least two states and territories. \(^{203}\) In Scotland, legislation to raise the age of criminal responsibility from eight to 12 years was approved in principle by Parliament. \(^{204}\)

Ethiopia was commended by the African Committee of Experts on the Rights and Welfare of the Child for establishing over 70 child-friendly courts. \(^{205}\) In Thailand, there were plans to replicate the success of the Baan Kanchanapisek facility for children, which has recidivism rates of just five per cent – compared with 15 per cent in other facilities. \(^{206}\) In Malawi, civil society organisations were successful in litigating for a High Court ruling that 267 children held in adult prisons should be immediately moved to juvenile reform centres, particularly given the food shortages, disease risk and overcrowding that the children were exposed to in the adult prisons. \(^{207}\)
Recently there has been ongoing discussion in some countries regarding the minimum age of criminal responsibility.
**Children, neuro-disability and the criminal justice system**

Neuro-disability – also referred to as neurodevelopmental disorders or disabilities – encompasses a range of conditions, including attention deficit hyperactivity disorder, autism spectrum disorders, learning/ intellectual disability, foetal alcohol spectrum disorders, and acquired brain injuries. These conditions are caused by a wide range of factors that compromise brain development and function, including genetic factors, pregnancy-related complications (including in-utero alcohol and drug exposure), birth trauma, acute injury and illness.

Neuro-disabilities can result in problems with cognition, memory and concentration, emotional functioning, impulse control and social judgement, and communication. These associated problems have been frequently identified as factors that increase the risk of offending; create barriers to effective engagement in judicial proceedings (for example, due to difficulties in understanding rights or engaging in interviews); and limit the effectiveness of many rehabilitative interventions.208

Research in the UK regarding the prevalence of such disabilities consistently demonstrates disproportionately higher rates among young people in youth justice custodial institutions, compared to the general population.209 For example, while reported rates of learning or intellectual disability among young people in detention vary greatly – from 10 to 22 per cent210 – such rates are much greater than the two to four per cent reported in comparable general population studies.211 Experiences of traumatic brain injury appear to be particularly common.212

Children with neuro-disabilities face a ‘double disadvantage’ in the justice system – they are both children and individuals with disabilities. They are particularly vulnerable to violations of their rights and have additional needs that need to be protected through stringent and effective safeguards.

Children in conflict with the law should be screened for the presence of neuro-disability, and justice professionals should be supported in identifying the indicators of prominent neurodevelopmental disorders and in understanding the implications for behaviour and engagement. Appropriate language should be used to interview a child with neuro-disability, and they should otherwise be treated by justice professionals who are trained and supported in understanding the ways in which neuro-disability might affect a child’s capacity to engage in justice processes.

Judicial officers responsible for sentencing should take account of the relevance of neuro-disability to offending behaviour, including the potential impact on the child of difficulties with reading, processing and memory, maturity of judgement, impulsivity and an understanding of the perspectives of others. Diversion and/or community-based sentences should be preferred. Detention facility employees, probation officers, social workers and others engaged in a child’s rehabilitation and reintegration should be aware of a child’s neuro-disability and should provide appropriate management and rehabilitation support, to ensure that the rights of the child are respected, protected and fulfilled.

The effectiveness of diverting children away from formal judicial proceedings at the police stage was emphasised in a 2018 global systematic review of 19 high-quality studies. The review concluded that, relative to formal judicial processing, police-led diversion modestly reduces future offending of low-risk youth, and recommended that police departments and policymakers should consider diversionary programmes as part of the range of solutions for addressing youth crime.213

Children from certain groups continue to be disproportionately represented in justice systems around the world. In the US, 44 per cent of imprisoned youth in 2015 were African American, despite African Americans comprising only 16 per cent of all youth in the country.214 In addition, the juvenile justice agency of the United States Department of Justice has discontinued a number of important research projects designed to assist states in reducing the disproportionate imprisonment of black and other minority young people.215 In Australia, approximately 16 per cent of young people either held in youth prisons or serving a corrections order in Victoria are Indigenous, yet Aboriginal and Torres Strait Islander young people aged 10 to 19 years only make up 1.6 per cent of the state’s population. An inquiry has been launched to explore the reasons for this disparity.216

Nearly half of all youth who were in custody in Canada in 2016–17 were Indigenous, despite making up only eight per cent of the youth population.217 (See Foreign national prisoners, minorities and Indigenous peoples, page 21).

In the past year, serious violations of children’s rights occurred in detention facilities around the world. Ninety per cent of the participants of a 2018 study of children and young adults detained in São Paulo State, Brazil, said the military police had mistreated them during arrest, and 25 per cent said that juvenile detention staff had beaten them.218 In Papua New Guinea, it was reported that police often beat children in detention and housed them with adults, despite a child justice law that states that they should be kept separate from adults during all stages of the criminal justice process.219

Reports emerged from Egypt in 2018 that children in detention were exposed to torture and enforced disappearance.220 In the UK, a serious case review into abuse of children in a secure training centre stressed the importance of organisations managing facilities to be vigilant in identifying, responding to and monitoring allegations of abuse, and stated that a ‘culture of listening to, consulting with and giving children a voice is crucial to developing safe cultures within organisations’.221

A growing phenomenon is the investigation, detention and prosecution of children in the context of counter-terrorist operations. In 2018, children with alleged ties to Al-Shabaab in Somalia were arrested and at times prosecuted in military courts, while in Lebanon, children were also tried in military courts for terrorist-related offences.222 Human Rights Watch also reported on the abuse of children in detention by the Kurdistan regional government.223 In its Handbook on Children Recruited and Exploited by Terrorist Groups, the UNODC argues that when children have been recruited and exploited by terrorist and violent extremist groups, they should be treated primarily
as victims. If they are arrested and prosecuted, their victimisation should be taken into account and they should be dealt with in accordance with international standards on child justice at all times.224 Research on these issues in Europe concluded that children were being unnecessarily and disproportionately criminalised for expressing opinions, often online, that are viewed as glorifying or inciting terrorism.225

The ICCPR and the Convention on the Rights of the Child both expressly forbid capital punishment for offenders who were under the age of 18 at the time of the offences they were convicted of. The prohibition on the execution of child offenders is so widely observed that it has attained the status of a peremptory norm of international law. However, a very small number of countries continue to retain the death penalty for crimes committed by children. During 2018, it was reported that Iran executed at least five individuals who were sentenced to death for crimes they allegedly committed as children,226 while South Sudan also executed a child.227 Several people remained on death row in Saudi Arabia for crimes committed when they were children.228 (See Death penalty, page 15).

**Elderly people**

The definition of when someone becomes ‘elderly’ is unclear, although consensus is emerging that, for prisoners, it is at around 50 years and over. This is because the prison environment itself is associated with an accelerated ageing process, with prisoners’ health status generally considered to be equivalent to that of people 10 years older in the general population.

The world’s population is continuing to age: nearly every country in the world is experiencing growth in the number and proportion of older people in their population.229 In many countries, the proportion of elderly prisoners also follows this upward trend; at present, this has been identified mainly in high-income countries, although this may be a result of the availability of data. Across the European region, the proportion of the prison population who are over the age of 50 is an average of 11.7 per cent, ranging from 44 per cent in Lichtenstein to three per cent in Russia.230 In Japan, the number of prisoners aged 60 or older rose from seven per cent of the total prison population in 2008 to 19 per cent in 2016,231 and in Singapore, the number of prisoners over 60 doubled between 2012 and 2016.232 In the UK, the proportion of prisoners aged over 50 increased from seven per cent in 2002 to 16 per cent in March 2018.233

In a new publication on the issue, the International Committee of the Red Cross (ICRC) attributes the rise in elderly prisoners to lengthy pre-trial proceedings, long sentences and barriers to early release, as well as elderly prisoners being charged with historical offences, such as sexual abuse offences.234 In Japan and Singapore, there have been reports that old age itself is a trigger for offending because it results in increased levels of poverty and a lack of family and social support.235 The Japanese Ministry of Justice reported that in 2017 the proportion of elderly former offenders returning to prison was notably high, with many facing unstable prospects outside jail due to inadequate support from their families and difficulty in finding employment.236 In the US, the ‘greying’ of prisons is accounted for by both an increase in admissions of older people to prison and the use of longer sentences as a public safety strategy.237

The increase of elderly prisoners creates new and difficult challenges for prison authorities. Older people in prison face health conditions associated with the advancement of age, such as falls, increased frailty, dementia, incontinence and sensory impairment. A report on social care in jails in the UK highlighted some of the practical issues that can arise when caring for older prisoners: ‘Many older jails are ill-equipped for prisoners in wheelchairs, or with mobility problems. Some prisoners struggle to wash and look after themselves and others who have fallen cannot get help during the night.’238

Another threat to the health of elderly prisoners is long-term abuse of substances, which is common amongst this population, as well as social and psychological issues related to ageing – such as managing the loss of a partner or friends. These additional needs generate financial burdens on already under-resourced prison systems. According to the American Civil Liberties Union, it costs twice as much to imprison someone over the age of 50 and in some cases, it may cost up to five times more when medical costs are added.239

Efforts have been made to specifically address the needs of older prisoners. In Japan, a new policy to detect dementia in prisoners will be rolled out in 2019 with the aim of detecting the condition at an early stage and providing treatment to ensure effective reintegration on release.240 The Singapore Prison Service has retrofitted some prison cells with senior-friendly features such as handrails.241 Prison officers in Scotland have been given training on how to work with people suffering from Alzheimer’s and dementia.242

In Kenya, an appeal court questioned the use of mandatory sentences for elderly people ‘as the compulsory sentences amounted to committing them to a slow death behind bars.’243 In some jurisdictions, there is the possibility for elderly prisoners to be given early release on compassionate grounds; for example, in Cambodia prisoners over the age of 65 are
eligible to request a royal pardon. However, research in the US has found that early release programmes on compassionate grounds are not in fact widely used for older people. They exclude many prisoners who are not eligible because of the type of sentence or the crime committed, and some only allow release for people who are terminally ill – but lack an efficient process for application and approval, leaving sick prisoners to die before they can complete the process.

Researchers in the US have identified three key areas of reform: placing older prisoners in facilities designed explicitly to care for them; improving their levels of safety given their vulnerability and risks of victimisation; and promoting their rehabilitation, given that this age group is highly unlikely to reoffend. Prison authorities have been slow to recognise and address the needs of elderly prisoners. The ICRC report on ageing and detention concludes that to deliver the kind of reforms required, policymakers need to have explicit strategies – with existing plans and resources falling short of what is required to guarantee basic dignity for older detainees. The report notes that ‘in all likelihood, this would be better achieved by drawing up an official policy framework on the treatment of older people in detention – either as a stand-alone document or as part of a broader policy on ageing’.

RECOMMENDATION 12
States need to collect data and information regarding the needs of older prisoners and explicitly address these in strategy and policy documents, with a focus on safety, healthcare needs and rehabilitation. Early release mechanisms should be adopted and used for older prisoners.

Lesbian, gay, bisexual, transgender and intersex people

There has been progress with regard to the rights of lesbian, gay, bisexual, transgender and intersex (LGBTI) people over the past few years – but only in some parts of the world. Notably, during 2018, the Supreme Court of India unanimously ruled to decriminalise same-sex relationships and in early 2019, Angola did the same. However, in many places LGBTI people still face widespread stigmatisation and persecution. There are 73 countries – mostly in the Middle East, Africa and Asia – where same-sex activity between consenting adults is illegal, and there are still a number of countries where it is subject to the death penalty, including Afghanistan, Iran, Pakistan, Sudan, Saudi Arabia, the United Arab Emirates and Yemen.

According to the UN Subcommittee for the Prevention of Torture, a clear causal link has been established between the criminalisation of lesbian, gay, bisexual and transgender persons and increased exposure to violence, including by law enforcement, prison staff and healthcare personnel. For example, many people have been detained in a new crackdown on gay men in Chechnya, and sexual violence – mainly in detention settings – is cited by LGBTI civilians as a primary reason for fleeing the Syrian Arab Republic. Both the UN Special Rapporteur on torture and the Independent Expert on sexual orientation and gender identity have urged states to repeal such laws.

Data regarding LGBTI prisoners is scarce. Where it is available, it reveals that they tend to be disproportionately imprisoned, even in jurisdictions where same-sex relations and expression of diverse gender identities are not criminalised. In prison, LGBTI prisoners are more likely to be sexually victimised, report mental health problems, experience solitary confinement and be subjected to sanctions. They are frequently discriminated against because of their sexual orientation or gender identity and expression, and are harassed and face violence because they do not conform to gender expectations. At the same time they are not actively encouraged to speak out about their experiences, nor do many prison authorities consider their needs. In 2018, the APT produced a guide for monitoring bodies which provides an overview of how authorities should identify patterns of abuse against LGBTI people and proposes measures to prevent ill-treatment and torture.

In a recent blog for PRI, the APT made the point that: “Don’t ask, don’t tell” policies in prison settings, which essentially demand that LGBTI prisoners “make no noise” and render themselves invisible, is a disturbing one, which not only denies their human dignity but also allows authorities to ignore and avoid their obligations to respect and fulfil these rights.

Transgender prisoners are highly vulnerable in detention settings and a number of jurisdictions are starting to respond to this. In 2018, the Israel Prison Service produced a new policy on transgender prisoners that should halt the practice of keeping them in isolation. In the US, Connecticut became the first state to give transgender prisoners the legal right to be housed according to their gender identity. However, across the US there has been a rollback of LGBTI rights under the administration of President Donald Trump, including removing protections for transgender prisoners.

RECOMMENDATION 13
Placement decisions for LGBTI prisoners should keep them safe and avoid further marginalisation on the basis of sexual orientation or gender identity. LGBTI prisoners should be given adequate access to medical care and counselling and any protective measures should not restrict their rights.
HEALTHCARE IN PRISONS

This Special Focus examines:

The importance of providing health services in prison that are independent of the prison administration and equivalent to those provided in the country as a whole.

Ways of reducing risks to health and promoting well-being.

Ensuring the right to health for groups of prisoners with specific needs.
Healthcare in prisons

This Special Focus explores the potential that prisons have to be settings for the prevention of disease, the promotion of health, and for identifying and treating physical and mental health needs for the benefit of individual prisoners, staff and communities as a whole. It draws on international standards, such as the UN Sustainable Development Goals (the SDGs). It also draws on the Guidance Document on the Nelson Mandela Rules, produced by the OSCE Office for Democratic Institutions and Human Rights and Penal Reform International (PRI), as well as PRI’s Mental health in prison: A short guide for prison staff.

Introduction

Rates of disease, substance dependency and mental illness among prisoners are much higher than in the community. People in prison often come from impoverished and marginalised backgrounds where they may have been exposed to transmissible diseases and inadequate nutrition, and their access to good quality health services will have been limited. Some prisoners may have neglected their health and may never have been treated by a qualified doctor before their imprisonment, particularly if they come from rural or remote areas. Additionally, people in prison may have a history of abuse. They may also have substance dependence and be suffering from withdrawal symptoms.

Once in prison, the conditions in which prisoners live in can create serious risks to their physical and mental health. Prison populations have a disproportionately high rate of people suffering from mental health or behavioural problems, many pre-dating prison and others developing, or worsening, when in prison due to poor conditions and a lack of mental healthcare. A lack of access to sufficient nutritious food and safe drinking water and inadequate opportunities for physical exercise – all of which are common in prison settings – can also contribute to the deterioration of health. Poor sanitary conditions increase the chances of skin or parasitic diseases, and the lack of sunlight, fresh air, heating or ventilation can also seriously affect prisoners’ health.

The transmission of diseases is rife in overcrowded facilities, placing the lives of both prisoners and staff at risk. Communicable diseases are a particular concern, with infection rates for tuberculosis between 10 and 100 times higher than in the community.1 Prisoners are five times more likely to be living with HIV than adults in the general population, and they have been identified by UNAIDS as a key population that has been left behind in responses to the AIDS epidemic.2
Every human being has the right to the highest attainable standard of physical and mental health. When a state deprives someone of their liberty, it takes on the duty of care to provide medical treatment and to protect and promote his or her physical and mental health and well-being. This duty of care is critical, because prisoners have no alternative but to rely on the authorities to promote and protect their health.

The revised UN Standard Minimum Rules for the Treatment of Prisoners (known as the Nelson Mandela Rules) also emphasise state responsibility for healthcare and confirm that people in prison should enjoy the same standards of healthcare that are available in the community. The Rules elaborate further on obligations relating to prisoners’ health: people in prison should have access to necessary healthcare services free of charge and without discrimination on the grounds of their legal status; health staff working in prisons should have clinical independence; continuity in healthcare is important; prisoners need prompt access to healthcare in emergencies; informed consent of the prisoner to treatment should be obtained; and up-to-date and confidential medical records should be maintained and should accompany each prisoner on their journey through the prison system.

In general, the provision of healthcare in prison settings across the world is underfunded, understaffed and of a lower standard than in the wider community. Looking at the SDGs, Goal 3 on health will not be achieved if the right to health for people deprived of their liberty continues to be deprioritised. Prison can be an important setting for preventing and addressing physical and mental health inequalities among the prison population. Identifying and responding to ill-health and mental health needs is a vitally important component of a prisoner’s journey towards rehabilitation and reintegration on release, which in turn can reduce reoffending.

Useful resources on the right to health in prison


The Worldwide Prison Health Research and Engagement Network (WEPHREN) provides a forum for all stakeholders interested in prison health across the world to exchange ideas and develop collaborative, multi-centre research. (www.wephren.org).

Provision of healthcare: a ‘whole-of-government’ approach

Independence of healthcare staff

The World Health Organization (WHO) and the UN Office on Drugs and Crime (UNODC) state that ‘the management and coordination of all relevant agencies and resources contributing to the health and wellbeing of prisoners is a whole-of-government responsibility’. A crucial aspect of this ‘whole-of-government’ approach is the requirement for healthcare staff to operate independently of the prison administration, so that any clinical and health assessments of detainees are based solely on medical criteria. This independence is important for prisoners so that they feel they can trust the healthcare provider regarding their health conditions, and can also speak to them openly in order to report torture or other ill-treatment.

If healthcare staff are directly employed by the prison service, or if they appear to be overly friendly with regular prison staff, prisoners are unlikely to trust them – particularly if the prisoners have been ill-treated by prison staff. If they are not independent, healthcare staff may experience a conflict of interest and feel a greater sense of duty towards the prison administration as their employer, than towards the patient.
They may also operate in fear of negative consequences, including dismissal, if they do not comply with requests from prison staff, and may themselves be subjected to retaliatory actions.

To guarantee this independence, direct hierarchical or even contractual relationships with prison management should be avoided. Irrespective of their conditions of employment (whether they are a civil servant, public employee or private contractor), medical staff should always be independent of police or prison authorities. The WHO and the UNODC argue that the best way to safeguard the independence of healthcare staff is to ensure that they are employed by healthcare authorities rather than by correctional authorities.

Equivalence of care

Healthcare professionals have a duty to provide equivalence of care, meaning that they should provide the same standard of healthcare that a prisoner could expect to receive in the outside world. To achieve equivalence of care, it is vitally important to adequately resource and fund prison health services and to employ sufficient numbers of suitably trained staff. This will be possible only if salaries and terms and conditions are attractive, in order to recruit and retain prison healthcare staff.

Continuity of care

Continuity of care is important, not only on admission to prison but also upon release, and is generally easier to manage when prisoners are allocated to a prison close to their usual place of residence. When individuals with specific medical conditions are released from prison, healthcare professionals in the prison should consider whether they need to provide them with medication to account for the time it may take them to arrange further medical consultations and receive a regular supply of medication. The requirement to provide continuity of care also includes a duty to properly manage and transfer a prisoner’s medical files. When a prisoner is transferred, their medical files should be transferred to the healthcare service of the receiving institution and should be subject to medical confidentiality. The most effective way of ensuring continuity of care is to assign responsibility for providing healthcare in prisons to the national health authority. If this is not possible, there should be close links between community and prison healthcare providers.

Training

To adequately respond to healthcare needs in prisons, both staff and healthcare providers may require specific training opportunities and support services. For example, they should receive training on how to report torture or other ill-treatment within the prison system, including in cases where it may have occurred outside prison and is identified upon a prisoner’s arrival. To this end, all healthcare staff should be provided with a copy of the Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (known as the Istanbul Protocol), and should be trained in applying it. They should also receive training on human rights and medical ethics. All prison staff should receive training on first aid. This is important because they are often the first responders in the event of an emergency health situation. Nelson Mandela Rule 76(d) also requires that all staff receive training on the psychosocial needs of prisoners and on social care and assistance, including early detection of mental health conditions.

Reducing the risks to health and promoting well-being

Assessment

Newly arrived prisoners may have pre-existing, untreated health conditions and/or undiagnosed mental health conditions. Physical and mental health conditions are likely to be exacerbated by imprisonment and should therefore be identified as soon as possible after admission, so that the prisoner can receive appropriate treatment.

Initial medical screening enables health personnel to detect and record any injuries, including potential signs of torture and other ill-treatment. Access to a medical professional as soon as possible upon admission ensures that prisoners with pre-existing health conditions continue to receive the care they need and have access to appropriate medication and other treatment. Newly arrived prisoners are unlikely to have medication with them, or may be too disoriented and stressed to remember to take their medication as required. Prison medical services may also need time to acquire and provide the specific type and quantities of medical supplies needed by individual prisoners. Communicable diseases also need to be identified and treatment provided, with any
**Temperatures in prison**

Extreme temperatures in prisons can result in unacceptable and inhumane conditions that threaten the health and well-being of both staff and prisoners, some of whom will be especially vulnerable, including children, older people and those in poor health. This will become an increasingly important issue as global temperatures increase. Exposure to high heat can lead to an increase in aggression, overall poor mental health and, in serious cases, to death. In 2011, 10 people imprisoned in the US died from heat-related causes, triggering lawsuits that resulted in the state agreeing to place permanent air conditioning units in facilities. Equally, prisoners exposed to excessive cold may suffer hypothermia, particularly if they do not have adequate bedding and clothing.

A number of reports surfaced in 2018 that revealed the harms caused by extreme temperatures. In the US, hundreds of prisoners were locked in their cells during a week-long power blackout, during which prisoners were left in darkness, without heat and hot water for some of the coldest days of the winter. Conversely, in Arizona in the summer, prison logs showed temperatures of up to 119 degrees Fahrenheit (48 degrees Celsius). In the UK, prisons built in the 1800s proved inadequate during a summer heatwave and the lack of ventilation resulted in ‘oven-like’ conditions. In Fuchu prison in Japan, heating routinely does not function and frostbite is a common complaint.

In Cambodia, a former prisoner described living in a crowded prison with her newborn baby: ‘It was actually a steaming room. I was using a fan made of a palm leaf to cool my baby down – that was what I could afford. There was a tiny hole in the wall, but can you imagine how much air you would absorb in such a crowded space? We made a request for an electric fan, but it never arrived.’

The Nelson Mandela Rules state that a physician should regularly inspect the temperature of a prison and that accommodation and clothing should be appropriate for climatic conditions, while the European Prison Rules stipulate that all accommodation for prisoners should have adequate heating. The European Court of Human Rights has also recognised adequate temperature as a basic requirement for acceptable prison conditions. Prison systems now need to adapt to the impending challenge of climate change, by reducing prison overcrowding, closing or retrofitting inadequate facilities, and building sustainable and resilient facilities that ensure the health and well-being of prisoners.

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necessary measures put in place in order to prevent such diseases from spreading within the prison.

The initial medical screening of a prisoner provides an important opportunity to identify prisoners at risk of suicide or self-harm. It is particularly important to detect these signs at an early stage, since the risk of suicide or self-harm is much greater during the first days of imprisonment. Additionally, early identification of such risks can help to determine what the safe and appropriate placement and supervision should be for prisoners that have been placed on suicide/self-harm alert. It is good practice to involve a psychologist in initial medical assessments.

Identifying health needs soon after admission helps prison administrations to plan relevant healthcare provision, staffing and other resource requirements, including the special dietary needs of prisoners. It also assists prison management in planning transport, staffing and other logistical arrangements for scheduled hospital visits. Identifying existing or potential health problems as soon as possible after admission means that prison administrations can save resources by preventing illness or the deterioration of health conditions, and by preventing communicable diseases from spreading to other prisoners or staff. By being aware of the health situation of each prisoner, prison administrations can better plan for individualised rehabilitation programmes, including appropriate training and work opportunities. Prisoners with health problems may be unable to participate in established work programmes, or such programmes may need to be tailored to their particular situation.

**Ongoing healthcare provision**

The Nelson Mandela Rules make it clear that healthcare professionals should talk with and examine every prisoner, not only on admission but also as necessary afterwards. To have full access to all prisoners, medical staff should be informed about where they are located, including those undergoing disciplinary sanctions. Prisoners should have the opportunity to seek medical care and be able to access healthcare services confidentially. The involvement of ‘gatekeepers’ – such as cell leaders or prison staff – in the process for obtaining a medical appointment should be avoided.

Medical care should be available at all times, including when cells are locked and staffing levels are reduced. This may be a particular concern at night, during weekends and on national holidays. The requirement for health services to be available at all times is linked to the need for adequate staffing levels of both prison officers and healthcare personnel.

Facilities should be easily accessible, including for those with physical disabilities. In facilities that hold both male and female prisoners or both adult and child prisoners, there should either be separate facilities or designated times when women and child prisoners can access healthcare services separately.
Healthcare for specific groups

Women

Women in prison have different and more acute healthcare needs than men. This is partly due to physiological differences, and partly because of their typical backgrounds, which can include drug use, physical or sexual abuse, sex work and unsafe sexual practices. Health conditions of women prisoners may have been untreated before admission, due to discriminatory practices that prevent women from accessing adequate healthcare in the community.

Women prisoners have specific needs related to reproductive health issues, such as menstruation, pregnancy and menopause. In order to adequately respond to these, female-specific healthcare services need to be provided, including sexual and reproductive care and preventive healthcare such as pap smears and screening for breast and gynaecological cancer. Many prisons fail to deal properly even with women's menstruation. ‘Period poverty’ continues to be an issue, with reports of menstrual products being used by prison staff as bargaining chips to exercise power over women.

It is estimated that around 75 per cent of women arriving in prison had some sort of drug-related problem at the time of arrest. The need for specialised treatment programmes for women substance abusers is recognised by the UN Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules). A major concern is that prison systems often do not guarantee access to such treatment and discriminate against women when it comes to substance dependency treatment, or do not tailor programmes for women. In relation to the provision of opioid substitution therapy, a recent study found that women ‘generally have no access to these programmes while incarcerated’. The Bangkok Rules are clear that prison health authorities should provide or facilitate specialised treatment programmes for women substance abusers, taking into account prior victimisation, the special needs of pregnant women and women with children, as well as women’s diverse cultural backgrounds. Where relevant programmes do not exist in prison, there is an increased duty on authorities to facilitate access of prisoners to relevant programmes in the community. Studies have shown that women prisoners who participate in such programmes are more likely to be successfully rehabilitated.

Women prisoners are a high-risk group for sexual and reproductive health diseases, including cancer and sexually transmitted infections, particularly due to their typical backgrounds – which often include drug use, sexual abuse and violence, sex work and unsafe sexual practices. Although women prisoners are more likely to contract HIV in prison than men, they have less access to preventive and treatment programmes than their male counterparts. Gender-specific treatment and care for HIV is required by Bangkok Rule 14, acknowledging that medical treatment for women with HIV should be different from treatment for men.

Alarmingly high rates of mental health problems are reported amongst women prisoners, substance misuse or sex work, as well as women who have chaotic lifestyles. It is run and managed by healthcare teams in the prison, with a view to handing over responsibility for each case to probation services when the offender is released. The programme offers participants 12 two-hour facilitated group sessions as well as one-to-one meetings on a range of health topics, including:
- Sexual health and healthy relationships.
- Well-being, including healthy diet and exercise.
- How to register and access primary care.
- How to register and access mental health well-being services.
- Emotional self-care.

The sessions include input from former women prisoners who talk about their experiences before and after release. The women are also offered individual follow-up sessions if necessary. Initial outcomes have been positive and NHS England plans to develop and evaluate the enhanced skills pilot, with the intention of embedding it into commissioned health services in prison in the near future.
and suicide, much of which is linked to trauma from previous violence they have suffered. As a result, many women are believed to be a security risk and are over-classified. Most women who are admitted to prison are mothers, and the separation from their children, as well as from the rest of their family, can have a severely negative impact on their mental well-being. Bangkok Rule 12 acknowledges that successful treatment of mental health issues requires an individualised gender-sensitive approach, addressing the root causes and taking into account any trauma that the female prisoner may have experienced. If a female prisoner requests to be examined by a female healthcare professional, then a female physician or nurse should be made available wherever possible. If a female physician or nurse is not available, then a female staff member should be present during any examination by a male healthcare professional. Sufficient female healthcare staff should be appointed to work in prisons housing female prisoners.

Although pregnant women and women with young children should not be imprisoned unless absolutely necessary, most women in prison are mothers and are usually the primary or sole caregivers for their children. The Bangkok Rules make specific provision for healthcare and psychological support needs for children living with a parent in prison.

The specific needs of women are often not met by prison systems, which have been largely designed by and for men. There needs to be ‘explicit recognition that women and men are different, and that equal treatment of men and women does not result in equal outcomes’. Prisons should have good mental healthcare in place for prisoners with existing conditions, and all policies, regimes, routines and practices in prisons should be trauma-informed. In addition, the individual needs of vulnerable groups such as women need to be taken into account to ensure that the SDGs are met, primarily in regard to healthcare (Goal 3) and gender equality (Goal 5).

**Children**

Placing children in detention can cause long-term psychological and physical harm. The UN Special Rapporteur on torture has noted that ‘regardless of the conditions in which children are held, detention has a profound and negative impact on child health and development. Even very short periods of detention can undermine the child’s psychological and physical well-being and compromise cognitive development.’

Children held in detention are at risk of developing post-traumatic stress disorder, and may exhibit symptoms such as insomnia, nightmares and bed-wetting. Feelings of hopelessness and frustration can be manifested in acts of violence against themselves or others. Reports on the effect of detention on children have found higher rates of suicide, suicide attempts and self-harm, and mental disorder and developmental problems, including severe attachment disorder.

Children in detention may come from difficult family or social backgrounds and may have been subjected to sexual abuse and other violence. Some will have been victims of sexual exploitation. Young prisoners are also at high risk of ill-treatment, including sexual abuse, within prisons. All children in prison should be properly interviewed and physically examined by a medical doctor (preferably a paediatrician), or by a qualified nurse reporting to a doctor, as soon as possible upon admission to a detention facility, preferably on the day of arrival. In the case of girls, access to gynaecologists and education on women’s healthcare should be provided. Rules 38 and 39 of the Bangkok Rules address the specific healthcare needs of juvenile female prisoners, including the need for age- and gender-specific programmes and services, such as counselling for sexual abuse. This is particularly important given that the needs of girls in detention are often overlooked due to their small numbers within many prison systems.

**People in prison with mental health needs**

Research has found that approximately one in seven prisoners has a serious mental health condition; these figures have not changed significantly in the past 30 years. Protecting mental well-being and addressing mental ill-health are two of the most challenging issues in prisons worldwide, yet many prisons do not have the resources to provide adequate mental healthcare for either prisoners or staff. Prison staff have an important role to play in supporting all people in prison with mental health conditions and staff who communicate positively with prisoners may be well placed to identify warning signs and potential triggers for mental health decline.

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**Case study from Thailand**

In Thailand, yoga and t’ai chi practices were used in two projects that aimed to improve the health of women prisoners. Ten women prisoners from Ratchaburi Central Prison became instructors and travelled to Koh Samui women’s prison to teach yoga. The project also boosted the morale of prison staff and built better relationships between prisoners and between prisoners and staff.
There are some situations related to mental ill-health that require urgent responses, including if prisoners pose a threat to themselves or others or to the safety and security of the facility. People with mental illness can be at greater risk of suicide and/or self-harm. The WHO notes that suicide is ‘often the single most common cause of death in correctional settings’ and it accounts for about half of all prison deaths. There is a particularly high rate of suicide among women prisoners, children and newly released prisoners. An international study conducted by the University of Oxford in 24 high-income countries between 2011–2014 found that the risk of suicide was three times higher for male prisoners compared to the general male population, and at least nine times higher for women. Interestingly, the study did not find any correlation between the rates of prisoner suicide and rates of overcrowding.

States should take all reasonable steps to prevent deaths in prison, including suicide. The question of ‘reasonable steps’ has been considered by the European Court of Human Rights in its jurisprudence, and as a minimum these should include:

- The transfer of prisoners to mental healthcare settings if required.
- Screening as soon as possible after admission, including an assessment of suicide risk.
- All prisons having a suicide prevention strategy.
- Where a suicide does occur, an independent investigation should be undertaken.

Prison healthcare staff also have a critical role to play in suicide prevention, although this is not a matter for them alone. Awareness raising on the prevention of suicide should take place across the entire prison.

**Case study from Australia**

Wandoow is a dedicated alcohol and drug rehabilitation prison for women in Perth, and the first female prison in Western Australia to run an intense rehabilitation programme known as a ‘therapeutic community’. The facility can treat up to 77 selected minimum- and medium-security prisoners, who must demonstrate a desire to treat their addiction. The focus of Wandoow is to offer a supportive environment where women can break the cycle of addiction and drug-related offending. It aims to provide a ‘safe, healthy, supportive and respectful space to recover and make positive lasting changes’.

Wandoow offers dedicated and intensive trauma-informed treatment within a therapeutic community. Women are supported via multi-disciplinary case-management to reduce addiction, improve mental and physical health and reduce the chances of reoffending. Women at Wandoow are also offered transitional and post-release support for their ongoing rehabilitation.

**People in prison who use drugs**

Prisons can provide a range of evidence-based rehabilitation treatment programmes to break the cycle of substance dependence and crime. The IDPC Drug Policy Guide from the International Drug Policy Consortium sets out a series of recommendations for prison authorities for delivering treatment to prisoners who use drugs, which are summarised below.

**Education and information**

Simple information on the risks of infection and the steps prisoners can take to protect themselves and others should be widely distributed to prisoners in a format that is appropriate to their language skills and education. Some prison administrations have also used educational videos or lectures to deliver the same messages, leading to higher levels of awareness.

**Vaccination programmes**

There are effective vaccinations to protect against hepatitis B, and a period of imprisonment is an opportunity to encourage people (many of whom do not use preventive health services in the community) to have the vaccination.

**Access to safer sex measures**

Many prison administrations have allowed the distribution of condoms to prisoners, offering them access to the same protection that is available outside prison. Further measures have included information, education and communication programmes for prisoners, and prison staff on sexually transmitted diseases; these have included voluntary counselling, testing for prisoners, and measures to prevent rape, sexual violence and coercion.

**Needle and syringe programmes**

Programmes involving the distribution of clean injecting equipment to people who inject drugs have been effective at preventing HIV and hepatitis infections. However, there has been great reluctance to introduce these public health programmes in prison settings.

**Preventing drug overdose**

Prisoners who use drugs are a very high-risk group for accidental overdose, particularly in the period immediately after release. Overdose prevention programmes therefore need to be targeted at prisoners, and should involve information and awareness raising.
Prison staff
Prison staff work in dangerous and difficult environments and are regularly exposed to work stress, lack of contact with family, long hours, bullying and intimidation, and exposure to traumatic incidents. In many countries, prisons are in very isolated locations, far from population centres. This has an effect not only on staff but also on their families and their access to schools, medical facilities and other social activities. It is also common for prison staff to be expected to transfer frequently from one prison to another. To support the health and well-being of staff, a number of measures can be taken, including the provision of counselling, anti-bullying initiatives, and good working terms and conditions. In addition, reward and recognition schemes, opportunities for career progression and occupational health services are necessary components in strategies to address stress and poor working conditions.

Conclusions
Prisoners are a vulnerable and underserved group who have complex health needs that are frequently unmet. The right to health for specific groups within the prison population is also violated, including for women, children, prisoners who have mental health issues and those who use drugs. Delivering healthcare in a prison setting is a highly complex endeavour. It requires a ‘whole-of-government’ approach whereby prison healthcare is integrated into wider public health and social care systems and is of a standard equivalent to healthcare in the community. There also needs to be a continuity of care between community and prison. Providing adequate standards of medical care not only contributes to the health of prisoners themselves but also to the protection of public health, since the vast majority of prisoners will return to the community. The more their health needs are met, the greater the chances are that they will assume a constructive role in society.
SPECIAL FOCUS

Endnotes

All website links cited were accurate at the time of going to press in April 2018.

2 Penal Reform International submission to OHCHR call for inputs: Mental health and human rights, Written submission from Penal Reform International, p5.
7 The United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules), Rules 9 and 51.
10 Ibid.
11 For example, a review of research found that post-traumatic stress disorder affected up to a fifth of prisoners, and rates of self-harm range from 7–15 per cent for men, with higher rates recorded for women, at up to 27 per cent; Dr Seena Fazel et al, ‘The health of prisoners’. The Lancet Psychiatry, Volume 3, Issue 12, 2016, p1129.
32 Penal Reform International submission to OHCHR call for inputs: Mental health and human rights, Written submission from Penal Reform International, p5.
37 The United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules), Rules 9 and 51.
40 Ibid.
41 For example, a review of research found that post-traumatic stress disorder affected up to a fifth of prisoners, and rates of self-harm range from 7–15 per cent for men, with higher rates recorded for women, at up to 27 per cent; Dr Seena Fazel et al, ‘The health of prisoners’. The Lancet Psychiatry, Volume 3, Issue 12, 2016, p1129.
49 European Court of Human Rights, Edwards v United Kingdom, Application no. 46477/99, 14 March 2002; Keenan v United Kingdom, 33 EHRR 38, 5 April 2001


52 Third General Report.


Healthcare in prisons

Pull-out section
Security and violence

A safe and secure environment is a prerequisite for rehabilitation, yet violence continues to be a problem in prisons all over the world. This is due to many factors, including poor conditions and overcrowding.258 For instance, Sweden saw a 39 per cent increase in violence amongst prisoners at the same time as its prison capacity grew from 85 per cent to 95 per cent in four years.260 According to the Swedish Prison and Probation Service, “the violence is not growing linearly along with the prison population. It is growing exponentially.”261

Gangs are responsible for much of the violence in prisons. In Canada there were reports that over 2,000 prisoners are known to belong to ‘security threat groups’, including Indigenous, Asian, motorcycle and street gangs.262 Gang-related violence at Leeuwkop prison, South Africa, left one dead and one critically injured.263 In Ireland, over half of all prisoners in the country’s biggest prison, Mountjoy, are in protection regimes for their own safety due to gang violence.264

There were efforts by some countries to address gang violence. Denmark introduced a new prison intelligence service to deal with gang issues265 with a ‘stronger internal investigative and security organisation…to better assess risks posed by individual prisoners’.266 The Ministry of Justice in Greece called an emergency meeting with prison directors to discuss prisoner violence, following a gang-related death of an Albanian prisoner.267

While there were prison riots in many regions, they were most acute in Latin American countries, including Brazil, Guatemala and Venezuela.268 A prison riot in Goiânia in Brazil left nine prisoners dead and 14 injured,269 while a prison break left nine prisoners dead and 19 on the run in the northern state of Tocantins.270 There were also reports of prison violence in Sri Lanka,271 Russia,272 Tajikistan,273 Indonesia274 and Haiti.275 In South Africa, an inquiry was launched by the Judicial Inspectorate of Prisons into the conduct of police and prison officials following a prison riot at Pollsmoor Prison.276 Reports of torture and ill-treatment of people in prison were documented in several countries, including Turkey,277 South Africa,278 South Sudan,279 Iran280 and Saudi Arabia.281 Systemic and widespread abuse was also documented in Russian prisons.282 An investigation by Russia’s Federal Prison Service found 42 cases where
guards ‘exceeded their authority or abused the dignity of prisoners’. 291 One of the most shocking cases was that of Yevgeny Makarov, who was subjected to repeated beatings with clubs by Russian prison guards; the events were captured on video and published in the Novaya Gazeta,292 causing an international outcry. The Russian authorities have since investigated the case, leading to the suspension of 17 prison employees and seven arrests. 293 In an exceptional measure, the UN Committee against Torture called on Russia to report on efforts to bring the perpetrators to justice. 294

The Convention against Torture Initiative (CTI) brought together Council of Europe member states to discuss ways to address and respond to torture and other abuse that take place during police custody and pre-trial detention. 295 The CTI also held a regional seminar to discuss good practices regarding ratification and implementation of the UN Convention against Torture, basic safeguards in respect of arrest and detention of suspects, and good management approaches in relation to law enforcement. 296 States shared good practice on torture prevention, including strategies to strengthen the role of the judiciary and prosecutors in preventing and responding to incidents of torture and ill-treatment, increasing professional standards in policing, and improving the management of prisons to ensure the humane treatment of prisoners. States also emphasised the importance of ‘checks and balances’ in monitoring places of detention through complaints bodies and National Human Rights Institutions.

During transfers from prison to court, medical facilities or elsewhere, prisoners can find themselves confined in extremely small and crowded spaces and in poor and unsafe conditions, sometimes for prolonged periods. The Council of Europe has produced a Recommendation for member states to ensure that transportation is ‘always carried out in a humane, secure and safe manner’. 297

Prisoners continue to be held in solitary confinement, often for long periods of time. In Spain, prisoners convicted of very serious offences are kept in solitary confinement for 21 hours a day in an eight-square metre cell. 298 The CPT called on Norway to improve its treatment of prisoners in solitary confinement following a visit to the country in May 2018, 299 when prisoners were found to be locked up alone in their cells for 22 hours per day for prolonged periods, with only limited contact with staff. The CPT recommended that prisoners who were subjected to ‘complete exclusion from company’ should benefit from more structured programmes, purposeful activities and meaningful human contact on a daily basis. A report into the use of solitary confinement in Malawi, Kenya, Zambia and South Africa found that most of the countries failed to comply with the Nelson Mandela Rules and prison legislation dealing with solitary confinement was outdated in four out of the five countries. 300 The authors called on these countries to ‘make substantial efforts to address the lack of independent review mechanisms of solitary confinement in their legislation’. 301

Medical research from the US supports the case against solitary confinement on the basis that it can do severe and long-lasting damage to the brain. 302 In addition, there were calls by medical professionals in the UK to ban the solitary confinement of children and young offenders 303 because of the serious risks of ‘long-term psychiatric and developmental harm’. 304 There were reports of children spending more than 22 hours per day in their cells in the UK. 305 (See Children and young people, page 22).

In India, the Uttarakhand High Court found that keeping prisoners in custodial segregation/solitary confinement was unconstitutional. 306 In the US, the Supreme Court noted that solitary confinement ‘comes perilously close to a penal tomb’. 307 Following the 2018 ruling of the British Columbia Supreme Court that prolonged and indefinite solitary confinement was unconstitutional, 308 the Canadian government has been given an extension until mid-June 2019 to change its practice of isolating prisoners for 22 hours or more a day without meaningful human contact, but only on the proviso that certain conditions are met immediately, including daily medical visits and an extra 30 minutes outside of cells each day. 309

**RECOMMENDATION 14**

States should ensure the safety of prisoners and staff at all times, including by improving prison conditions and investing in dynamic security approaches. Countries that have not ratified the Optional Protocol to the Convention against Torture should do so. All states should avoid the use of solitary confinement where possible and take steps towards its total abolition.

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**Prison staff**

People working in prisons perform an important public service that is often misunderstood or subject to negative stereotyping. Their role is crucial for the effective rehabilitation and reintegration of prisoners and their job is complex and multi-faceted, demanding good interpersonal skills as well as the ability to deal with extremely challenging situations. Working conditions and remuneration should reflect the difficult nature of the work. In reality, staff shortages and budget cuts have led to an increase in dangerous and violent prison environments and prison staff in many countries continue to risk their physical and mental well-being. 310

Assaults on prison staff increased by nearly a third from 2017 to 2018 in England and Wales. 311 Russia has seen an increase in attacks on prison staff, who are reported to be suffering from ‘moral fatigue’. 312 In 2018, prison staff in Bulgaria went on strike owing to poor remuneration, 313 and in England and Wales, prison staff protested against working conditions and ‘unprecedented violence’. 314 In some countries, prison staff are facing new risks to their health from exposure...
The role of prison staff is crucial for the effective rehabilitation and reintegration of prisoners and their job is complex and multi-faceted.
to psychoactive substances, including synthetic cannabis – in the UK, nurses have passed out from exposure to the drug when responding to emergencies, and similar problems have arisen for prison staff in the US.\textsuperscript{315} Perhaps not surprisingly, there is a high turnover rate amongst prison staff in many countries, reflecting low morale.\textsuperscript{316}

Female prison officers are a small minority and face harassment in their day-to-day work, from both prisoners and other staff.\textsuperscript{316} A government report on the situation of women in prison in India, which found that only eight per cent of prison staff were women, called for the hiring of women staff as a priority.\textsuperscript{317}

Corruption amongst prison officers continues to be a problem. For instance, there were reports of prisoners exchanging privileges for sexual favours in the US.\textsuperscript{318} In South Africa, the Correctional Services Department fired more than 100 officials for smuggling contraband into prisons and ‘colluding with inmates’ over the course of a year.\textsuperscript{319} A recent report in Queensland, Australia, by the Crime and Corruption Commission looked at some of the risk factors for corruption in prisons and found that the use of excessive force, overcrowding and inappropriate relationships inside the prison system put the system at risk of ‘significant corruption’.\textsuperscript{320}

While poor morale is rife amongst many long-serving prison staff, there have been attempts in some countries to recruit a new cadre of prison staff with a more positive outlook. The Unlocked Graduate Scheme in the UK employs young graduates in the prison service while they are studying for a post-graduate qualification. The two-year programme started in 2016 and saw ‘dramatic growth’ in applications in 2018;\textsuperscript{321} women made up 69 per cent of applicants joining the scheme.\textsuperscript{322} In New Zealand, the Corrections Association launched a new initiative, Stand TALR (originally developed by the prison officers’ union in Western Australia), to help prison staff cope with mental health issues and stress.\textsuperscript{323} Designed by and for prison staff, the initiative has helped staff cope with the aftermath of violence and intimidation and with working with prisoners who self-harm. The programme is due to be rolled out widely across the prison system in New Zealand.\textsuperscript{324} During 2018, the Council of Europe continued its work on drafting detailed guidelines for the recruitment, selection, training and development of prison and probation staff. These guidelines are expected to be adopted by the end of April 2019.\textsuperscript{325} Also in 2018, the ICPR launched the third edition of A Human Rights Approach to Prison Management: Handbook for Prison Staff, which provides invaluable guidance for prison staff on the implementation of the international standards at an operational level.\textsuperscript{326}

**RECOMMENDATION 15**

**Staff should be carefully selected, properly trained (both prior to and during their service), and fully supported so that they are able to work to the highest professional standards. They should also be held accountable, and staff found to have violated laws or policies should be subject to disciplinary proceedings and, where appropriate, criminal proceedings.**

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**The use of restraints**

Instruments of restraint are defined as external mechanical devices designed to restrict or immobilise the movement of a person’s body without injuring them. They include handcuffs, straps and irritant sprays (sometimes referred to as ‘pepper spray’).\textsuperscript{327}

The use of such instruments may be necessary – under strictly controlled conditions – to provide security and order in prisons; for example, to protect prisoners from inter-prisoner violence, for self-defence, to prevent self-harm and suicide, and to prevent escape.

Even though they may be permitted, strict rules should regulate the use of restraints since they also pose a high risk in terms of torture and ill-treatment, due to their intrusive nature and the risk of causing pain and humiliation. Even stricter regulations should apply when they are used for vulnerable people, in particular pregnant women and children. Both the UN Special Rapporteur on torture and the UN Committee against Torture have condemned methods of restraint that are inherently inhuman, degrading or painful or which have such effects.\textsuperscript{328} The Nelson Mandela Rules state that ‘the use of chains, irons or other instruments of restraint which are inherently degrading or painful shall be prohibited’.\textsuperscript{329}

Prison monitoring bodies are increasingly recognising the importance of accurate documentation of the use of weapons and restraints. In June 2018, the Omega Research Foundation and the University of Exeter launched Monitoring Weapons and Restraints in Places of Detention: A Practical Guide.\textsuperscript{330} This resource collates the existing standards around the use of firearms, less lethal weapons and restraints in places of detention. It also provides guidance on how to document these weapons and instruments, what to ask, and key observations to be made. This guidance is applicable to a wide range of detention contexts, including prisons, healthcare settings and other places of detention.\textsuperscript{331}
**Guidance on the Nelson Mandela Rules**

The UN Standard Minimum Rules for the Treatment of Prisoners (SMR) were approved by the UN Economic and Social Council in 1957 and have served well as the key international standards governing the treatment of prisoners. In many countries, they have been used as the ‘blueprint’ for national prison rules and in others, they are the only document used to regulate the treatment of prisoners.

In 2015, the UN General Assembly unanimously adopted the revised UN Standard Minimum Rules for the Treatment of Prisoners, known as the Nelson Mandela Rules to honour the legacy of the late President of South Africa. The Nelson Mandela Rules update and revitalise the original text of the SMR, with a ‘targeted revision’ of terminology and of eight specific areas that were in particular need of review: respect for prisoners’ inherent dignity; medical and health services; disciplinary measures and sanctions; investigations of deaths and torture in custody; protection of vulnerable groups; access to legal representation; complaints and independent inspection; and training of staff.

In 2018, the OSCE Office for Democratic Institutions and Human Rights and PRI produced a Guidance Document on the Nelson Mandela Rules. This provides practitioners with comprehensive information on how to implement the revised rules in practice. The Guidance Document incorporates existing international legal and practical tools, ‘soft law’ principles and opinions of authoritative bodies, as well as promising national practice examples. As such, it is a useful resource for the interpretation and effective implementation of the Nelson Mandela Rules.

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**Contact with the outside world**

Prisoners’ contact with the outside world plays an essential role in their rehabilitation and reintegration on release, through time spent face-to-face with family, friends, lawyers, counsellors, religious advisors and others, as well as through other forms of contact such as written correspondence, video and telephone calls.

Face-to-face visits and telephone calls are the primary means of maintaining family ties for most prisoners and are especially important for prisoners who are functionally illiterate or who cannot rely on written correspondence. Telephone calls are particularly important for prisoners whose families cannot travel to distant prisons for in-person visitation. In 2018, a judgement by the European Court of Human Rights stated that imprisoning people thousands of miles from their families violates their right to family life. The judgement was made in the case of a prisoner in Russia who was serving his sentence in a prison 4,200 kilometres from his home town and who, as a result, had not seen his partner since 2014 and had never seen his four-year-old daughter.

Conjugal visits are permitted in some jurisdictions although their provision varies a great deal. There were calls from women prisoners for such visits in Zimbabwe, while a court in Oman ruled to allow conjugal visits for the first time. The Department of Prison Management in Nepal announced plans for childless men and women of reproductive age to have access to conjugal visits in order to allow them to have children. In Pakistan, a new ‘model’ prison is being built with provision for conjugal rooms.

Technology is increasingly used as a cost-effective means of ensuring contact between prisoners and the outside world. In England and Wales, the government announced plans to install in-cell telephones as part of a drive to improve family ties and to stem the flow of illegal mobiles, while some prisons have installed photo booths that allow children to take photos with their imprisoned parents. Thailand and Taiwan have both launched pilots for video visits (See Role and use of technologies, page 37).

Many states in the US now permit prisoners to have electronic devices in their cells that enable them to use email, make video calls, play games, watch films, download books and take job training courses. Internet connection is controlled and the devices themselves are usually provided free of charge, but prisoners have to pay for the services they use; critics claim this is a means of ‘monetising human contact’.

The prohibitive cost of making calls from and to prison – calls typically cost much more than non-prison calls – remains an issue in the US. In a progressive move, New York City Council has made all domestic calls to and from prisons free of charge, citing the advantages for prisoners in terms of their rehabilitation.

**RECOMMENDATION 16**

Contact with the outside world is crucial for the rehabilitation and reintegration of prisoners. Because it is a right rather than a privilege, withholding or granting such contact should not be used as either a reward or a punishment. Letters, phone calls and other forms of remote and technology-based communication should never be used as substitutes for in-person visits.
Education is a fundamental human right that should be enjoyed by all.
Rehabilitation and reintegration

Globally, there is growing recognition of the importance of rehabilitation and social reintegration programmes in prisons. Investing in rehabilitation is a cost-effective way of preventing reoffending, with significant benefits not only for the individuals concerned but also for public safety. The Doha Declaration, adopted in 2015 at the 13th UN Congress on Crime Prevention and Criminal Justice, highlights the crucial importance of the rehabilitation of prisoners for achieving sustainable development. In 2018 the UNODC developed a useful handbook setting out different practical measures to take for the prevention of recidivism and the social reintegration of offenders.344

The fundamental aim of rehabilitation is to enable prisoners to return to their community with the skills and attitudes that will enable them to stay out of prison in the future. Providing them with education, work and training opportunities can also ‘normalise’ their time in prison, making it closer to life in the community and helping them lead independent lives after release. For instance, in Brazil, there is a group of prisons that work with the Association for Protection and Assistance to Convicts (APAC). These prisons focus explicitly on rehabilitation and have a proven track record in lowering recidivism rates.345

As the main purpose of imprisonment, rehabilitation should include a broad range of programmes – including physical and mental healthcare, substance abuse programmes, physical activities, counselling, psychosocial support, education and vocational training courses, creative and cultural activities, work opportunities and regular access to well-stocked library facilities. Since many prisoners have multiple and overlapping needs, their successful rehabilitation is dependent on all their needs being addressed.

In 2018, several countries developed therapeutic and psychosocial support for people in prison. In Uruguay, a bill was submitted that seeks to provide prisoners with psychological, social and educational services for rehabilitation.346 In the US, the Turning Leaf Project in South Carolina, which trains repeat offenders to change their thinking with cognitive behavioural therapy, has had a positive impact on reoffending rates.347 A similar programme has been piloted in Hyderabad, India, providing training on cognitive behavioural psychology for people in prison, who go on to train other prisoners.348 In July 2018, PRI launched a pilot project with the State Penitentiary Service and probation services in Kyrgyzstan to help former prisoners with their psychological rehabilitation.349

Elsewhere, rehabilitation programmes have included a 45-day yoga teacher training programme for prisoners in Haryana State, India.350 Recent research by academics at University West in Sweden found that ‘yoga exercise in particular can be an important tool for improving [prisoners’] reintegration into society and for helping them lead a drug free and law-abiding lifestyle upon release’.351 There is also a growing trend towards the use of animal therapy as a rehabilitative tool, and this has been adopted by a number of countries including Sweden,352 the UK353 and New Zealand.354

The benefits of sport and physical activity as rehabilitative tools are well documented. In 2018, the UK Ministry of Justice issued an Independent Review of Sport in Youth and Adult Prisons and found that ‘participation [in sport] can not only improve health and behaviour but can directly contribute to efforts to reduce reoffending, particularly by providing a route into education and employment’.355 In Italy, a project to bring rugby into the prison system has had positive results: in 2018, the reoffending rate amongst rugby-playing prisoners was 25 per cent, compared to the usual figure of 70 per cent.356 While such initiatives may require some initial investment, they are generally ‘low cost’ and can be replicated in high, medium and low-income countries.

Education is a fundamental human right that should be enjoyed by all. In Myanmar, the President issued amnesties to prisoners who had passed their matriculation exams with the hope that they would continue their studies on release.357 In Singapore, prisoners were offered the opportunity to study for a diploma for the first time; a business practice course was jointly launched by Ngee Ann Polytechnic and the Singapore Prison Service.358

Vocational training and work programmes allow prisoners to engage in constructive activities while gaining new skills for potential future work. Such programmes improve the ability of prisoners to successfully reintegrate into society and lead crime-free lives. In India, prisoners in the open prison system in Himachal Pradesh work in factories, teach, and run mobile lunch vans.359 In other countries prisoners help with ‘greening projects’ such as cleaning up city parks and gardens.360

One initiative in the US, the Insight Garden Program, helps prisoners to create gardens, which teaches them about nature, community and themselves.361

The Nelson Mandela Rules prohibit servitude, slavery or working for the personal or private benefit of any prison staff.362 Work should improve a prisoner’s job prospects after release or be remunerated, and should take place in safe and legal conditions. The risk of abuse and exploitation is ever present, as evidenced by comments from the President of Tanzania: ‘[m]ake the prisoners work, let them make bricks day and night. If they show laziness, kick them. You have labourers, and for free.’363

Harsh prison conditions have been documented in prisons in North Korea, with reports of prisoners performing hard labour;364 one report documented prisoners operating dangerous heavy machinery and using toxic chemicals to produce textiles and leather for military holsters.365 In the US, prisoners went on a 19-day strike to protest against poor working conditions and ‘modern day slavery’ in state and federal jails.366 There are also ongoing concerns about the credibility of some vocational programmes. In the US, the California Department of Corrections has trained people in prison to be firefighters – but they earn just two...
Women and rehabilitation in prison

International standards are clear that prison systems should be gender sensitive in their approach to rehabilitation. The Bangkok Rules require that the specific reintegration requirements of women prisoners are catered for, with Rule 29 stating that staff should be trained to ‘address the special social reintegration requirements of women prisoners and manage safe and rehabilitative facilities’.

On the whole, there are fewer rehabilitation opportunities available to women, and the opportunities that do exist tend to be less varied and of poorer quality than those offered to men. In some prisons, women have no rehabilitation opportunities whatsoever. There is a lack of knowledge about women prisoners’ educational and other rehabilitation needs, which is particularly problematic given that they are usually very different from the needs of men. As a result, the opportunities offered to women – when they are available – are often poorly thought through and ineffective, and can even reinforce discrimination.

While skills taught to men are generally framed in terms of their preparation for employment on release, skills taught to women often mirror the domestic work conventionally conducted by women in the household, such as cooking or sewing. Alternatively, they equip women for the most low-paid jobs in the economy. Ultimately this approach reinforces women’s dependency on men and reduces their ability to earn a sufficient income following release.

To ensure the successful design and implementation of rehabilitation programmes for women prisoners, 10 fundamental principles were identified as part of the Guide to the rehabilitation and social reintegration of women prisoners: Implementation of the Bangkok Rules. Rehabilitation programmes should be framed within a national strategy for rehabilitation, community and prisoner driven; supported by staff and managers; gender responsive; individualised; holistic; based on market needs for employment; sustainable and consistent; good quality; and evidence-based.

Fragile and conflict-affected states

More than a fifth of the global population live in places that experience protracted crises brought about by a combination of challenges, such as drought, famine, conflict and population displacement. It is commonplace for prisons in such settings to be affected by unrest, disturbances, breakouts and severe overcrowding. For example, in 2018, 68 people in pre-trial detention in Venezuela died during a prison riot. In Papua New Guinea, four prisoners were shot dead after a mass breakout. A report documented inhumane conditions in Afghan prisons and detention centres, with severe overcrowding and insufficient toilets, potable water, mattresses and other facilities. In Libya, around 400 prisoners escaped from a facility amidst ongoing violence between militia groups, while in South Sudan, prisoners disarmed guards and seized control of part of a detention centre.

There are particular challenges in conflict and post-conflict states, where the physical infrastructure may have been destroyed; criminal justice often
fails to function effectively, leaving vast numbers of detainees, including former combatants and suspected members of extremist groups, awaiting trial for long periods. There may also be a significant lack of qualified prison staff available, and reform is rarely a priority for national governments or for the international community.

Violent extremism in prison

Violent extremism in prisons remains high on the agenda internationally, regionally and nationally. The relationship between crime and terrorism has been well explored. On the one hand, ‘ordinary’ prisoners need to be protected from recruitment and the influence of violent extremist prisoners, but, on the other, violent extremist prisoners need to be identified and need to undergo practical and effective methods to support their disengagement from violence. This issue creates a number of challenges and dilemmas for prison administrations, which may have just a handful of violent extremist prisoners to manage – or thousands.

The UNODC asserts that any proposed intervention on this issue should be embedded within broader reform strategies rather than in isolation, and also states that ‘vulnerability to radicalization to violence is exacerbated in prisons that are overcrowded, understaffed, fail to provide basic services to prisoners, or are otherwise managed in a disorderly manner’. A meeting of prison practitioners in Europe in 2018 also concluded that overcrowding, poor prison conditions and management, and the presence of violent extremism prisoners who are charismatic leaders are the main causes of vulnerability to radicalisation.

The management of violent extremist prisoners should be framed at all times by international human rights standards, including the Nelson Mandela Rules and the Bangkok Rules. Above all, prison staff play a key role in identifying and preventing violent extremism in prisons, by building trust and helping to break down a ‘them’ and ‘us’ barrier. They require support and training to effectively fulfil this role.

One challenge for prison management is knowing how to assess and identify if a prisoner holds violent extremist beliefs or is at risk of doing so. Various tools have been created to assess this specific risk, looking at criteria such as affiliation, adherence to ideology, factors supporting disengagement, capability and emotional factors. They have not yet been fully validated.

A further dilemma is whether to pursue ‘de-radicalisation’ or ‘disengagement’ as an approach to the rehabilitation and reintegration of prisoners who have been identified as holding violent extremist beliefs. The concept of ‘de-radicalisation’ is generally assumed to imply attitudinal change leading to reduced support for violent extremism, or ideally a complete rejection of ideologically justified violence. However, the concept of de-radicalisation is
poorly defined and there is limited empirical evidence to show that interventions with prisoners actually drive positive attitudinal change with any consistency.

The concept of disengagement refers directly to behavioural change, and it is most often defined in terms of individuals denouncing their commitment to violence. Disengagement-related interventions may include counselling, faith-based dialogue, education, vocational training, sport and exercise, and increased contact with family. To be effective, interventions need to be sensitive to the different experiences of women and girls. Again, evidence of the impact of interventions to encourage disengagement from violence is limited.

Another ongoing dilemma is whether to keep prisoners who have been assessed as having violent extremist views separate from the ordinary prison population – or whether to disperse them among other prisoners. Conclusive evidence of the benefits of either approach is not available, but in general there is a reluctance to accept the risk of integrating prisoners convicted of terrorist offences, as well as pressure from the public for a visible response of segregation. Research conducted in the Philippines over a 10-year period compared the situation of prisoners convicted of terrorist offences who had been dispersed in the general population with those who were isolated. It found that isolation can lead to a negative entrenchment of attitudes, while dispersal can lead to a positive change in attitudes over time.

The rehabilitation and reintegration of prisoners who hold violent extremist views demands a multi-agency approach in order to be truly effective, involving prison staff but also including probation, social welfare, housing and education authorities. This kind of inter-agency working creates challenges in terms of sharing confidential information and competition over resources and funding, but it is essential for the reintegration of this group of prisoners. A review of prisons in New South Wales, Australia, found little evidence of radicalisation to violence amongst prisoners but made recommendations for action, including the establishment of a dedicated unit to lead and advise on managing violent extremists, which will assist multi-agency working. It also recommended increasing intelligence capacity and capability, and enhancing services to Muslim prisoners to reduce vulnerability to radicalisation.

**RECOMMENDATION 19**

Strategies to prevent and manage violent extremism in prisons should be proportionate and founded upon international standards and the implementation of the Nelson Mandela Rules. Prison staff should be trained to respond appropriately and rehabilitation programmes should adopt a multi-agency approach.
The use of technology is widespread within criminal justice and prison systems. Its primary purpose is for the collation of electronic information and data systems and to strengthen security and surveillance systems. Increasingly, it is also used to enable prisoners to have contact with the outside world and to promote their rehabilitation and reintegration, although this kind of technology is still at an early stage of adoption and is often fragmented and gradual. (See Sentencing, page 13, and Contact with the outside world, page 31). Ongoing advances in technology in prisons provide much cause for optimism, but there are still significant barriers to widespread adoption, including resistance from entrenched organisational cultures, funding, infrastructure and staffing. There are also important issues to resolve with regard to ensuring security, privacy and safety, and concerns from the public that prisoners are receiving ‘preferential treatment’ in their access to technologies.

The automation of trial and prisoner data is evolving; in many countries, records are still kept on paper. It is more time-consuming to enter information manually in paper records and there is a risk of errors, loss of information and corruption. Ghana announced that it would be fully automating its prisoner records system by September 2018, while the Singapore Prison Service aims to be paperless by 2023. However, the use of technology to enable efficiencies and cost-effectiveness is not without its challenges. In the UK, the court system suffered a major technology failure in January 2019 when legal practitioners were unable to access essential documents electronically, which led to the adjournment of many cases. The chairman of the Criminal Bar Association blamed the recent ‘savage cuts’ to the Ministry of Justice budget for this collapse in the working of the court system.

Technology is used in many different ways to enhance security in prisons, including to block illicit mobile telephone and drone signals. The use of closed-circuit television and alarm systems is widespread and has reduced the need for staff to fulfil security duties, in theory releasing them to focus on rehabilitation work with prisoners. In Singapore, the prison authorities have piloted a system called Avatar which uses video analytics to detect ‘high intensity, erratic motions’ of prisoners. According to reports, the system has helped to detect the aggressive behaviour of prisoners and, as such, has allowed prison staff to intervene before the situation escalates.

Videoconferencing and related programmes such as Skype are used in prisons to facilitate legal proceedings, family visits and, in some cases, medical consultations. Using videoconferencing technology for these purposes can reduce costs, as fewer staff are required to transport prisoners or to supervise physical visitation. The Singapore Prison Service is exploring the use of video counselling as well as a mobile application to help ex-offenders better reintegrate into society. In China, families can transfer funds to an electronic account that prisoners can use to purchase items. In New South Wales, Australia, sentenced offenders are transported to prison in trucks equipped with video screens, which allows them to watch induction videos before their arrival. In Morocco in 2018, PRI supported a project to establish a radio station in the country’s largest prison. After receiving training by professional journalists and technicians, prisoners broadcast on topics such as news, health, training opportunities, religious scholarship, moderate Islam and sport.

Advances in technology have also provided prisons with new ways of delivering education programmes for prisoners. The Pretoria High Court in South Africa ruled that three prisoners who are serving life sentences and who are studying for degrees should be able to use personal computers – without modems – in their cells for as long as they are registered students. Universities, including the Open University in the UK, have deployed digital technology to enable their students to access learning resources more readily.

Most widely known for its use in the video gaming world, virtual reality programming (VR) has begun to be deployed in prisons in high-income countries. In the US and New Zealand, VR is helping to prepare prisoners for life beyond the prison gates. In Colorado, corrections services created a three-year, virtual reality re-entry programme for juvenile prisoners.
who had previously been serving life sentences. The programme enables prisoners to experience everyday activities such as using a bank card or using a self-scan checkout when shopping. A similar programme is being piloted in Otago prison, New Zealand, to help prisoners who have numeracy or literacy problems to learn to read and write. The VR programme creates a virtual environment – such as a garage – where prisoners are required to read text (such as street signs) to help aid their literacy and numeracy. While VR is still very much in the initial stages of development, there are promising signs that it can be beneficial – particularly for prisoners with dyslexia or for prisoners who have difficulties with literacy and numeracy.

When they are increasingly likely to already be ‘digital natives’ and to live in a technology-dependent society on release, excluding prisoners from the digital world can exacerbate their social exclusion and impair reintegration. Conversely, increasing their access to the internet, email and computers in prison can give them the skills and abilities they need to gain employment on release. Women prisoners in Kenya have been given lessons in coding, web design and computer repair through Change Hub, a technology-focused rehabilitation programme that has enhanced prisoners’ employment prospects. The VR programme creates a virtual environment – such as a garage – where prisoners are required to read text (such as street signs) to help aid their literacy and numeracy. While VR is still very much in the initial stages of development, there are promising signs that it can be beneficial – particularly for prisoners with dyslexia or for prisoners who have difficulties with literacy and numeracy.

Internet use by prisoners is still in its infancy and remains prohibited or heavily restricted. The use of social media by prisoners – including Facebook, Instagram and Twitter – raises concerns about risks of fuelling criminal activities, although it can also be used to expose poor prison conditions and other human rights abuses, by providing a level of scrutiny and transparency. In one shocking case, prisoners were able to live-tweet a riot from a prison in the south of England.409

There has been an increase in the use of ‘big data’ as a management tool in prisons. In the UK, the Ministry of Justice is rolling out a project that uses near-live operational data from prisons to build an interactive dashboard containing information on prison assaults and self-harm.409 In the US, authorities are using technology to digitise the voices of people in prison – known as voice prints – and enrol them in a large-scale biometric database.410 While such measures are seen by many authorities as beneficial to their work, they raise very real concerns about privacy rights for prisoners which demand careful scrutiny and oversight.

RECOMMENDATION 20

Technological innovation provides many opportunities for improving the efficient functioning of criminal justice systems and supporting the rehabilitation of prisoners. It should not be used in a way that reduces human contact for prisoners or infringes their right to privacy.
The use of closed-circuit television and alarm systems is widespread and has reduced the need for staff to fulfil security duties.

Pre-trial detention centre, Russia.
In some countries, offenders are sent to prison for a wide array of minor offences, ranging from using abusive language to operating without a valid business licence or unlawful trespassing. Not only is this a disproportionate response to the nature of the crime committed, but such policies contribute to serious overcrowding. For many offenders, a prison sentence – with its often damaging influences and effects – is not the appropriate response, and a non-custodial alternative that effectively addresses the root causes of offending should be used instead. The Tokyo Rules require all countries to develop non-custodial measures within their legal systems, such as conditional discharges, status penalties, economic sanctions like fines, suspended or deferred sentences, house arrest, probation or judicial supervision, community service/unpaid work, attendance centres, drug treatment and hospital orders.

Unfortunately, there is very little empirical data available at the global level on the use of community sanctions. This lack of data, itself indicative of the lack of attention given to non-custodial options, hinders the observation of trends in the use of alternatives and makes it difficult to draw firm conclusions about the relationship between alternatives and the use of prison.

The SPACE II project, created by the Council of Europe, collects information on persons serving non-custodial and semi-custodial sanctions and measures. This data shows that an increase in the use of community sentencing does not automatically equate to a reduction in the use of imprisonment. The growing use of alternatives brings risks as well as benefits, such as net-widening – which can result from less serious offenders, who might previously have received financial or other penalties, being instead given community penalties. In order to better understand these trends and risks, more systematic collection and dissemination of data on community sentences is needed at the global level. This is no easy task, given the complications posed by different legal frameworks and sentence definitions. However, the SPACE II framework could provide a useful template, and there is also a new initiative – the Supervision Around the World Project – which started in 2018 and which aims to gather data on the global picture of community-based sanctions.

In the past year, efforts were undertaken in several countries to encourage the use of non-custodial alternatives. For example, in Russia the government considered measures to allow prisoners convicted of non-felony offences to work instead of serving out their sentence in prison, and in the Philippines, the Senate Committee on Justice and Human Rights recommended community service instead of jail terms for minor offenders. A bill was passed in the Romanian parliament allowing for people sentenced to less than five years to serve their sentences at home or by staying in prison at weekends.

Other countries have introduced new kinds of alternative sanctions. In the Netherlands, the Hack Right programme enables young cyber criminals to work with IT departments in the private sector, to help them develop their IT skills and to use these skills in later life without the burden of a criminal conviction. The objective is to reduce reoffending by providing employment opportunities.

Probation – or ‘community supervision’, as it is known in some countries – has seen a huge rise during recent years. In the US, one in 55 adults are on probation or parole, while in Australia, national community corrections grew by 32 per cent between 2007 and 2018. Despite this, there is still a need for more evidence and research to inform the development of effective probation services. This is in spite of the considerable energy and resources deployed by donor and delivery organisations and by beneficiary jurisdictions, often in the face of scarce resources. In England and Wales, the partial privatisation of probation services was recently deemed to
have failed, owing to the rushed implementation of an ill-conceived commercialisation. The consequences of this have been damaging: since 2015, there has been under-investment in probation services; the promised ‘innovation’ in practice has not materialised; and the whole process has achieved poor value for money for the taxpayer.419

The use of global positioning system (GPS) monitors – often known as electronic tags – to enhance offender monitoring and reduce both pre- and post-trial imprisonment continues to be widely used. In the US alone, its usage increased by 140 per cent between 2005 and 2015.420 The Czech government introduced the use of ankle bracelets in September 2018 for prisoners under house arrest, and it is expected that they will be used by 2,500 prisoners in coming years.421

The use of GPS monitors raises human rights concerns in respect of freedom of movement and the right to privacy. In addition, the apparent attractions of electronic monitoring sometimes lead jurisdictions to consider introducing them when community-based services are still relatively underdeveloped and staff are inexperienced. Difficulties in implementation and issues such as inter-agency protocols not being fully considered or piloted creates risks.

Other uses of digital technology as alternatives to imprisonment continue to grow, such as monitoring the consumption of alcohol and mobile telephone applications, which have the potential to support an individual’s own efforts to rehabilitate. A challenge faced by many individual probation services, and perhaps ‘alternatives’ in general, is to keep pace with technological development, ensuring that opportunities are taken while risks of early adoption are contained.

The recent Beyond Prisons initiative of the International Correctional and Prisons Association aims to create a concept of community-based justice for women. This project will include a literature review, collation of innovative and promising practices from around the world, model development, and dissemination. The project will initially focus on women, and will later look at men’s needs as well – reversing the more common approach of initial design with male service-users in mind.

There have been calls for the Tokyo Rules – now nearly 30 years old – to be updated, to emphasise the importance of community sentences and to include, for instance, reference to electronic monitoring and the needs of offenders with special vulnerabilities.422 Updating and promoting the Tokyo Rules could help to give alternatives the early stage impetus to implementation that they require in many jurisdictions, and provide a structure to measure implementation in others (this measurement could offer some much-needed insight into the global picture of alternatives delivery). The Rules could also support capacity building, by providing guidance and a common language for strategy and steps.

**RECOMMENDATION 21**

The use of non-custodial sanctions, especially for minor and non-violent offences, should be expanded to allow offenders to keep their jobs, support their families, compensate victims and provide accountability to society. Non-custodial sanctions should address the root causes of offending, be gender sensitive, and replace prison rather than widening the net of criminal justice control.
**Key recommendations**

01 Prison overcrowding needs to be addressed as a key factor affecting the physical and mental health of prisoners and staff. States should put measures in place to strengthen crime prevention, decriminalise petty offences, review the proportionality of sentencing and increase the use of alternatives to imprisonment.

02 Civil society organisations working in prisons and advocating for criminal justice and prison reform need to operate in a secure space, free from attacks and without the imposition of unnecessary or arbitrary restrictions. States should ensure a safe and enabling environment for civil society that is supported by a robust national legal framework and which is grounded in international human rights law.

03 Policymakers, practitioners and other professionals involved in criminal justice should promote and use restorative justice processes in a way that is safe, effective and evidence-based.

04 Pre-trial detention should be used as a last resort and only where necessary and proportionate. Legal aid and assistance should be provided and, where monetary bail is used, this should be set according to the circumstances of the individual defendant. The use of non-custodial measures should be increased and states should develop effective systems to help ensure that detainees spend no longer in pre-trial detention than is strictly required by law.

05 States should review the proportionality of sentencing policy and practice. Mandatory minimum sentences should be discontinued – particularly for non-violent crimes – and the use of alternatives to imprisonment should be promoted and strengthened.

06 Countries that still retain the death penalty should move progressively towards its abolition. Countries that implement the death penalty should uphold the highest fair trial standards and make efforts to improve the conditions of prisoners on death row.

07 The number of offences that attract life sentences or de facto life sentences should be reduced, in line with the principle of proportionality. States should take measures to abolish life sentences without parole, which can never meet fundamental human rights standards. All forms of life imprisonment should be prohibited as a penalty for offences committed under the age of 18.

08 Drug policies should be evidence-based and include the decriminalisation of minor offences, proportionality of sentencing, and non-custodial alternatives to imprisonment. Measurements of the outcomes of drug policies should include their impact on human rights, health, peace, and security and development.

09 When women are sentenced, the court should take the context of the criminal conduct into account, as well as any experience of victimisation or any caretaking responsibilities. States should ensure that prison policy and practice comply consistently with the Bangkok Rules.

10 States should closely monitor the representation of foreign nationals and people from ethnic and racial minority or Indigenous backgrounds in criminal justice systems. They should review sentencing policies or practices to determine if they are discriminatory, and develop specific measures to meet the rehabilitation and reintegration needs of these prisoners.

11 There are clear and explicit international standards on justice for children which should apply in all contexts, including for children (allegedly) involved in terrorist or violent extremist offences. Children should be detained only as a measure of last resort, and there is growing evidence of the effectiveness of diverting children away from formal judicial proceedings – which should be done as much as possible.

12 States need to collect data and information regarding the needs of older prisoners and explicitly address these in strategy and policy documents, with a focus on safety, healthcare needs and rehabilitation. Early release mechanisms should be adopted and used for older prisoners.
13 Placement decisions for LGBTI prisoners should keep them safe and avoid further marginalisation on the basis of sexual orientation or gender identity. LGBTI prisoners should be given adequate access to medical care and counselling and any protective measures should not restrict their rights.

14 States should ensure the safety of prisoners and staff at all times, including by improving prison conditions and investing in dynamic security approaches. Countries that have not ratified the Optional Protocol to the Convention against Torture should do so. All states should avoid the use of solitary confinement where possible and take steps towards its total abolition.

15 Staff should be carefully selected, properly trained (both prior to and during their service), and fully supported so that they are able to work to the highest professional standards. They should also be held accountable, and staff found to have violated laws or policies should be subject to disciplinary proceedings and, where appropriate, criminal proceedings.

16 Contact with the outside world is crucial for the rehabilitation and reintegration of prisoners. Because it is a right rather than a privilege, withholding or granting such contact should not be used as either a reward or a punishment. Letters, phone calls and other forms of remote and technology-based communication should never be used as substitutes for in-person visits.

17 Rehabilitation and reintegration initiatives should be implemented as soon as possible after admission, and should address the root causes of an individual prisoner’s offending. Initiatives should include holistic measures, such as education, vocational training, work, medical care, and social and psychological services. Prison work programmes should be well remunerated and working conditions should be safe, and programmes should ensure that prisoners obtain employable skills, with a view to their successful reintegration.

18 The reform of criminal justice and prison systems should be a priority for the international community in its efforts to assist conflict and post-conflict societies. Reforms should focus on re-establishing the rule of law and on treating prisoners in line with international standards, including the Nelson Mandela Rules and the Bangkok Rules.

19 Strategies to prevent and manage violent extremism in prisons should be proportionate and founded upon international standards and the implementation of the Nelson Mandela Rules. Prison staff should be trained to respond appropriately and rehabilitation programmes should adopt a multi-agency approach.

20 Technological innovation provides many opportunities for improving the efficient functioning of criminal justice systems and supporting the rehabilitation of prisoners. It should not be used in a way that reduces human contact for prisoners or infringes their right to privacy.

21 The use of non-custodial sanctions, especially for minor and non-violent offences, should be expanded to allow offenders to keep their jobs, support their families, compensate victims and provide accountability to society. Non-custodial sanctions should address the root causes of offending, be gender sensitive, and replace prison rather than widening the net of criminal justice control.
Endnotes

All website links cited were accurate at the time of going to press in April 2019.

PART 1
Crime and imprisonment


4 The United Nations Office on Drugs and Crime has observed that "the term 'cybercrime' has been used to describe a wide range of offences, including offences against computer data systems (such as hacking), computer-related forgery and fraud (such as phishing), content offences (such as disseminating pirated content)." Guide for the thematic discussion on criminal justice responses to prevent and counter cybercrime in all its forms, including ‘cybercrime’ has been used to describe a wide range of offences, including offences against computer data systems (such as hacking), computer-related forgery and fraud (such as phishing), content offences (such as disseminating pirated content)."


6 Ibid.


9 Ibid.


11 Ibid.


14 Ministry of Justice, ‘Prison population fell almost two times over eight years in Kazakhstan’, BNews KZ, 14 June 2018, bnews.kz/en/news/prison-population-fell-almost-two-times-over-eight-years-in-kazakhstan-minister-of-internal-affairs-


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PART 5
Role and use of technologies


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