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Women's health in prison

***Action guidance and checklists
to review current policies and
practices***

2011



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ABSTRACT

The checklists in this document are an important tool in ensuring greater safety and better quality medical care for women in prison, and are designed to assist a review of current policies and practices relating to women's health in prisons. They follow from the *Declaration on women's health in prison: correcting gender inequity in prison health* and a background paper on women's health in prison, published in April 2009 by the World Health Organization Regional Office for Europe and the United Nations Office on Drugs and Crime, and are therefore based on the evidence presented. While the checklists are aimed primarily at decision- and policy-makers, senior prison managers and prison health staff, there are important interconnections between them. They can also be useful for civil society organizations working on or monitoring the situation of women and their health in prison settings.

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Foreword

The time has come to apply the lessons learned consistently from recent research and expert consultations on the policies and practices governing women's health and health care in prisons in Europe. The recommendations outlined in the *Declaration on women's health in prison*, launched in 2009 by the World Health Organization Regional Office for Europe and the United Nations Office for Drugs and Crime, are all based on available evidence and research. What should be done is clear. A more planned and systematic approach should now be taken to address gender insensitivities and deficiencies in the provisions for women in prison. A starting point would be to check current policies and practices, which can be aided by the use of practical checklists drawn up specifically for those who can make a difference.

This document aims to facilitate that process by outlining three checklists targeted at:

- decision- and policy-makers, to review current policies and legislation
- senior prison managers, to review current practices and quality
- prison health staff, to review current health care services.

The primary focus of the checklists is on issues that have a direct impact on the health care of women in prison. They also, however, cover a number of areas regarding the detention and sentencing of women and the circumstances in which they are imprisoned which can influence their health, including their mental health.

It is recommended that the results of the checks carried out are transparent and clear and that plans for improving the current situation are made in agreement with all those involved. In this way, a more just and gender-specific criminal justice system can be achieved.

We remain committed to assisting countries in reviewing and advising on developments to improve health care for women in prisons. We will ensure that good practice and initiatives that work will be disseminated widely through the World Health Organization network of national counterparts for prison health, the United Nations Office on Drugs and Crime HIV&AIDS Section and Justice Section networks, and partner organizations.

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Introduction

There are major differences in the policies and practices adopted by countries in Europe to address the special needs of women in prison,¹ yet the evidence for what should be done is clear and consistent. Current arrangements too often fail to meet these women's basic needs and are far short of what is required by accepted international recommendations, by human rights principles and by social justice.

In April 2009, the World Health Organization (WHO) Regional Office for Europe and the United Nations Office for Drugs and Crime (UNODC) jointly launched a *Declaration on women's health in prison*.² The *Declaration* and its accompanying background paper present evidence about the current situation of women's health in prison and include specific recommendations on key aspects of health care for women prisoners. The publication is available in English, French, German and Russian and has been widely disseminated in countries worldwide.

In May 2010, the 19th Session of the Commission on Crime Prevention and Criminal Justice, held in Vienna, adopted a set of draft United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Bangkok Rules), which includes 70 rules developed to address the specific needs of, and realities faced by women in the criminal justice system, including their gender-specific health care needs. The Bangkok Rules were endorsed by resolution 2010/16 of the Economic and Social Council on 22 July 2010, and approved by the United Nations General Assembly in September 2010.³ They include important rules relating to the gender-specific health care needs of women prisoners, reflecting concerns and recommendations included in the *Declaration on women's health in prison*, and are applicable worldwide.

The recommendations included in the *Declaration* are clear and unambiguous. There is, however, a well-recognized need for a way to assess the current situation and detect those areas of service which could be improved, even in the current economic situation. The checklists in this document are a follow-up to the *Declaration* and are designed to be used to review the present position

¹ The term "prison" has been used for all places of detention and the term "prisoner" has been used to describe all who are held in such places, including adults and juveniles detained in criminal justice and correctional facilities during the investigation of a crime, while awaiting trial, after conviction and before sentencing, and after sentencing. Although the term does not formally cover persons detained for reasons relating to immigration or refugee status, those detained without charge, and those sentenced to compulsory treatment and rehabilitation centres as they exist in some countries, most of the considerations in this paper apply to them as well

² *Declaration on women's health in prison: correcting gender inequity in prison health*. Copenhagen, WHO Regional Office for Europe and Vienna, United Nations Office on Drugs and Crime, 2009. While the *Declaration* and background paper cover women prisoners in the WHO European Region, all the concerns relating to policies and practices governing women's health in Europe are valid in other parts of the world, often to a more serious extent. Both the *Declaration* and the checklists in this document are, therefore, applicable worldwide, although providing some of the recommended responses and services may be problematic in low-resource countries.

³ *Resolution adopted by the General Assembly [on the report of the Third Committee (A/65/457)] 65/229. United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules)*. New York, United Nations General Assembly, 2011 (http://www.unodc.org/documents/justice-and-prison-reform/crimeprevention/United_Nations_Rules_for_the_Treatment_of_Women_Prisoners_and_Non-custodial_Measures_for_Women_Offenders_the_Bangkok_Rules.pdf, accessed 5 September 2011).

regarding women's health and health care in prison. They were pilot-tested from November 2010 to May 2011 in a number of countries worldwide.

The checklists are vital in (self-) assessment of the current situation and in identifying areas for improvement. Although some of the issues reflected in the checklists are also applicable to men in prison, it is important to stress their particular relevance for women in their specific circumstances, especially due to their close links with other concerns that apply to women. Checks are a valuable way to ensure a review is undertaken in a planned and systematic manner to draw attention to deficiencies in health care provision for women in prison and to take steps to address any shortcomings.

The first checklist is aimed at *decision- and policy-makers* responsible for policies relating to women in prison, to assist in assessing their current policies and services. By applying the checklist, decision- and policy-makers will obtain essential information to plan criminal justice policies that have an impact on women's health in prison. The leadership and commitment of all national politicians, especially those in charge of policies relating to prisons and criminal justice, are necessary to reduce the effects of gender inequalities in services for women in prison and the criminal justice system as a whole. There should be ongoing cooperation and meetings between all departments and agencies of the government concerned with the development of policy in this area. In this way, prison health provisions can be planned with appropriate input from all relevant government departments and community organizations, which can ensure proper planning and delivery of services, including resettlement services.

The key requirements are:

- an open commitment to the underlying importance of human rights in policy development, to include a national statement of policy on gender equality;
- an acceptance of some important principles to be followed and services to be provided for women in the criminal justice system, such as:
 - avoidance of pre-trial detention as far as possible;
 - minimal use of imprisonment for pregnant women and women with young children;
 - the recognition that policies affecting women should be sensitive to their gender-specific needs;
 - if children are involved, their best interests should be the main determining factor in any decisions made regarding their placement;
 - the services to be provided should be able to address specifically the main health problems of women in prisons, implying the development of a gender-specific policy;
- the involvement of the women in developing and reviewing policy regarding women's prisons.

The second checklist is aimed at *senior management* in women's prisons or prisons with residential units for women, to aid them in assessing current practices. A copy of the *Declaration*

on women's health in prison and supporting evidence should be available in the prison, preferably in the local language.

There are a number of general points that need to be made. First, an understanding of the need for a gender-specific prison management ethos is an essential first step and a prison management policy paper outlining what this means should be produced at the national level. Second, behind all the recommendations is an important fact which needs to be appreciated and accepted by those involved, namely that women in prison have greater and more complex needs than male prisoners. These needs are fully outlined in the *Declaration on women's health in prison*. Third, senior staff should understand the costly negative impact of imprisonment on women, so the services and the general environment of a women's prison should aim to reduce this impact both on the individual and on society as a whole. This leads to the fourth point, the importance of developing links with other parts of the criminal justice system, such as the police and courts, as well as with community-based health providers. The fifth point concerns the appreciation of the need for a lower level of security for the majority of women in prisons.

The third checklist is aimed at *prison health staff*. In some countries, clinical protocols and nursing standards may already be available to staff. These protocols and standards need to be kept under review and this checklist aims to assist that process. Where detailed guidance is not available, a checklist can draw attention to the important processes needed to provide a minimum level of care. If the ministry of health is not responsible for prison health, the third checklist may need to be shared with that ministry because it is important that prison health services work closely with national public health services with jointly agreed policies.

Regular reviews of the checklists are necessary. Checklists should not be used only once, but at regular intervals to guarantee continuous improvement of the situation. It is important that the results of the checks are transparent and clear and that plans for improving the current situation are made in agreement with all relevant stakeholders.

When all issues included in the three checklists are adequately addressed, a more gender-specific prison system and criminal justice system will result, with much needed attention paid to the specific health care needs of women. Women prisoners' gender and human rights will increasingly be addressed. Additionally, this disadvantaged group will receive more help and support to leave a life of crime behind, and for their health and well-being to improve. The necessary changes will require political awareness, support and a real commitment to equity and social justice.

General recommendations

Prison health is an integral part of public health, and addressing health and health care in prisons will lead to an overall improvement in public health. This is an essential starting point, from which more specific recommendations can be formulated.

As outlined in the *Declaration on women's health in prison*, any call for action related to the health of women in prison should best be seen as a whole, with the following characteristics.

1. The underlying importance of human rights should underpin all thinking and all policy development for all those in compulsory detention.
2. The important principles to follow in deciding on measures to improve current practice should include the following.
 - *Pre-trial detention and imprisonment* should be used as a last resort in the cases of women who have committed non-violent offences and who do not pose a risk to society. The imprisonment of pregnant women and women with young children should be reduced to a minimum and only considered when all other alternatives are unavailable or unsuitable.
 - All policies affecting women in the criminal justice system must *recognize the gender-specific needs of women* and the *significant variations in needs* that can exist between different groups of women.
 - Health service provision and programming should specifically address *mental illness, in particular disorders relating to substance use and post-traumatic stress disorder*. This is essential in any prison health care system.
 - If children are involved, *the best interests of the children should be the main and determining factor* in decisions regarding women's imprisonment, including putting the needs of the children first when considering whether and for how long they should stay with their mothers in prison.
 - Health service provision in prison should recognize women's gender-specific health care needs and should be individualized, framed and delivered in a *holistic and humane manner*.
3. Key services to be provided should include the following:
 - *comprehensive and detailed screening* for women on first admission to prison and regularly throughout their stay, covering their socioeconomic and educational background, health and trauma histories, current health status and an assessment of skills held or required;

- an *individualized care, treatment and development* plan, to be prepared jointly by the different health care providers and all other staff likely to be involved in a woman's care and custody, and in consultation with the women themselves;
 - *primary health care* services provided in the prison, which are outlined to the woman during the important induction period; her rights to access, including emergency access, to confidentiality, to privacy and to health information and promotion activities should be made clear, preferably in an easily understandable pamphlet;
 - *specialist health care*, which is readily provided and adjusted to meet the needs of women, such as for mental health, including help with a legacy of abuse and post-traumatic stress disorder; chronic health conditions, HIV and AIDS (including counselling and support), hepatitis, tuberculosis (TB) and other infectious diseases; drug and alcohol dependence; learning disabilities; and reproductive health, with access to specialist health care being explained to the woman in prison when discussing her individual care plan;
 - *pre-release preparations* that are adequately planned and provided so as to ensure continuity of care and access to health and other services after release: health and social care cannot be provided in isolation from community services – just as health and nursing staff must maintain professional contacts with their peer groups, so must all services within prisons have good links to the equivalent services in the community.
4. The services and approaches described above are likely to succeed only if the *roles of governments, policy-makers and senior management* are understood, accepted and applied. In broad terms, this requires that:
- the criminal justice system is seen to serve the interests of women in its care, so that gender-specific health and other needs are readily met and services can be easily accessed;
 - every prison that is required to house women prisoners has a written policy showing that:
 - the practices in that prison are sensitive to the special needs of women and that staff have undergone gender-specific training;
 - whenever children are involved, their needs and best interests are clearly seen as the first and main consideration in the provisions made for them.

These general recommendations should guide all policies and practices relating to women in prison initiated by decision- and policy-makers as well as by senior prison managers.

Checklist 1. Decision- and policy-makers

Any review of national policies regarding women's health in prisons should be based on three overarching imperatives. First, the importance of *human rights* should be recognized as underpinning all policy considerations and developments. Second, an important part of this must be the acceptance of *gender equality* as the only acceptable way forward in developing current services. Third, as policy-makers and staff must operate within the *rule of the law* of their country, recommendations for changes in policies must be known and legal.

This checklist is aimed at those responsible for policies relating to women in prisons, although other parts of the government may have to be consulted to ensure that the above three considerations are fully applied in what is proposed.

1.1. Is there a national policy and/or legislation concerning gender equality?

- Yes
- No

1.2. Does current legislation specifically address the human rights of women and their children in the criminal justice system?

- Yes
- No

Check questions covering current legislation addressing the human rights of women and their children in the criminal justice system (including in prison), taking into account their need for special protection owing to their gender and associated circumstances.

Does the legislation cover the following?

- Alternatives to pre-trial detention and imprisonment, especially for women with caring responsibilities who have committed non-violent offences
- Confidential complaints mechanisms
- Use of body restraints

- Use of body restraints where pregnant women, medical examinations of such women, their transfer to hospital and delivery are concerned⁴
- Delivery in civilian hospitals
- Disciplinary segregation
- Personal searches of women prisoners⁵

1.3. Is there a separate set of policies governing the provision of facilities and the management of women's prisons or sections of prisons where women are held?

- Yes
- No

Check questions covering policies governing the provision of facilities and the management of women's prisons or women's sections.

Do the current policies and practices cover the following?

- Separation of women prisoners
- Prison security levels appropriate for women
- Prison size
- Prison location (preferably small units, closer to the women's homes)
- Facilities that promote mental well-being, with consideration given to architectural design and access to natural light and to outside spaces
- A child-friendly environment where women with children are housed
- A child-friendly environment in visiting-rooms
- Prevention of sexual violence and abuse:
 - prevention and reduction of prison rape
 - effective prosecution of offenders
- Women prisoners' access to health care services which take into account their special health care needs
- Equal access for women and men prisoners to education and vocational training

⁴ See Bangkok Rule 24, which prohibits the use of instruments of restraint on women during labour, during birth and immediately after birth.

⁵ See Bangkok Rule 19, which provides for effective measures to be taken to ensure that women prisoners' dignity and respect are protected during personal searches, which shall only be carried out by women staff who have been properly trained in appropriate search methods and in accordance with established procedures; and Rule 20, which requires alternative screening methods, such as scans, to be developed to replace strip searches and invasive body searches, in order to avoid the harmful psychological and possible physical impact of invasive body searches.

- The care of children staying in prison with their mothers
- Rules relating to separation of children from their mothers
- Gender-specific resettlement arrangements, with considerations including:
 - the circumstances into which women are to be released
 - risk of stigmatization
 - availability of housing and employment
 - availability of appropriate support and care in the community
 - continuum of care arrangements for any health care treatment that needs to be continued

1.4. *Has a general policy been agreed between the ministry responsible for prisons and the ministry of health regarding women's health during imprisonment?*

Check questions to cover policies agreed between the ministry responsible for prisons and the ministry of health.

- There is an established cooperation mechanism between the ministry of health and the prison health service.
- There is a regular dialogue between ministers, senior staff and health staff to check that legislation and prison rules support treatment and care.

Check questions to cover the crucial elements of legislation and prison rules affecting women's health in prisons.

Does the legislation provide for access to the following?

- Health care in prison settings equivalent to that available in the community
- Access to information, education and communication covering women's health issues, including those listed below
 - a. HIV-related prevention, treatment, care and support services*
 - Voluntary HIV testing and counselling
 - Clear standards for effective detection of HIV
 - Early diagnosis and treatment of HIV
 - Access to condoms and lubricants so that prisoners can practise safer sex
 - Access to dental dams
 - Access to bleach or other disinfectants so that prisoners can clean injecting equipment
 - Access to sterile injecting equipment (needles, syringes and cotton swaps) for injecting drug users

- Access to antiretroviral treatment for prisoners with HIV/AIDS
- Access to post-exposure prophylaxis for staff potentially exposed to HIV during the course of their work and for prisoners who are sexually assaulted or otherwise exposed to HIV
- No segregation of women (people) living with HIV in prison settings

b. Mental health

- Mental health promotion, care and treatment programmes designed for women, taking into account their typical backgrounds which may include victimisation, trauma and sexual and other forms of abuse
- Access to gender-specific suicide and self-harm prevention programmes

c. Substance dependence

- Access to gender-specific drug dependence treatment programmes
- Access to opioid substitution treatment
- Access to voluntary counselling about substance dependency

d. Sexual and reproductive health, pregnancy, childbirth, pre- and postnatal care

- Access to birth control measures
- Access to antenatal clinics (special health care services) for pregnant women, equivalent to services available in the community
- Access to adequate supplementary feeding for pregnant and nursing women
- Prompt transfer to community health providers for delivery
- Access to postnatal care services, equivalent to that in the community
- Access to antiretroviral treatment for pregnant women living with HIV to prevent mother-to-child transmission
- Prevention of mother-to-child transmission for nursing mothers
- A breastfeeding-promoting environment

e. Other infectious diseases

- Hepatitis B vaccination
- Prevention, diagnosis and treatment of hepatitis B
- Prevention, diagnosis and treatment of hepatitis C
- Prevention, diagnosis and treatment of sexually transmitted diseases
- Prevention, diagnosis and treatment of TB

f. Preventive health care services

- Access to education and information about preventive health care measures
- Access to screening for breast cancer
- Access to screening for cervical cancer
- Early diagnosis and treatment of sexually transmitted infections

g. Health care of children living with their mothers in prison

- Access to preventive and curative health care services for dependent children living with their mothers in prison, equivalent to that available in the community

1.5. *Is it clear in all policies relating to women and prisons that where children are involved, the interests of these children need to be the main factor in decisions regarding their placement?*

Check questions to cover the crucial elements of policies affecting children in prison.

Are the following the guiding principles followed in decision-making?

- The best interests of the child need to be the first and main consideration.
- Decisions should be taken on an individual basis, taking into account all the circumstances of the child, alternative care arrangements in the community and services provided in the prison.⁶
- The participation of children in decision-making should always be promoted and facilitated, taking into account their age.
- If children do stay with their mothers in prison, the facilities need to be suitable.
- Clear provisions need to be made for the health care and development of the child.
- There need to be suitable and regular monitoring and reassessment of the child's welfare.
- It needs to be agreed that arrangements can be made for any child to leave the prison at any time if this is in the best interest of that child.

1.6. *Is there a written policy about what must be provided for children who are with their mothers in prison?*

- Yes
- No

⁶ See Bangkok Rule 52.

Check questions covering issues to be included in the written policy relating to provisions for children living with their mothers in prison.

- Access to nurseries and play areas, with child-friendly facilities and environment
- Maximum possibility for mother and child to spend time together in a flexible regime
- Access to health care services for children provided by qualified children's health care specialists
- Access to vaccinations for children, as available in the community
- Provision of adequate and special nutrition for children, taking into account their age
- Monitoring of children's physical and mental health by qualified specialists, including child psychologists

Checklist 2. Senior prison managers

Senior prison managers have the crucial job of setting the scene: of creating the ethos they feel is best for the duties carried out in their prisons and for leading and supporting the main resource of prisons, namely the staff. Evidence shows that prison management policies and practices do not always take into account the specific needs of women prisoners.

Many prisons are old buildings with limited space and located in built-up areas. Women prisoners are often placed far away from their homes, due to the limited number of women's prisons in most countries, or they are accommodated in sections of men's prisons which were designed primarily to cater for the needs of male prisoners. The resources made available are often fewer than managers would like. For example, the overriding need for security can set rigid boundaries in which the potential for local initiative is limited. The balance to be struck between respect for and the dignity of women prisoners with surveillance and security, while also providing care and treatment, can sometimes present challenges.

The following checklist is aimed at assisting a review of what is available against what should be available.

2.1. Have there been recent reviews of (i) the physical state and location of the prisons or of those parts of the prison where women prisoners are held, and (ii) the security levels in which the women are detained?

Check statements relating to the physical state, location and security level of prisons housing women.

Are the following current policy and practice?

- Gender-specific security risk assessments are carried out when women are admitted to prison, taking into account their background, the nature of the offence committed, their mental health care needs and caring responsibilities.
- If security risk assessments are carried out, the security level of the prisons where the women are placed complies with the recommendations of that assessment.
- Prisons where women are housed are close to their homes, enabling them to receive regular visits from their families.
- When women have not been housed close to their homes, prison managements allow for flexibility in visiting times, length of visits, and rules relating to telephone calls and correspondence, etc., in order to compensate for this disadvantage.

- The prison provides accommodation for women, with adequate hygiene and sanitation facilities, privacy and space.
- The prison provides facilities for outdoor and indoor exercise.
- The prison has a positive environment in the visiting areas, in order to encourage visits by families.
- The prison has a child-friendly housing unit or section for women with children.
- The prison has child-friendly visiting-rooms.

2.2. *Does the prison service have a policy document requiring women's prisons to provide services for the special health needs of women and their children?*

Check boxes to determine whether the policy document explicitly addresses the following.

- Mental health care needs
- Needs related to post-traumatic stress disorders
- Needs related to domestic violence and abuse
- Treatment and care for substance dependence designed specifically for women
- Treatment and care for substance dependence for pregnant and breastfeeding women
- Prevention of suicide and self-harm
- Reproductive and sexual health care
- HIV prevention, treatment, care and support
- Special health care for pregnant women
- Pre- and postnatal care
- Preventive health care services
- Women's particular hygiene requirements (sanitary towels or tampons, extra showers, soap)
- Health care of babies and dependent children living with their mothers in prison

2.3. *Are human rights and gender sensitivity training programmes available for all staff working with women in prison?*

Check statements relating to the availability of training programmes specifically for staff working with women in prison.

- Staff have access to training about human rights, including the human rights of women
- The majority of staff participate in human rights training
- Staff have access to gender sensitivity training

- The majority of staff participate in gender sensitivity training

2.4. Does the prison management ensure that there is a comprehensive registration process and health screening during the admission period?

Is there a separate registration process which includes questions that are particularly important in the case of women?

- Yes
 No

If yes, check boxes to cover the crucial elements to be included in the registration process.

- Demographic information, including:
- home addresses and contact details of family and children
 - circumstances in which the woman's children live outside prison
- Information given to the woman about the possibilities for her to keep in touch with her children and family
- Knowledge of the woman's history, including the possibility of domestic violence or sexual abuse
- Names of persons who are not welcome to visit

Is a comprehensive health assessment form in use that must be completed for all women entering prison?

- Yes
 No

2.5. Are essential commodities available for women and women with children in closed settings?

Check statements relating to the availability of specific commodities.

- Women have access to sanitary towels/pads
- Nursing women in prisons have access to diapers for their babies and small children
- Nursing women in prison have access to humanized milk for their babies
- Women with children in prison receive meals for their children adapted to their age and needs
- Women in prison have access to:
- male condoms
 - female condoms
 - dental dams

- Pregnant and nursing women receive supplementary feeding
- 2.6. Are medical consultation facilities available that are sensitive to the personal wishes of women prisoners, including access to female doctors and nurses?**

Check statements to cover the crucial elements of medical consultation facilities.

Are the following standard procedures?

- The possibility for women to receive examination, treatment and care only from female doctors and nurses if they prefer or, if this is not possible, a chaperone approach
- No operational staff being present when women receive medical consultation

- 2.7. Is there a widely available prison health care plan outlining the services, including emergency care services and how they can be accessed, for the information of prisoners?**

Check boxes to cover the crucial elements to be included in the prison health care plan.

- Primary health care services
- Specialist health care services
- How to access primary health care services normally and in emergency situations
- How to access specialist health care services
- Patients' rights
- Confidentiality of health care services
- Quality of and prompt access to the services
- Availability of female doctors and nurses, including a possible chaperone approach
- Health care services for babies and dependent children who stay with their mothers in prison

Are women in prison consulted and associated in the development and monitoring of the prison health care plan?

- Yes
- No

- 2.8. Is there a written clinical audit and governance scheme which includes a system used for handling clinical as well as other complaints?**

Check statements relating to a complaints system for women in prison.

- There is a complaints system which is independent and confidential.
- As standard procedure, women are informed during their first week in prison about the possibility of making use of the complaints system.

- Written information is available for women prisoners about how to make a complaint and how the complaint will be handled.

2.9. *Is preparation for release built into the care plans for women prisoners, starting from very soon after admission?*

Check statements to cover the crucial elements of pre-release preparations.

- Contact with the prisoner's family is established and maintained throughout her imprisonment, except when the prisoner does not wish there to be such contact
- Contact with the relevant institutions in the community is established and maintained throughout the imprisonment period

2.10. *Are there regular meetings between the prison governor and the health care staff in the women's prison?*

- Yes
- No

Checklist 3. Prison health staff⁷

This checklist concentrates on services and processes rather than on clinical approaches and clinical protocols. There are some important requirements for acceptable health care in prisons, including the following.

- Health staff should consist of all medical staff who are professionally recognized as adequately qualified to the standards of medical staff in the country.
- Where necessary in terms of the size of the prison and the needs of the prisoners and staff, the health team should be supported by other professions such as physiotherapy and clinical psychology.
- All health professional staff should have recognized links with their peer professional colleagues in the community.
- All professional staff should have regular and easy access to continued education and training.
- There is a detailed health programme specific to the needs of the prison population, including the needs of women in prison.
- There are specific guidelines on health care in prisons, including those specific to women's needs.
- Women prisoners participate in the planning and evaluation of health care.

The checklist is aimed at prison health staff, which includes doctors and nurses working in women's prisons. It also targets health staff working in, for instance, referral hospitals or specialized services such as TB treatment.

3.1. Are you able to provide an adequate and professionally satisfying primary health care service to women in prison?

Does the primary health care service include the following?

- Suitable premises for clinical examination and consultation, with acceptable facilities as regards dignity and privacy
- Appropriate stocks of essential drugs and basic medical equipment based on the size of the population and specific needs

⁷ Other prison staff also have important roles in promoting health and well-being, such as physical training and nutrition staff, but they are not covered in this checklist.

- A comprehensive detailed screening and health needs assessment service, from admission of the woman and, later, for regular review of her health status
- The time and opportunity to produce an individualized treatment, care and personal health development plan for each woman
- An established system for continuity of treatment and care for women entering prisons and for women released from prisons

3.2. *When a woman is admitted, is she given a comprehensive health screening covering all key aspects of her health?*

Is there a comprehensive health assessment form that must be completed by women entering prison, with the assistance of health care staff if necessary?

- Yes
- No

If yes, check boxes to cover the crucial elements to be included in the screening and registration form.

- Physical health
- Substance use
- Mental health
- Reproductive health, including pregnancy
- History of violence and/or abuse
- Post-traumatic stress disorder
- Planned action to be taken

Check questions covering essential contents of health care screening on admission.⁸

- Is a health assessment conducted by a qualified health staff member upon admission?
- Is the maximum time between the admission of a woman prisoner and her health screening two days?
- Is a confidential report available in the health services?
- If yes, is the report shared with staff (including prison managers) outside health services?
 - Yes
 - No

⁸ See Bangkok Rule 6.

If the woman is accompanied by a child, does the health screening include a health screening of the child by a primary health care specialist, with access to a pediatrician thereafter when necessary?

- Yes
- No

Is the health screening repeated at reasonable intervals while a woman is in prison?

- Yes
- No

Is an individual and comprehensive health care plan developed for each woman based on the findings of the health screening?

- Yes
- No

3.3. Do health services available to the prison health team cover the special health needs of women in prison as outlined in the Declaration on women's health in prison?

Check boxes to cover the crucial elements of health services available for women in prison.

a. Are special services available for the following?

- Reproductive health issues, including pregnancy, pre-and postnatal care
- Infectious disease HIV/AIDS
- Infectious disease hepatitis
- Sexually transmitted infections
- Other communicable diseases
- Noncommunicable diseases
- Mental health problems, including post-traumatic stress disorders
- Substance dependency, including opiate substitution treatment for opiate dependency
- TB
- Nutrition

b. Is there guaranteed access for women in prison to the following?

- A medical doctor
- A female medical doctor
- A gynaecologist

- A psychologist
- A psychiatrist
- A paediatrician
- Regular screening for breast cancer
- Regular screening for cervical cancer

3.4. *Are the following services available from the prison's health service or through nongovernmental organizations/external services working in women's prisons?*

Check boxes if the following services are available to women in prison.

- Information on HIV/hepatitis and TB transmission, prevention, testing and treatment
- A peers prevention programme
- Condoms
- Sterile injecting equipment
- Safe tattooing equipment
- Bleach for disinfection
- Voluntary confidential HIV testing and counselling services
- Diagnosis of and treatment for sexually transmitted infections
- Drug dependence treatment for opioid-dependent women
- Substitution therapy for opioid-dependent women
- Appropriate diet and nutritional supplements
- Antiretroviral treatments
- Prevention and treatment of TB and other opportunistic infections
- Hepatitis B vaccinations
- Voluntary counselling and testing for hepatitis B
- Voluntary counselling and testing for hepatitis C
- Treatment for hepatitis B
- Treatment for hepatitis C
- Care during pregnancy and delivery in appropriate settings
- Antiretroviral therapy for HIV-positive pregnant women to prevent mother-to-child transmission
- Post-exposure prophylaxis for women who have been exposed to a risk
- Care for children, including those born to HIV-infected mothers

- Palliative care and compassionate release for women with AIDS and terminally ill patients
- Naloxone in pre-filled syringes for application as overdose prevention in emergencies
- Influenza vaccinations

3.5. *Is easy access to emergency care guaranteed, and do all staff and prisoners know exactly how to ensure care in an emergency situation?*

Check questions to cover the crucial elements in emergency care.

- Are all women in prison well-informed about the procedures regarding emergency care and their availability?
- Do transport arrangements take into account ways to minimize additional stress to women?

3.6. *Is access to your service freely and appropriately available?*

Check questions to cover access to health care.

- Does each prisoner receive on admission a short leaflet which she can read, including:
 - the times during which the regular health clinic is open
 - detailed information on how she can make an appointment?
- Does this information clearly outline how a prisoner can obtain assistance from health staff :
 - in an emergency
 - during night hours?
- Do all staff members likely to come into contact with women prisoners know and understand the times and methods of gaining access to health care?

3.7. *Is your service able to meet the personal requests of women prisoners, such as to be seen by a female doctor or, if that is not possible, with a chaperone arrangement?*

Check questions to cover the crucial elements of medical consultation facilities.

- Can women receive examination, treatment and care only from female doctors and nurses if they prefer this or, if this is not possible, is there a chaperone approach?
- Can women receive medical consultations without the presence of operational staff?
- Can women who are about to deliver be referred promptly to public hospitals for delivery?

3.8. Do the health care staff have regular contact with the prison's management team?

Check questions regarding contacts between health care staff and prison management.

- Is a senior member of the health care staff a member of the prison management team?
- If urgent or important matters arise, do health staff managers have direct access to the governor/chief executive of the prison?

3.9. Do the health care staff have ready access to gender-specific specialist services that may be required?

Check boxes to cover the crucial elements of specialist health care.

- Help with a history of violence and abuse
- Help with post-traumatic stress
- Services for sexually transmitted diseases
- Services for HIV
- Services for hepatitis A
- Services for hepatitis B
- Services for hepatitis C
- Services for TB
- Services for pregnancy-related issues
- Services for chronic health conditions
- Services for children in prison, including a paediatrician

3.10. Do women in prison have as much access to regular screening services as is available in the community?

Check boxes to cover the necessary access to regular screening services.

- Screening for breast cancer
- Screening for cervical cancer
 - regular check-ups by a gynaecologist
- Birth control methods
- Screening for TB
- Screening for other infectious diseases
- Screening for dental health problems

3.11. Is there a planned programme of health education and health promotion for prisoners?

Check boxes to cover the important elements in a health education programme.

- Basic knowledge about physical and mental health
- Basic knowledge about prevention of drug overdose
- Basic knowledge about the prevention of communicable diseases
- Basic knowledge about a healthy diet and healthy lifestyle
- Availability of a peer education programme
- Availability of educational material specifically developed and written for women

3.12. Do you have regular professional contact with community services so that access to services in the community is facilitated if needed?

Check boxes relating to the availability of community services for the following.

- Specialist health care
- Health care for children staying with their mothers in prison
- Drug dependency treatment
- Treatment for mental illnesses
- Treatment for HIV/AIDS
- Treatment for TB

3.13. Do you have regular professional contact with community services so that continuity of care is facilitated?

Check items relating to the availability of continuity of the following care.

- Specialist health care
- Health care for children staying with their mothers in prison
- Drug dependency treatment
- Treatment for mental illnesses
- Treatment for HIV/AIDS, including antiretroviral treatment
- Treatment for TB

3.14. Is there an adequate system to ensure that women prisoners are fully aware of the risks of post-release early death and infectious diseases and how these can be prevented?

Check boxes as to whether the provision of key services includes the following.

- Provision of a comprehensive, countrywide framework for drug treatment
- Determination of which service or agency needs to take responsibility
- Recognition of and addressing the specific needs of particular subgroups
- Monitoring, risk assessment and evaluation of interventions
- Prevention of overdoses, for example by distributing naloxone

Check boxes for availability of measures to address the increased risk of high-risk behaviour for HIV and hepatitis transmission of prisoners on release.

- Provision of safe injection kits
- Provision of condoms
- Provision of methadone or buprenorphine for people on opioid substitution treatment

3.15. Do you cooperate with other prison staff in jointly preparing women prisoners for their release?

Check statements covering essential pre-release preparations.

- There is a written procedure concerning staff meetings to discuss preparations for release and agree necessary action to ensure both continuity of care and assistance in resettlement after release.
- Those prisoners known to be at risk of post-release overdose death, as indicated in the WHO publication *Prevention of acute drug-related mortality in prison populations during the immediate post-release period*,⁹ are given adequate advice on how to reduce the risks of serious reactions to overdoses or to using multiple drugs.
- (A copy of) their medical files is given to women released from the prison.

Are arrangements for the continuation of treatment being made for the following?

- Mental health care needs
- Substance use problems
- Noncommunicable diseases, in particular diabetes, respiratory diseases, cancer and other chronic diseases
- Communicable diseases, in particular HIV/AIDS, hepatitis, sexually transmitted diseases and TB

⁹ *Prevention of acute drug-related mortality in prison populations during the immediate post-release period*. Copenhagen, WHO Regional Office for Europe, 2010 (http://www.euro.who.int/__data/assets/pdf_file/0020/114914/E93993.pdf, accessed 31 August 2011).

The WHO Regional Office for Europe

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