



UNODC

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Training curriculum on
**Women and
Imprisonment**
Version 1.0

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CRIMINAL JUSTICE HANDBOOK SERIES

UNITED NATIONS OFFICE ON DRUGS AND CRIME
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I.

Introduction to the curriculum

The present training curriculum is designed to help develop knowledge and skills among criminal justice officials and policymakers to implement the United Nations Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders (the Bangkok Rules) and related international standards and norms. The curriculum is intended to be used in conjunction with the Commentary of the Bangkok Rules¹ and the UNODC Handbook on Women and Imprisonment (hereinafter referred to as “UNODC Handbook”), which provides further information, examples and good practices. Additional materials, including online training courses in different languages, are available from UNODC,² UN Women,³ OHCHR⁴ and Penal Reform International (PRI).⁵

The training curriculum contains 12 modules that focus on the different subject areas of the Bangkok Rules. Module 1 covers general issues related to discrimination against women who are offenders or prisoners and ways to address such discrimination in line with international standards and norms. Modules 2 to 10 cover issues related to prison management that are most relevant for prison staff and managers. Module 11 deals with the research, planning and evaluation that is needed for more effective policy formulation and programme development concerning offending, imprisonment and social reintegration of women. The final module relates to the

¹UNODC, United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary, available in English, French and Spanish at <http://www.unodc.org/unodc/en/justice-and-prison-reform/tools.html>.

²The full list of UNODC tools on prison reform and alternatives to imprisonment is available at <http://www.unodc.org/unodc/en/justice-and-prison-reform/tools.html>; UNODC, Manual para Operadores de Establecimientos Penitenciarios y Gestores de Políticas para Mujeres Encarceladas, e-course in Spanish, available at <http://observatoriovihycarceles.org/Cursos/Mujeres/>.

³UN Women, Security Sector Reform (SSR): Rights and Needs of Women in Prisons, e-course in English, French and Spanish, available at <https://trainingcentre.unwomen.org/course/description.php?id=13>.

⁴OHCHR, Manual on Human Rights Training for Prison Officials, available at <http://www.ohchr.org/Documents/Publications/training11en.pdf>.

⁵PRI and Thailand Institute of Justice (TIJ), Guidance Document on the Bangkok Rules (hereinafter referred to as “PRI/TIJ Guidance Document”), available at <http://www.penalreform.org/resource/bangkok-rules-guidance-document-index-implementation/>; PRI Toolbox on the United Nations Bangkok Rules, available at <http://www.penalreform.org/priorities/women-in-the-criminal-justice-system/bangkok-rules-2/tools-resources/>; PRI, Women in Detention: putting the Bangkok Rules into practice, e-course in Arabic, English and Russian, available at <http://www.penalreform.org/resource/women-detention-putting-bangkok-rules-practice/>.

different non-custodial and other measures that can be taken by legislators and policymakers and by lawyers, prosecutors, judges, probation services or other service providers to help reduce the female prison population.

A number of materials are included as annexes at the end of this training curriculum. In addition to handout materials for participants (annex I), it includes a set of test questions and answers (true or false) for each module (annex II). These tests can be used to achieve different goals, including: (a) to focus the minds of the participants on the area in question; (b) to assess how much participants already know; and (c) to assess how much they have learned at the end of the training module. Annex III contains a brief guide to adult education, training methodology and specific techniques that can be used and adapted to match the level or cultural background of participants. Finally, there is also a course evaluation form (annex IV) that can be used to collect feedback from participants at the conclusion of training.

How to use this curriculum

The present curriculum is designed to be used by trainers or facilitators who have a thorough understanding of the operational and normative aspects of prison systems. It is important that trainers have some credibility in the eyes of the participants. Professionals with operational knowledge and experience in a national prison administration would have an advantage in this regard. Trainers require a profound understanding of the revised United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules),⁶ the Bangkok Rules and their Commentary. They should also be conversant with international human rights instruments, and must know how these international correctional standards are linked to wider instruments from a human rights perspective.

Co-facilitation of training sessions is highly recommended. A team of two or more trainers could contribute knowledge and experience from different areas of specialization. In such cases, it is critical to have one trainer interacting with participants while the other observes the interaction, and provides both feedback and “another voice” to the dialogues that are promoted by this training approach.

The approach followed in this training curriculum is based on adult learning principles and methods. This means that the participants are not in the training to be “taught”, but rather to experience a process that allows them to come to understand the material in a way that makes sense to them. More detailed information on adult

⁶The Standard Minimum Rules for the Treatment of Prisoners were adopted by the First United Nations Congress on the Prevention of Crime and the Treatment of Offenders, Geneva, 22 August-3 September 1955 (see report prepared by the Secretariat, United Nations publication, Sales No. 1956.IV.4, annex I.A). In 1977, they were amended by the Economic and Social Council in its resolution 2076(LXII) (addition of section E, entitled “Persons arrested or imprisoned without charge”). In 2015, the Commission on Crime Prevention and Criminal Justice approved a resolution on the revised Standard Minimum Rules for the Treatment of Prisoners, recommending that they should be known as “the Mandela Rules”, for adoption by the General Assembly (see E/2015/30-E/CN.15/2015/19, Chapter I(A)(II)).

learning can be found elsewhere, but there are some common principles that most practitioners agree upon:

- Didactic speaking should be kept to a minimum.
- Those in training are “participants”, not trainees. They have a responsibility to participate in their own training.
- The instructor is a guide, not a teacher, through the process. Participants bring wisdom, and experience with them; the instructor must encourage the use of this wisdom and experience.
- Experiential activities linked to the content should be maximized.

Trainers’ general checklist

1. *Be prepared.* Plan your module carefully and know exactly what you are going to cover. To do this you will need to read the facilitator’s notes and the training manual and to familiarize yourself with the exercises and the evaluation. Below is a sample lesson plan that is easy to create and follow:

Time	Facilitator activity	Learner activity	Materials/method
9 a.m.	Greet and welcome the participants. Introduce myself and my background. Distribute a 3x5 card to each participant.	Introduce themselves. Complete the cards. Tape the cards to the wall.	Flip chart, felt pens, 3x5 cards, tape, group work
9.30 a.m.	Generate group norms.	Contribute ideas for group norms.	Flip chart, felt pens
10 a.m.	Review the workshop agenda.	Follow the agenda.	Flip chart, learner manuals

2. *Know your audience.* Find out how many participants will attend the course. Plan any activities associated with your module accordingly (pair work is more difficult with large groups and you will need more debriefing time the more participants you have). There are several important questions to ask in advance:

- How many people will there be?
- Who are they?
- What is their understanding of the subject?
- What is their age, gender and educational background?
- Why are they there? Who asked them to attend? Is it voluntary or mandatory?
- Are there any specific needs that you need to be aware of?
- Do they know each other?

3. *Bring audio-visual aids.* Make enough copies of exercises, handouts and role plays before you start the session. Check to make sure you will have any equipment you

need, such as a television, video, flip chart, posters, pens and so on. Arrive at the session early enough to test any equipment and have everything set up and ready to go. For a subject with this level of sensitivity, your attention needs to be solely on the participants once they start to arrive.

4. *Provide regionally specific information.* This manual is designed for use in all regions, but may not contain regionally specific details. If appropriate to your module, make copies of contact details and descriptions of groups or people working in the sector who may provide follow-up or further information to participants.

5. *Plan your time.* Although you can be flexible with time for active participation, you should have a broad time plan in accordance with the day's agenda. Stick to it even if that means cutting off a vibrant discussion that is running overtime. Participants have the whole week to continue thinking and talking about the issues. You can refer back to the group rules that the group agreed to in order to keep them on track.

General tips for trainers

1. *Be sensitive to people's varying levels of experience and backgrounds.* Participants may come from various working contexts and prior training. Encourage mutual respect among participants and between participants and facilitators. Make clear that all levels of experience are useful and relevant to the discussion.

2. *Allow space for experience in the discussion.* Participants who are comfortable sharing their experience, either in a personal capacity or from their work environment, may be able to help others grow and enrich the group's learning. When people tell their stories, emotions subside and the learning from the experience comes through to the other participants.

3. *Encourage broad and active participation.* Notice who is quiet and who responds the most frequently, and try to solicit input from everyone. Create an environment where it is safe for everyone to participate. Quiet people can sometimes participate more fully in small group discussions or in pairs.

4. *Encourage constructive debate.* If participants disagree with each other or with you, facilitate an open discussion, drawing on the experience and background of all participants. This discussion should, however, remain grounded in the principles of the course: human rights, gender and legal instruments.

5. *Always take the time:*

- To remind the group about important points: emphasize and summarize your main ideas throughout the module.
- To summarize the discussion and link relevant ideas.
- To keep the discussion on topic by focusing on principles rather than opinions.

6. *Use open-ended questioning techniques in discussion.* Open-ended questions beginning with “How”, “Why”, “What” or “Who” make people think about their answer rather than simply responding “yes” or “no”. The answers are more comprehensive and allow for follow-up exploration. A most useful open-ended question is simply to say “Please say more about that” or “Please expand on your idea”. Before you answer a participant’s question, put it to the group. If there is no one in the group who can answer the question, give a few probes before you provide the answer.

7. *Build an honest relationship with participants.* Share your views and ideas, and contextualize them in the principles of the course. If you do not know something, say so. Ask if someone else in the room can give input. This will encourage participants to talk freely and express their own ideas and opinions. If necessary, do some additional research and find a few minutes later to respond to any unanswered questions. Sometimes when people ask a question and the facilitator does not know the answer, they worry about their question until an answer is provided. To prevent this, and to keep participants focused on the content, write the question on a flip-chart page and post it somewhere in the classroom. The participant can now relax, as the question is posted and will not be forgotten. It will also remind you that there is an unanswered question that needs attention before the session is over. Once the question is answered, you can cross it out, giving a bold visual cue that it has been answered.

8. *Be positive, but realistic.* Encourage the group to see the many options they have to support women prisoners and women offenders. At the same time, be sensitive to the limitations of what they can do with finite time, skills and budget.

II.

Introduction: the specific needs of women prisoners

Although women and girls constitute a minority of national prison populations (2-9 per cent), their share is rising in all regions of the world, often at faster rates than that of male prisoners. In 2014, an estimated number of 625,000 women and girls were imprisoned. Most prisons have been designed for men and fail to meet the basic needs of women prisoners, including their protection from (sexual) violence. Upon release, many women are stigmatized, victimized or abandoned by their families. In terms of offending, it is important to note that a majority of women is imprisoned for non-violent criminal offences, including petty crime and drug-related offences, thus usually serving short sentences. In the case of women committing violent offences, the victims in many Member States are often individuals close to them who have subjected them to violence. Discriminatory criminal policies and laws related to, inter alia, adultery, prostitution, abortion, witchcraft or “protective custody” can have a particularly detrimental impact on women.

There are a number of factors that are common to the situation of women prisoners worldwide. Although the main reasons for and intensity of the vulnerability and corresponding needs of women prisoners may vary between countries, the most common factors include:

- The challenges they face in accessing justice on an equal basis with men in many countries.
- The existence of offences that are applied only or disproportionately to women, including abortion or “moral crimes” such as adultery, sexual misconduct, or “running away”.
- Poverty and dependence on male family members for money and support;
- The disproportionate victimization of women from sexual or physical abuse prior to imprisonment.
- A high level of mental health-care needs, often as a result of domestic violence and sexual abuse.
- A high level of drug or alcohol dependency.
- A low level of education and a high rate of illiteracy.

- The extreme distress imprisonment causes to women, which often leads to mental health problems or exacerbates existing mental disabilities.
- Sexual abuse and violence against women in prison.
- The high likelihood of having caring responsibilities for their children, families and others.
- Gender-specific hygiene and health-care needs that are not adequately met.
- Lack of gender-appropriate vocational and rehabilitation programmes in prison.
- Stigmatization, victimization and abandonment by their families.

The change in the composition of the prison population has highlighted the shortcomings in almost all prison systems in meeting the gender-specific needs of women prisoners. With the increase of the female prisoner population worldwide, the necessity to bring more clarity to particular considerations which should apply to the treatment of female prisoners and ways in which they should be addressed in prison has acquired particular importance and urgency.

The Bangkok Rules were adopted by the General Assembly on 21 December 2010 by consensus of all Member States. They are based on a recognition of the need to provide global standards with regard to the treatment of women offenders and prisoners, and take into account a number of relevant resolutions adopted by different United Nations bodies, which called upon Member States to respond appropriately to the needs of women offenders and prisoners.

The Bangkok Rules do not replace, but rather complement, as appropriate, the Mandela Rules and the United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules) in connection with the treatment of women prisoners and alternatives to imprisonment for women offenders. Therefore, all relevant provisions in those two set of rules continue to apply to all prisoners and offenders without discrimination. While some of the rules contained in the Bangkok Rules bring further clarity to existing provisions in the Standard Minimum Rules for the Treatment of Prisoners and the Tokyo Rules in their application to women prisoners and offenders, others cover new areas.

Some regional instruments also contain detailed standards and norms relating to women prisoners. They include the Principles and Best Practices on the Protection of Persons Deprived of Liberty in the Americas, approved by the Inter-American Commission on Human Rights in 2008, and the updated European Prison Rules, adopted by the Committee of Ministers of the Council of Europe in 2006.

The Bangkok Rules build on the general principle of non-discrimination (Rule 1) and provide guidance on the admission, registration and allocation of women prisoners (Rules 2–4), their hygiene and health care (Rules 5–18), safety and security (Rules 19–25) and contact with the outside world (Rules 26–28). A number of provisions deal with the classification, prison regime, social relations and aftercare for women prisoners (Rules 40–47). Specific attention is dedicated to pregnant women, breastfeeding mothers and mothers with children in prison (Rules 48–52)

and to special categories of women prisoners, including juvenile female prisoners (Rules 36–39), foreign nationals (Rule 53), minorities and indigenous peoples (Rules 54–55) and prisoners under arrest or awaiting trial (Rule 56). The Rules also provide guidance on non-custodial measures for women offenders (Rules 57–66). In addition, they set out standards for institutional personnel and training (Rules 29–35), as well as efforts that should be made in terms of research, planning, evaluation and public awareness-raising (Rules 67–70).

This training curriculum, together with the UNODC Handbook on Women and Imprisonment, aims to assist legislators, policymakers, prison managers, staff and non-governmental organizations to acquire knowledge and skills to address the gender-specific needs of women prisoners and to explore and utilize ways to reduce their unnecessary imprisonment, in line with the provisions of the Bangkok Rules.

III.

Curriculum outline

Each individual curriculum module in this chapter contains an overall learning objective, a summary of the content, reference to tools such as the UNODC Handbook on Women and Imprisonment that can be used to prepare and conduct the training, as well as at least one suggested learning activity or exercise.

The suggested participant activities can also be found in annexes I and II, formatted for individual copying and distribution in class.

Facilitators are strongly encouraged to find ways in each module to encourage and support interactive learning. This can include such strategies as posing questions to individuals or the larger group, asking participants to relate their personal experience to the content immediately under discussion, creating new activities or role plays, or having participants take turns explaining key concepts found in the Handbook.

It is strongly suggested that any case study used be modified in advance by the facilitator to ensure that it is locally and culturally appropriate and uses names found commonly in the country or region. Case studies should not be based on real examples in a way that may tend to identify specific persons or embarrass any person or government involved.

A suggested activity for the beginning or conclusion of the training (or each module) is to design a brief quiz, appropriate to the level of the participants, which tests their recall and understanding of the subject material, their ability to understand key concepts and definitions, and their ability to apply their learning to an example case. Such a quiz (see also annex II) can be conducted as an individual open-book activity and then debriefed as a group activity. In this way, participants are obliged to find the answers in the larger Handbook and to review additional information, while at the same time becoming better acquainted with the Handbook. It is at the facilitator's discretion if such a quiz is for review or actual testing purposes.

Module 1. Identifying the needs of women prisoners and addressing discrimination

Learning objectives. At the completion of this module, the participants will be able to:

- Understand the definition of key concepts (including non-discrimination, gender, gender equality) and how they relate to women prisoners.
- Identify the specific needs of women prisoners and the issues they commonly face.
- Review practices that participants encounter in their work to see if they are in fact discriminatory toward women.
- Identify possible ways of addressing discrimination against women prisoners and offenders within their area of responsibility.

Content. This module provides an overview of relevant provisions of international conventions, norms and standards relating to the elimination of discrimination against women and to women prisoners and offenders. It identifies the needs and rights of women prisoners and the actions that can be taken by criminal justice officials, policy-makers and other stakeholders in order to fulfil the obligations and commitments of States. The following key points could be conveyed:

(a) The principle of non-discrimination (on the basis of sex/gender) does not prohibit efforts to meet the specific needs of women prisoners. On the contrary, providing for their specific needs ensures that they are not discriminated against. This requires affirmative action by prison managers and staff to ensure that women prisoners have equal access to all services that their male counterparts already enjoy and to ensure that their gender-specific needs are met.

(b) The concept of “gender” is generally understood as a socio-cultural category, as opposed to the biological concept of “sex”. Gender refers to social attributes and opportunities associated with being male and female, including socially constructed roles and relationships, personality traits, attitudes, behaviours, values, relative power and influence. Gender equality refers to the equal rights, responsibilities and opportunities of women and men, and implies that the interests, needs and priorities of both women and men are taken into consideration.

(c) Gender-sensitive prison management starts from the allocation and admission of a woman (and her children) to prison, comprises all aspects of her imprisonment, and extends to arrangements for release and post-release support. It is based on an understanding of who women prisoners are and why they have specific needs (see section II above on the specific needs of women prisoners).

(Reference tools: UNODC Handbook, chapter 2.1 and introductory part of chapter 3; PRI/TIJ Guidance Document, chapter 2.)

SUGGESTED MODULE ACTIVITIES

Large group discussion. Ask participants to identify specific circumstances and needs of women prisoners that are different from their male counterparts. Collect ideas on a flip chart.

Ask the group to read Mandela Rule 2 (former rule 6) and to identify other international (and national) instruments with similar provisions on non-discrimination. How does this principle relate to the other Rules? How can special measures for women be justified under this principle? Ask the group to consider Bangkok Rule 1 (and relevant articles of the United Nations Convention on the Elimination of all Forms of Discrimination Against Women).

Small group activity. Ask the participants to split into smaller groups, each of which is assigned one or more grounds of discrimination mentioned in Bangkok Rule 1. Ask them to identify how women and girls in prison are discriminated against on this particular basis (focusing on the different treatment or conditions that they face as opposed to men or boys). Give each group some time to explain how the particular ground for discrimination would affect women or girls in prison.

Give each group some time to identify concrete actions that could be taken (by them/by other stakeholders) to avoid the forms of discrimination they have identified. Ask one volunteer per group to present the results.

Large group discussion. Review the initial ideas about specific needs of women prisoners together with the group. Add additional needs and challenges to the list on the flip chart. Leave them up for the period of training for easy reference later on.

Module 2. Admission, registration and allocation

Learning objectives. At the completion of this module, the participants will be able to:

- Understand the requirements of the Mandela Rules with respect to the admission of all prisoners.
- Understand the particular vulnerabilities of women at the time of admission, and the requirements of the Bangkok Rules with respect to women and their children.
- Consider possible implementation implications at their respective institutions.

Content. This module identifies and discusses the key elements and rationale of the provisions of international conventions, norms and standards relating to the admission, registration and allocation of women prisoners and, where applicable, their children. The following key points could be conveyed:

(a) Accurate records of every admission and discharge from a prison serve to create accountability and to ensure that no person is held illegally, that persons do not “disappear” into prisons, and constitute a basis for ensuring sufficient budget allocations for the number of persons housed.

(b) Prison staff must consider the vulnerabilities of newly arrived women prisoners, treat them with special sensitivity and provide them with the necessary information and facilities.

(c) The admission process must include opportunities for women to make care-taking arrangements for their children. Different possibilities include a suspension of the sentence for an appropriate period, home leave granted by the prison authorities, or action taken by relevant institutions on behalf of the prisoner.

(d) Information on children of women prisoners should be included in the register. Such information should be kept confidential but is needed to ensure that all those who are admitted to prison are accounted for and to facilitate contact between mothers in prison and their children outside.

(e) Women prisoners should be allocated, to the extent possible, in prisons close to their home communities, because this enables access to rehabilitative programmes and support by families and communities and helps maintain the family links that are crucial for social rehabilitation. However, the preference of women needs to be taken seriously: women who have experienced domestic violence may not wish to be close to where their abusers live.

(*Reference tools: UNODC Handbook, chapter 2.3 and 2.4; PRI/TIJ Guidance Document, chapter 3.*)

SUGGESTED MODULE ACTIVITIES

Group activity/case study. Break the training group into two equal sized groups. Group 1 is to consider the admission of a male prisoner. He is 45 years old. The offence is robbery. He has received a sentence of seven years. Group 2 is to consider the admission of a female prisoner. She is 29 years of age and has four children. All the children were living with her before she went to prison.

Request each group to make a list of documents or other items to be provided to the prisoner and to design a series of questions that they would ask the prisoner in order to obtain all relevant information from him/her. Give the groups some time and ask each group to present the results.

Role play. If there is more time, the activity can be conducted as a role play, in which each group identifies both a prisoner and an official to conduct the initial interview with the prisoner who has just arrived.

To summarize, collect one remark from each participant. What are the core differences that were seen in the questions and/or the role-play? Were there areas that were required by the standards, but not properly explored by the groups?

Case study. Break the training group into different groups. Assign one of the cases below to each of the groups and ask them to consider the following questions:

- (a) What are the main points to consider for the woman being admitted?
- (b) How will this inform her sentence plan and structure?
- (c) What are her health-care and hygiene needs now and into the future of her sentence?
- (d) What are the specific issues and considerations necessary for her safety and security and those that she poses to the safety and security of the institution? For example how will she be restrained if necessary during movement or outside health-care visits?
- (e) Will she require strip searches after a physician visit and if so why?
- (f) How does her personal situation influence the social relations during custody and her releasing plans to the community?
- (g) What special training might staff require to work with her efficiently and safely?

Case 1. A young woman aged 18 has been charged with theft. She is likely to be sentenced to over one year as this is not her first offence. She is seven months pregnant. She has been living on the streets at times and has no family connections. She is virtually illiterate and dropped out of school at the age of 10.

Case 2. An elderly woman has been sentenced to three years and is known to have a mental illness although details are not available at the time. She has an extensive history with authorities and is known to be non-compliant with her prescribed medications.

Case 3. A 32-year-old woman has been sentenced for trafficking. She is drug dependent and has been involved in gang life and the drug-using culture for over a decade. She has little education and has never held a job.

Case 4. A woman in her mid-forties has been sentenced for defrauding her employer of a large sum of money. She has an extensive family that rely on her financially and emotionally for support. She is highly educated.

Module 3. Hygiene and health care

Learning objectives. At the completion of this module, the participants will be able to:

- Understand the general requirements with respect to hygiene, medical examinations and health care, and the importance of the specific requirements in relation to women prisoners.
- Consider possible implementation implications at their respective institutions.

Content. This module identifies and discusses the key elements and rationale of the provisions of international conventions, norms and standards relating to the hygiene and health care of women prisoners and, where applicable, their children. Particular issues to be covered include a healthy prison environment, medical screening on entry, gender-specific health care, mental health and care, HIV prevention, treatment and care, substance dependence treatment, suicide and self-harm prevention, preventive health-care services and hygiene. The following key points could be conveyed:

(a) Health and personal hygiene are among the most important issues in any prison environment. Many of the international standards on this issue represent the absolute minimum level of services (e.g. providing prisoners with water) that must be available to any prisoner at all times. This includes meeting the hygiene needs associated with menstruation and menopause, as well as the health and hygiene needs of women who are pregnant or breastfeeding.

(b) Mental health is crucial, because many people end up in prison because of mental health issues and many others develop mental health issues during incarceration. The mental health-care needs of women prisoners are likely to become more acute in prison settings, due to separation from children, families, friends and communities (female prisoners, being few in numbers, are often allocated in prisons far from their homes and have less visitors than male prisoners), or due to solitary confinement, searches or supervision by male guards, or a climate of violence and abuse in some prisons.

(c) Women have less access to health-care services in prisons than men. Women have gender-specific health-care needs that go beyond pregnancy, pre- and post-natal care and also include reproductive and sexual health care or preventive screening for breast or cervical cancer. Different physical and mental health-care needs stem from violence experienced, sexually transmitted diseases, unsafe sexual practices or substance use. Women should be examined or treated by a woman physician or nurse upon request.

(d) Communicable diseases and their impact on women prisoners deserve special attention, given the high number of women in prisons with a sexually transmitted infection. Women have a particular physical vulnerability to HIV and face a particularly high risk of contracting tuberculosis due to the higher prevalence of multiple-risk factors (including lower socio-economic status, higher HIV prevalence, together with overcrowding, poor ventilation, poor light and poor hygiene). Antiretroviral therapy is often not available in prison to prevent mother-to-child transmission and children born in prison to HIV-positive mothers need particular care and attention.

(Reference tools: UNODC Handbook, chapter 2.8; UNODC/UNAIDS, Women and HIV in Prison Settings⁷; PRI/TIJ Guidance Document, chapter 4.)

SUGGESTED MODULE ACTIVITY

Small group activity. Ask the participants to split into smaller groups. Assign each group different sets of relevant standards (e.g. those listed in each of the first 9 sections of chapter 2.8 in the UNODC Handbook).

Give the groups some time to identify the specific issues, needs and vulnerabilities of women prisoners with regard to hygiene and health care. Ask them to identify concrete measures in response to these issues, needs and vulnerabilities that could be implemented in their institutions, guided by the assigned standards. What obstacles exist, and what would be needed to overcome these obstacles? Invite them to use a flip chart.

Ask each group to make a short presentation on their findings. To summarize, collect one remark from each participant. What stands out for you from what you have heard in this module?

Large group discussion. Use annex IV to guide an in-depth discussion of mental health and related challenges for women prisoners and explore concrete measures that participants could take in their work to address these issues. Focus on mental illnesses and self-harm, their symptoms and early warning signs and on strategies and measures to prevent and address them. This discussion could take place in smaller groups if more than one facilitator is available.

Case study. Break the training group into different groups. Assign the case below to each of the groups and ask them to consider the following questions. At the end, ask each of the groups to present their answers to the whole training group.

- (a) What could explain the sudden mood swings?
- (b) What could explain her relation to the guards?
- (c) What could be the reasons for harming herself?
- (d) Are prisoners who harm themselves at greater risk for suicide?

⁷ Available in English and Russian at <https://www.unodc.org/balticstates/en/publications/prison-settings.html>.

- (e) How would you respond to this particular incident, would you follow the suggestion of the nurse? Please explain why or why not.
- (f) What could be done to prevent and address similar incidents in the future?

Case. A nineteen-year-old woman is in custody after attacking her husband with scissors. Her one-year-old child has been in foster care since her arrest. She has not seen the child in more than six months. While in custody, her behaviour has been erratic: one day she is full of life and very cooperative, even to the point where her attempts to befriend the guards become uneasy. Other days she is withdrawn and hostile. Recently, she has been sleeping and eating badly, and has all but stopped communicating with others. She has been looking very unhappy indeed. No one knows what triggers the mood swings. One evening, the guard finds her alone in her cell: she has cut both arms superficially with a knife, and is bleeding. While treating the wounds, a nurse finds evidence of earlier cuts on the upper arms and on the belly. When the nurse has finished treating the wounds, she suggests segregating the young woman for the rest of the night, so she can not attempt suicide again. The guards are annoyed with her, and consider the crisis another example of how this prisoner asks for their attention.

Module 4. Safety and security

Learning objectives. At the completion of this module, the participants will be able to:

- Understand that safety and security are preconditions to meeting other relevant standards and norms, and require respect for human rights.
- Recognize the implications of the power and authority of prison officers, how the dynamics of power between prison officers and prisoner are different for women, as well as the responsibility to manage that power and authority appropriately in all situations.
- Understand the particular vulnerabilities women face, especially in connection with sexual abuse in prison, disciplinary measures, searches and restraints, and to identify ways to prevent and address these issues in line with international standards and norms.
- Consider possible implementation implications at their respective institutions.

Content. This module identifies and discusses the key elements and rationale of the provisions of international conventions, norms and standards relating to the safety and security of women prisoners and, where applicable, their children. Particular issues to be covered include separation and supervision of women, prisoner complaints, searches, body restraints and disciplinary segregation. The following key points could be conveyed:

(a) Safety and security for all persons in the prison is a cornerstone of an effective and humane prison regime. External security (preventing escapes) and internal safety (preventing disorder) are best ensured by building positive relationships between prisoners and staff (concept of “dynamic security”).

(b) The separation of women from men in prison and the requirement that female staff supervise women prisoners serves to prevent and protect them from violence,

abuse and harassment. In particular, male staff members should never be involved in the personal searches of women prisoners.

(c) Strip searches and intimate body searches cause humiliation and distress and should therefore be replaced by alternative methods. Children should never be subjected to invasive body searches. All searches should be undertaken by properly trained personnel in accordance with pre-established procedures.

(d) Disciplinary segregation or instruments of restraint are measures of last resort and should only be used for the shortest period of time. Pregnant women, women with infants and breastfeeding mothers in prison enjoy specific protection against the use of restraints, solitary confinement or segregation.

(e) Measures to prevent and address violence against women prisoners, whether by other inmates or prison staff, include immediate protection, support and counselling, physical and mental health care, support and legal aid, as well as an independent investigation.

(Reference tools: UNODC Handbook, chapter 2.6; PRI/TIJ Guidance Document, chapter 5.)

SUGGESTED MODULE ACTIVITIES

Large group discussion. Ask participants to discuss the difference between safety and security for women, compared to men. How does their situation differ in the context of a prison?

Role play. Use the following exercise to emphasize the point that prison staff are always in a position of authority and power and that this is not in any way diminished by the manner in which they speak to prisoners:

Get a volunteer from the crowd. Ask the volunteer to just obey instructions they are given. Explain that there will be three scenarios, in each of which the volunteer plays a prisoner and you play a prison staff member.

Scenario A: Greet the prisoner politely. Give the prisoner a pen. Ask the prisoner politely to place it on the table beside them. Thank them for doing so.

Scenario B: Greet the prisoner stiffly. Give the prisoner a pen. Order the prisoner in a stern manner to place the pen on the table beside them. Direct the prisoner to return to their cell.

Scenario C: In a loud and angry voice, order the inmate to stand before you. Keeping the voice loud, order the inmate to place the pen on the table. Order them to do it NOW!!!! Order them to return to their cell.

Ask the rest of the participants the following question: "In which scenario did I begin to use power?" Get the participants to vote. The correct answer is the first scenario, because all relationships between staff and prisoners are based on power.

Small group activity. Ask the participants to split into smaller groups. Explain that their task is to develop a policy on body searches for a women's prison, based on the relevant international standards and norms. Ask them to focus on when body searches should be carried out, how and by whom decisions are taken to carry out body searches, who is allowed to do so, guidelines on how they are carried out and other relevant aspects.

Small group activity. Ask the participants to split into small groups. Assign each group a set of relevant standards (e.g. those listed in each of the five sections of chapter 6 in the UNODC Handbook). Explain that their task is to conduct an audit of an imaginary institution in their country, to assess whether the assigned standard(s) have been met. The following three criteria should guide the audit: (a) the institution must have a policy/procedure; (b) there must be some training on the subject; and (c) there must be some evidence that the procedure is actually being followed.

Give the groups some time to develop five questions (maximum) that they will ask to determine if the assigned standard(s) has been met in an imaginary institution in their country. If there is little time, ask a volunteer from each of the groups to present how they would determine if the standard is actually met and what would be the evidence to look for.

If there is more time, ask each group to interview a person from that imaginary institution (this role is critical, must be played by a person who is knowledgeable about the standard content; a co-facilitator is best). After some time, ask each group if the standard has been met, based on the responses received. First ask the questioners; then the audience; have a vote, make it interactive and engage the group as much as possible.

Module 5. Contact with the outside world

Learning objectives. At the completion of this module, the participants will be able to:

- Understand the benefits of continuing contact between the prisoner and the outside world and to recognize the specific need of women to maintain contact with their families, particularly with children.
- Understand that visits of family and friends is a right and not a privilege, and that contact with the outside world is closely linked to the duty of care that prison officials have towards prisoners.
- Understand why women disproportionately receive far fewer visits and have less contact with their families and friends.
- Consider possible implementation implications at their respective institutions.

Content. This module identifies and discusses the key elements and rationale of the provisions of international norms and standards relating to contact of women prisoners with the outside world. It considers concrete ways of maintaining family links, improving conditions during prison visits and contacts with the community. The following key points could be conveyed:

(a) Contact with the outside world means more than just visiting with family and friends. Relevant standards require visiting programmes, and the facilitation of other means of communication, which nowadays include cell phones, television and the Internet. It also includes visits from legal representatives.

(b) Women prisoners have a strong need for regular contact with their families, especially their children, which is crucial for their mental wellbeing and successful social reintegration, and therefore restrictions on family contact is prohibited as a disciplinary measure.

(c) Family members should not automatically be allowed to visit without consultation with the prisoner concerned, because many women experience domestic violence prior to their imprisonment.

(Reference tools: UNODC Handbook, chapter 2.10; PRI/TIJ Guidance Document, chapter 6.)

SUGGESTED MODULE ACTIVITIES

Small group activity. Ask the participants to split into smaller groups. Give each group some time to identify the specific issues, needs and vulnerabilities of women prisoners with regard to contact with the outside world. What are the measures envisaged in the Bangkok Rules and Mandela Rules to address these issues, needs and vulnerabilities? Invite them to use a flip chart. Ask each group to make a short presentation on their findings.

Small group activity. Ask the groups to discuss the recommendations and good practices identified in chapter 2.10 of the UNODC Handbook. Give them some time to make a list of concrete measures that could be implemented in their institutions, the obstacles that exist, and what would be needed to overcome these obstacles. Ask one volunteer per group to present the results.

Module 6. Prisoner rehabilitation

Learning objectives. At the completion of this module, the participants will be able to:

- Understand the requirement to treat prisoners as individuals, with differing levels of risk and differing needs, and to understand the connection with programmes of work, education and support before and after release.
- Conduct gender-sensitive risk assessments.
- Understand the role that civil society and other stakeholders can play to assist social reintegration.
- Consider possible implementation implications at their respective institutions.

Content. This module identifies and discusses the key elements and rationale of the provisions of international conventions, norms and standards relating to the assessment and classification of women prisoners, activities and programmes in prison, and preparation for their release and post-release support. The following key points could be conveyed:

(a) Proper assessment, classification, individual planning, monitoring, and documentation of behaviour, as well as work, education, recreation and other activities are required to encourage the rehabilitation of prisoners.

(b) Classification instruments and criteria need to be adapted to women, to obtain essential information about any experiences of violence, mental disability, substance abuse or parental responsibilities. As women prisoners suffer disproportionately from mental health issues, it is important to avoid misclassifying them as high risk and applying high security levels that exacerbate mental health issues.

(c) Women rarely are high-risk prisoners and experience more victimization prior to imprisonment and are therefore in greater need of support programmes. Programmes for women prisoners should not perpetuate negative gender stereotypes but should be of sufficient quality and variety and should provide the required skills to get jobs after release or to financially support families from prison.

(d) Specific programmes are required for pregnant women, nursing mothers and women with small children, and for women who have been victims of abuse and violence and are in need of psychosocial support.

(Reference tools: UNODC Handbook, chapters 2.5 and 2.7; PRI/TIJ Guidance Document, chapter 7.)

SUGGESTED MODULE ACTIVITIES

Small group activity. Ask the participants to split into smaller groups. Assign each group a set of relevant standards.

Give the groups some time to identify the specific issues, needs and vulnerabilities of women prisoners with regard to prisoner rehabilitation. Ask them to identify concrete measures in response to these issues, needs and vulnerabilities that could be implemented in their institutions, guided by the assigned standards. What obstacles exist, and what would be needed to overcome these obstacles? Invite them to use a flip chart.

Ask each group to make a short presentation on their findings. To summarize, collect one remark from each participant. What stands out for you from what you have heard in this module?

Case study. Break the training group into two groups. Assign one of the cases below to each of the groups and ask them to consider the following questions:

- (a) What are the obstacles for the rehabilitation of women prisoners in this case?
- (b) Which measures could be taken to overcome these obstacles?
- (c) Who are the actors that could play a role in overcoming obstacles to rehabilitation?
- (d) Do you encounter similar issues or additional challenges at your own institution?

Case 1. A prison currently accommodates 1,000 inmates, 45 of them women. The female inmates are housed in a separate annex of the prison. Regular programmes for vocational training and education are offered in the main building, which includes a small gym. While there is too little space to hold these programmes in the women's annex, female prisoners are able to carry out work that is deemed most suitable for women. Some prepare food for the inmates while others are assigned to cleaning duties.

Case 2. A women's prison currently accommodates 200 inmates. Some of them have mental health issues and are held in separate cells with higher security because prison guards fear that they may become violent. Not many teachers are willing to work in prisons, but the institution manages to offer a basic education course every now and then. A number of women who had been released on parole recently returned to prison for having committed property offences. One of them complained that it was impossible to find a job outside.

Module 7. Pregnant women and women with children in prison

Learning objectives. At the completion of this module, the participants will be able to:

- Understand the specific needs of pregnant women prisoners, mothers and dependent children in prison, and the requirements established by the Bangkok Rules;
- Consider possible implementation implications at their respective institutions.

Content. This module identifies and discusses the key elements and rationale of the provisions of international conventions, norms and standards relating to the treatment of pregnant women, nursing mothers and women with children in prison. The following key points could be conveyed:

(a) When imprisonment of mothers and their children cannot be avoided, the State takes on the responsibility to provide them with adequate care. The standard of pre- and post-natal care should be equivalent to that available outside the prison.

(b) Pregnant women, nursing mothers and women with children in prison have specific needs in terms of health care, nutrition or parenting skills, which require prison authorities to be flexible and adopt specific responses.

(c) Decisions to allow children to stay with their mothers in prison and decisions as to when a child is to be separated from its mother should be in the best interests of the child. Children living in prison must never be treated as prisoners, but should in principle be free to leave the prison. The environment for their upbringing should be as close as possible to that of children outside prison.

(*Reference tools:* UNODC Handbook, chapter 2.12; UNODC/UNAIDS, Women and HIV in Prison Settings; PRI/TIJ Guidance Document, chapter 8.)

SUGGESTED MODULE ACTIVITIES

Small group activity/role play. Ask the participants to split into smaller groups. Their task is to prepare a proposal to a decision maker arguing for the establishment of a nursery in their institution. Ask them to consider the good practice examples on nurseries identified in chapter 2.12 of the UNODC Handbook. Ask one volunteer per group to present the results. If there is more time, the activity can be conducted as a role play.

Small group activity. Assign each group a number of relevant standards. Give the groups some time to identify the specific issues, needs and vulnerabilities of pregnant women and women with children in prison. Ask them to identify concrete measures in response to these issues, needs and vulnerabilities that could be implemented in their institutions, guided by the assigned standards. What obstacles exist, and what would be needed to overcome these obstacles? Ask a volunteer from each group to make a short presentation on their findings.

Case study. Break the training group into two groups. Assign one of the cases below to each of the groups and ask them to consider the following questions:

- (a) Which measures could be taken to improve the situation?
- (b) Who are the actors that could play a role?
- (c) Do you encounter similar issues or additional challenges at your own institution?

Case 1. In a women's prison, children under two years are allowed to stay with their mothers in prison. For women prisoners with children over five months, it is obligatory to work for eight hours while their children stay in a nursery. There have been several instances when mothers have refused to leave their children. This has led to tensions between inmates and prison staff and some women have become extremely distressed.

Case 2. In a women's prison, children under two years are allowed to stay with their mothers in prison. Once they reach that age, children are placed in the care of the father or admitted by the closest orphanage, which is located in another city far from the jail. The women prisoners with the oldest children are becoming increasingly distressed, as they fear that they will not see their children again until after they have served their sentence.

Small group activity. Ask the participants to split into smaller groups. Explain that their task is to develop procedures for the prison authority of a women's prison concerning the separation of children living with their mothers in prison, based on the relevant international standards and norms. Ask them to focus on who should be involved in making such decisions, what considerations should be taken into account in deciding what the best interests of the child are, how the separation should be carried out and other relevant aspects.

Module 8. Special categories of women prisoners

Learning objectives. At the completion of this module, the participants will be able to:

- Understand how detention and imprisonment affect special categories of women, and the requirements established by the Bangkok Rules.
- Consider possible implementation implications at their respective institutions.

Content. This module identifies and discusses the key elements and rationale of the provisions of international conventions, norms and standards relating to the treatment of women in pretrial detention, girls in prison and foreign, minority or indigenous women. The following key points could be conveyed:

(a) Separation of pretrial detainees from convicted prisoners is required to guarantee their safety and increased access to their family and children compared to convicted prisoners. There are special requirements to guarantee protection and safety, health care and legal aid for women in pretrial detention because they face a particular risk of sexual abuse or coercion and are often illiterate, less aware of their rights than men or have psychosocial disabilities.

(b) Girl prisoners should be separated from adults and from boys and be supervised only by female staff. They need equal access to educational and vocational

training, as well as to counselling for sexual abuse and other gender-specific and age-appropriate programmes and services such as women's health care.

(c) Foreign women prisoners and their children face additional difficulties, including language barriers, the distance to their families, a lack of understanding of the legal system and access to a lawyer, or higher risks of sexual abuse and violence. Prison authorities should facilitate communication with their lawyers, consular representatives and families, and the transfer to their home countries where appropriate.

(d) Minority or indigenous women prisoners have distinctive needs and face multiple forms of discrimination. Prison authorities should provide gender- and culture-relevant programmes and services that are comprehensive and address these needs. Consultation with women prisoners concerned and relevant community groups is crucial.

(Reference tools: UNODC Handbook, chapter 2.13; PRI/TIJ Guidance Document, chapter 9.)

SUGGESTED MODULE ACTIVITY

Small group activity/role play. Ask the participants to split into 5 groups. Groups 1 to 4 will assume the role of women prisoners and group 5 the role of the prison administration in a fictitious jurisdiction. Assign the roles of the specific categories to the groups and ask each group to consider the relevant international standards and norms (e.g. those listed in chapter 2.13 in the UNODC Handbook: (a) pretrial detainees; (b) girl prisoners; (c) foreign nationals; (d) minorities and indigenous peoples).

Explain that they have been unhappy and have requested a meeting with the prison administration. Much to their surprise, the meeting has been granted. Allow the groups 20 minutes to prepare a presentation to the prison administration group arguing for recognition of their rights as defined in the Mandela Rules and the Bangkok Rules.

In the meantime, the prison administration group must review all of the applicable standards, and try to anticipate what the demands will be, and what measures they might consider in response to those demands. They must consider the following parameters: (a) they do not have money to spend; (b) they have only the power to decide what will occur in the institution; (c) they do not need to seek authority from someone more senior; (d) they are fully responsible for safety and all other matters in the operation of the institution; (e) they will be fired if there are serious problems, either because of the disturbance caused by these unhappy prisoners, or because of measures they implement to keep the prisoners happy, if things go wrong; (f) they must provide their response to the group, including the logic behind their decision.

The groups must base their arguments on the rules that are applicable, but may also integrate into their arguments other standards in either the Mandela Rules or the Bangkok Rules. They are not permitted to use local law/policy/procedure or rules to reinforce their argument since they are in a fictitious jurisdiction.

Give groups 1-4 time to make their presentations.

Give the prison administration group some time to consider the arguments and to respond in detail as to how they will or will not implement the requested changes.

Case study. Break the training group into two groups. Assign the cases below to each of the groups and ask them to consider the following questions. At the end, ask each of the groups to present their answers to the whole training group.

- (a) What are the distinctive needs of the woman prisoner and how do they differ from other women prisoners?
- (b) What elements should the prison authorities consider?
- (c) How can the prison authorities ensure that the actions to be taken and services to be delivered are culturally relevant?

Case 1. An indigenous woman is serving a sentence in a women's prison. There are indications that she has a history of drug dependence and sexual abuse. She mainly speaks her indigenous mother tongue but also understands some of the language used by the authorities. Her family is residing in a remote village far from the prison. Indigenous organizations and leaders are active all over the country to promote awareness and human rights. The prison authorities have to prepare a comprehensive rehabilitation plan that addresses her needs.

Case 2. A foreign woman is admitted to a women's prison. She does not speak the language used by the authorities. Her children are residing in her home country, together with the rest of her family. The prison authorities have to decide what action to take in line with international standards and norms.

Module 9. Preparation for release and post-release support

Learning objectives. At the completion of this module, the participants will be able to:

- Understand the focus of international standards on preparing prisoners for release and reintegration, and the specific requirements for women prisoners.
- Understand the importance and benefits of cooperation with other government agencies and civil society organizations.
- Consider possible implementation implications at their respective institutions.

Content. This module identifies and discusses the key elements and rationale of the Mandela Rules and Bangkok Rules relating to the preparation for release of women prisoners and post-release support. The following key points could be conveyed:

(a) The preparation for release begins at the start of the prison sentence and continued assistance is required after release. Prison authorities have a responsibility to return prisoners to the community prepared and able to live as law-abiding citizens, with education and skills that enable employment, with family relationships in good shape, and with initial support in the areas of clothing, food, spending money, identification documents and other items that are required immediately after release.

(b) As women prisoners often face stigma—much more than the male prison population—and lose contact with their families, measures such as home leave, open prisons or halfway houses, and family visits in prison help ensure their well-being

and facilitate social reintegration. However, proper consultation is crucial to prevent women who have experienced domestic or family violence from being visited and further intimidated by their abusers.

(c) After release, women are likely to suffer particular discrimination and need particular support in terms of housing, reunification with their families, employment and health. Prison authorities should cooperate with probation services, social welfare departments and NGOs to design and implement comprehensive pre- and post-release reintegration programmes for women.

(Reference tools: UNODC Handbook, chapter 2.11; PRI/TIJ Guidance Document, chapter 7.)

SUGGESTED MODULE ACTIVITIES

Group activity. Ask the participants to split into 2 groups. Group 1 is to focus on male prisoners and group 2 is to focus on women prisoners.

Ask each group to create a description of the kind of prisoner that you find in the respective prisons in their country. (It is possible to shorten this exercise by having someone create such a description ahead of time). Give them some time to create a release plan for that prisoner, by making a list of his/her needs at the time of release and identifying the methods and resources that could be realistically used to address those needs after release.

Ask a volunteer from each group to record the group discussions and key points (on a flip chart) and present the results at the end of the group phase.

Module 10. Staff working with women prisoners

Learning objectives. At the completion of this module, the participants will be able to:

- Understand why staff assigned to work with women prisoners need specialized awareness and training on issues commonly faced by women prisoners.
- Understand the requirements of international standards concerning the quality, training and rights of staff working with women prisoners.
- Consider possible implementation implications at their respective institutions.

Content. This module identifies and discusses the key elements and rationale of the Mandela Rules and Bangkok Rules relating to the staff working with women prisoners. The following key points could be conveyed:

(a) The quality of selection and training of the staff is a cornerstone of a good prison administration. Further key elements include adequate compensation, a secure job status, high quality leadership, clear policies and procedures and an effective disciplinary system to prevent abuse of women prisoners and discrimination against women staff.

(b) Women staff should have equal access to training as male staff and promotional access to senior positions. Managers need to demonstrate clear and sustained commitment to prevent and address institutionalized discrimination against women staff.

(c) Staff working with women prisoners require specific training on gender-sensitivity and prohibition of discrimination and sexual harassment, the gender-specific needs and human rights of women prisoners, women's health, first aid and basic medicine, child development and health care, as well as on sexually transmitted diseases, HIV, staff protections and the detection of mental health-care needs and risk of self-harm and suicide. Health-care providers should be trained on universal precautions for infection control in health-care facilities in closed settings.

(Reference tools: UNODC Handbook, chapter 2.2; PRI/TIJ Guidance Document, chapter 10.)

SUGGESTED MODULE ACTIVITY

Small group activity/role play. Ask the participants to split into three groups. The first task of each group is to develop a series of questions that they will ask a prospective staff member seeking employment. The second task is to interview a volunteer from each group asking these questions and taking note of the answers.

Group 1 is selecting a first level correctional officer to work in a male institution. They are interviewing a male candidate.

Group 2 is selecting a first level correctional officer to work in a male institution. They are interviewing a female candidate.

Group 3 is selecting a first level correctional officer to work in a female institution. They are interviewing a female candidate.

Ask the groups to think about the workplace and the gender of the candidate. Give them some time to develop two questions for each of the following characteristics that the person should have: (a) knowledge, (b) abilities, (c) personal suitability. Give them some more time to conduct the interview.

Ask each group to provide feedback and observations to the larger group. What differences were observed, based on gender of the candidate or on the type of institution during the interview?

Module 11. Research, planning and evaluation

Learning objectives. At the completion of this module, the participants will be able to:

- Understand the importance of research, planning and evaluation as a basis for sound decisions by the prison administration and the achievement of the goals of imprisonment.
- Consider possible implementation implications at their respective institutions.

Content. This module identifies and discusses the key elements and rationale of the Bangkok Rules relating to research, planning and evaluation. The following key points could be conveyed:

(a) Research on the gender-specific circumstances and needs of women prisoners and offenders and the children of women prisoners is a key basis for policies and strategies aimed at meeting their social reintegration needs.

(b) Not only legislators and policymakers, but also prison authorities and other criminal justice officials can contribute to relevant research and data collection in their daily work, e.g. on the health-care needs of women prisoners, the impact of prison conditions and practices on their health and mental well-being or the circumstances of children whose mothers are in prison.

(c) The process of planning should include comprehensive and regular assessments of the effectiveness of services and programmes available to women offenders and their children in the community and prisons, in order to make the delivery of services more effective and equitable.

(Reference tools: UNODC Handbook, chapter 4.1; PRI/TIJ Guidance Document, chapter 11.)

SUGGESTED MODULE ACTIVITY

Small group activity. Ask the participants to split into small groups. Ask the groups to discuss the following questions: (a) How does research contribute to safer prisons? (b) How does research contribute to better programmes? (c) Why is research particularly important for women prisoners?

Give them some time to consider the areas of research identified in chapter 4.2 of the UNODC Handbook and to discuss how such research would help them in planning their own work. Ask one volunteer per group to present the results.

Module 12. Non-custodial measures

Learning objectives. At the completion of this module, the participants will be able to:

- Understand the aim and benefits of non-custodial measures, and the reasons why non-custodial measures are particularly suitable for most women offenders;
- Identify the elements that gender-sensitive non-custodial measures should entail;
- Consider possible implementation implications at their respective institutions.

Content. This module identifies and discusses the key elements and rationale of provisions of international conventions, norms and standards relating to non-custodial measures for women offenders. Particular issues to be covered include diversion from

prosecution, alternatives to pretrial detention and imprisonment, sentencing and conditional release. The following key points could be conveyed:

(a) The majority of women offenders do not pose a risk to society and their imprisonment does not help but hinders their social reintegration and adversely affects their children. Violence and associated trauma often contribute to women becoming offenders. All available options to divert women offenders from prosecution and to avoid pretrial detention should be used, combined with interventions to address the most common problems leading to women's contact with the criminal justice system.

(b) Decisions on sentences and on conditional release should take into account women's typical backgrounds, including experiences of abuse and violence, their caretaking responsibilities and social reintegration needs. Specific mitigating factors may include lack of criminal history, relative non-severity and nature of the criminal conduct.

(c) Alternative ways to manage women offenders should be implemented wherever appropriate and possible. Non-custodial measures should be preferred in cases of juvenile female offenders, pregnant women and women with dependent children. Specific measures are required for women offenders who are drug dependent, foreign nationals or victims of human trafficking.

(d) Appropriate laws and policies may need to be made or revised and adequate resources need to be made available to ensure that a full range of non-custodial measures for women offenders is available to be applied, together with interventions to address the most common problems leading to women's contact with the criminal justice system.

(Reference tools: UNODC Handbook, chapter 3; PRI/TIJ Guidance Document, chapter 1.)

SUGGESTED MODULE ACTIVITIES

Small group activity. Ask the participants to split into smaller groups. Assign each group a set of relevant standards. Give the groups some time to identify the specific issues, needs and vulnerabilities of women offenders and the most common problems leading to women's imprisonment. Ask them to identify interventions and non-custodial measures that respond to these problems, issues, needs and vulnerabilities, guided by the assigned standards. Which measures could be taken within the existing legal framework and which measures would require legislative reform? Invite them to use a flip chart.

Ask each group to make a short presentation on their findings. To summarize, collect one remark from each participant. What stands out for you from what you have heard in this module?



Annex I. Handout materials for participants

The following pages contain participant handout material that can be used to help facilitate in-class activities and discussions for each module of the curriculum.

Facilitators are urged to modify the handouts and activities as necessary to ensure they are appropriate to local issues, needs and culture. This includes inserting common locally used names of persons in the case studies. Note that it is inappropriate to base case studies on real persons, especially in a way that could lead to their identification.

Participant activity

Module 2. Admission, registration and allocation (II)

List of case studies:

Case 1. An 18-year-old young woman has been charged with theft. She is likely to be sentenced to over one year as this is not her first offence. She is seven months pregnant. She has been living on the streets at times and has no family connections. She is virtually illiterate and dropped out of school at the age of 10.

Case 2. An elderly woman has been sentenced to three years and is known to have a mental illness although details are not available at this time. She has an extensive history with the authorities and is known to be non-compliant with her prescribed medications.

Case 3. A 32-year-old-woman has been sentenced for trafficking. She has a serious drug addiction and has been involved in gang life and the drug using culture for over a decade. She has little education and has never held a job.

Case 4. A woman in her mid-forties has been sentenced for defrauding her employer of a large sum of money. She has an extensive family that rely on her financially and emotionally for support. She is highly educated.

Participant activity

Module 6. Prisoner rehabilitation (III)

List of case studies:

Case 1. A prison currently accommodates 1,000 inmates, 45 of them women. The female inmates are housed in a separate annex of the prison. Regular programmes for vocational training and education are offered in the main building, which includes a small gym. While there is too little space to hold these programmes in the women's annex, female prisoners are able to carry out work that is deemed most suitable for women. Some prepare food for the inmates while others are assigned to cleaning duties.

Case 2. A women's prison currently accommodates 200 inmates. Some of them have mental health issues and are held in separate cells with higher security because prison guards fear that they may become violent. Not many teachers are willing to work in prisons, but the institution manages to offer a basic education course every now and then. A number of women who had been released on parole recently returned to prison after committing property offences. One of them complained that it was impossible to find a job outside.

Participant activity

Module 7. Pregnant women and women with children in prison (IV)

List of case studies:

Case 1. In a women's prison, children under two years are allowed to stay with their mothers in prison. For women prisoners with children over five months, it is obligatory to work for eight hours while their children stay in a nursery. There have been several instances when mothers have refused to leave their children. This has led to tensions between inmates and prison staff and some women have become extremely distressed.

Case 2. In a women's prison, children under two years are allowed to stay with their mothers in prison. Once they reach that age, children are placed in the care of the father or admitted by the closest orphanage, which is located in another city far from the jail. The women prisoners with the oldest children are becoming increasingly distressed, as they fear that they will not see their children again until after they have served their sentence.

Participant activity

Module 8. Special categories of women prisoners (IV)

List of case studies:

Case 1. An indigenous woman is serving a sentence in a women's prison. There are indications that she has a history of drug dependence and sexual abuse. She mainly speaks her indigenous mother tongue but also understands some of the language used by the authorities. Her family is residing in a remote village far from the prison. Indigenous organizations and leaders are active all over the country to promote awareness and human rights. The prison authorities have to prepare a comprehensive rehabilitation plan that addresses her needs.

Case 2. A foreign woman is admitted to a women's prison. She does not speak the language used by the authorities. Her children are residing in her home country, together with the rest of her family. The prison authorities have to decide what action to take in line with international standards and norms.

Participant activity

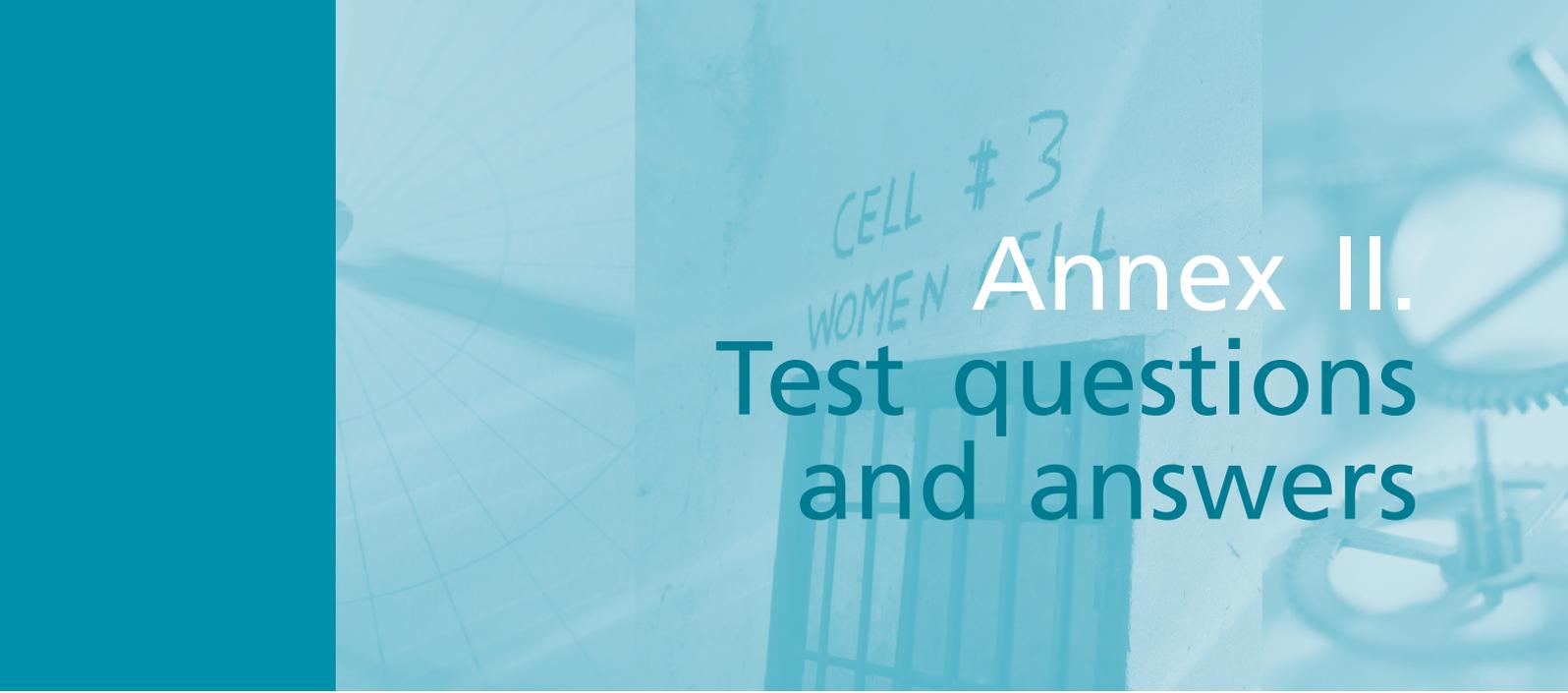
Module 10. Staff working with women prisoners (II)

Case studies for the group work:

Group 1. You are selecting a first-level correctional officer to work in a male institution. You are interviewing a male candidate.

Group 2. You are selecting a first-level correctional officer to work in a male institution. You are interviewing a female candidate.

Group 3. You are selecting a first-level correctional officer to work in a female institution. You are interviewing a female candidate.



Annex II.

Test questions and answers

- Questionnaire for module 1. Addressing discrimination against women prisoners and offenders
 - Questionnaire for module 2. Admission, registration and allocation
 - Questionnaire for module 3. Health care
 - Questionnaire for module 4. Safety and security
 - Questionnaire for module 5. Contact with the outside world
 - Questionnaire for module 6. Prisoner rehabilitation
 - Questionnaire for module 7. Pregnant women and women with children in prison
 - Questionnaire for module 8. Special categories of women prisoners
 - Questionnaire for module 9. Preparation for release and post-release support
 - Questionnaire for module 10. Staff working with women prisoners
 - Questionnaire for module 11. Research, planning and evaluation
 - Questionnaire for module 12. Non-custodial measures
- Answer key to the test questions

Questionnaire for module 1.**Addressing discrimination against women prisoners and offenders**

	<i>True</i>	<i>False</i>
1. The Mandela Rules specifically prohibits discrimination based on gender.	<input type="checkbox"/>	<input type="checkbox"/>
2. It is discriminatory have special admission procedures for women.	<input type="checkbox"/>	<input type="checkbox"/>
3. Special treatment for women discriminates against men.	<input type="checkbox"/>	<input type="checkbox"/>
4. The provision of religious diets is not discriminatory.	<input type="checkbox"/>	<input type="checkbox"/>
5. Women are never violent and do not require high security.	<input type="checkbox"/>	<input type="checkbox"/>
5. It is discriminatory if men are not permitted to supervise women prisoners.	<input type="checkbox"/>	<input type="checkbox"/>
6. Some forms of discrimination (other than gender) will affect women and girls more than male inmates.	<input type="checkbox"/>	<input type="checkbox"/>
7. Female officers can be guilty of discrimination against female prisoners.	<input type="checkbox"/>	<input type="checkbox"/>
8. Male officers are always guilty of discriminating against female prisoners.	<input type="checkbox"/>	<input type="checkbox"/>
9. Girl prisoners require even greater protection against discrimination than adult women.	<input type="checkbox"/>	<input type="checkbox"/>

Questionnaire for module 2. Admission, registration and allocation

	<i>True</i>	<i>False</i>
1. The personal identity requirements for male and female prisoners are the same.	<input type="checkbox"/>	<input type="checkbox"/>
2. The legal requirements for male and female prisoners to be admitted to a prison are different.	<input type="checkbox"/>	<input type="checkbox"/>
3. It is not required to enter all information into the registry; it can be recorded elsewhere.	<input type="checkbox"/>	<input type="checkbox"/>
4. The identity of children must be kept confidential.	<input type="checkbox"/>	<input type="checkbox"/>
5. The time of admission and discharge must be entered into the registry.	<input type="checkbox"/>	<input type="checkbox"/>
6. If a mother refuses to provide information about her children, she must be forced to do so.	<input type="checkbox"/>	<input type="checkbox"/>
7. If a woman prisoner does not show up at the prison with her children, the institution has no responsibility toward those children.	<input type="checkbox"/>	<input type="checkbox"/>
8. All prisoners feel powerless at the time of admission; but women may feel even more powerless because society expects them to provide care to children.	<input type="checkbox"/>	<input type="checkbox"/>
9. Contact with family at the time of admission is important for all, but even more so for women.	<input type="checkbox"/>	<input type="checkbox"/>
10. All efforts should be made to enable the admitted women prisoners to arrange care for their children; even where this requires a temporary absence from the institution, with or without escort.	<input type="checkbox"/>	<input type="checkbox"/>

Questionnaire for module 3. Health care

<i>General health-care issues</i>	<i>True</i>	<i>False</i>
1. The requirement to determine the presence of sexually transmitted diseases is contained in the Mandela Rules.	<input type="checkbox"/>	<input type="checkbox"/>
2. The Bangkok Rules require all admitted women to be tested for HIV.	<input type="checkbox"/>	<input type="checkbox"/>
3. If a woman is to be examined by a male doctor, a female staff member must be present.	<input type="checkbox"/>	<input type="checkbox"/>
4. Prisoners must be examined by a medical officer as soon as possible after admission.	<input type="checkbox"/>	<input type="checkbox"/>
5. Prisoners may be placed in population dorms whilst awaiting medical examination.	<input type="checkbox"/>	<input type="checkbox"/>
6. Preventive health-care information and measures are required by the Bangkok Rules but not by the Mandela Rules.	<input type="checkbox"/>	<input type="checkbox"/>
7. Special measures, such as breast cancer screening and PAP tests are required by the Mandela Rules.	<input type="checkbox"/>	<input type="checkbox"/>
8. Children who are admitted with their mothers are also required to receive a medical examination on admission.	<input type="checkbox"/>	<input type="checkbox"/>
9. The standard of care for both prisoner and child must be at least equal to the community standard.	<input type="checkbox"/>	<input type="checkbox"/>
10. Special care, including pre and postnatal care, and child care are required by the Mandela Rules.	<input type="checkbox"/>	<input type="checkbox"/>
11. Consideration of the possibility of sexual abuse must be a part of the admission examination.	<input type="checkbox"/>	<input type="checkbox"/>
12. Admitting medical staff must pay particular attention to mental health issues when admitting women.	<input type="checkbox"/>	<input type="checkbox"/>
13. International standards require the presence of a psychiatrist at the prison.	<input type="checkbox"/>	<input type="checkbox"/>
14. Prisoners with mental disabilities can be held in a special part of the prison.	<input type="checkbox"/>	<input type="checkbox"/>
15. Prisoners with mental health conditions should be supervised by qualified health-care professionals.	<input type="checkbox"/>	<input type="checkbox"/>
16. Individualized treatment programmes for women with mental health-care needs must be made available.	<input type="checkbox"/>	<input type="checkbox"/>
17. Special programmes training women how to prevent mother-to-child transmission of HIV/AIDS are a requirement.	<input type="checkbox"/>	<input type="checkbox"/>
18. Women do not require special drug abuse prevention programmes because addiction is the same for women as it is for men.	<input type="checkbox"/>	<input type="checkbox"/>
19. Suicide prevention programmes specifically designed for women are a requirement.	<input type="checkbox"/>	<input type="checkbox"/>
20. Women are more at risk for self-harm than men in prisons.	<input type="checkbox"/>	<input type="checkbox"/>
21. Pregnant women require special programmes concerning drug abuse.	<input type="checkbox"/>	<input type="checkbox"/>
22. Culture is not a concern when it comes to health care.	<input type="checkbox"/>	<input type="checkbox"/>

Questionnaire for module 4. Safety and security

	<i>True</i>	<i>False</i>
1. Disciplinary systems are necessary to ensure that human rights are respected.	<input type="checkbox"/>	<input type="checkbox"/>
2. Institutions that respect human rights never use force against prisoners.	<input type="checkbox"/>	<input type="checkbox"/>
3. Safety and security are the same things.	<input type="checkbox"/>	<input type="checkbox"/>
3. Using instruments of restraint is sometimes necessary and not always a violation of human rights.	<input type="checkbox"/>	<input type="checkbox"/>
4. Each institution should create its own policy on when handcuffs can be used.	<input type="checkbox"/>	<input type="checkbox"/>
5. Prisoners must be given detailed written information about the rules and regulations of the prison on admission.	<input type="checkbox"/>	<input type="checkbox"/>
6. Pregnant women can be placed in disciplinary segregation for short periods of time.	<input type="checkbox"/>	<input type="checkbox"/>
7. A breastfeeding woman must be allowed to take her child with her if placed in disciplinary segregation.	<input type="checkbox"/>	<input type="checkbox"/>
8. Searching of women must be conducted by women officers only.	<input type="checkbox"/>	<input type="checkbox"/>
9. There must be a system in place to properly examine and address claims of abuse by women prisoners.	<input type="checkbox"/>	<input type="checkbox"/>
10. Those who conduct investigations into claims of abuse by women prisoners must be independent of the prison system.	<input type="checkbox"/>	<input type="checkbox"/>

Questionnaire for module 5. Contact with the outside world

	<i>True</i>	<i>False</i>
1. Prisoner complaints to persons in authority, such as judges, inspectors of prisons, and human rights bodies must be censored by the institution.	<input type="checkbox"/>	<input type="checkbox"/>
2. Visiting family and friends is a privilege, not a right.	<input type="checkbox"/>	<input type="checkbox"/>
3. Access to media, such as newspapers, television or radio is a right.	<input type="checkbox"/>	<input type="checkbox"/>
4. Prisoners have a right to worship and to access a qualified representative of their faith.	<input type="checkbox"/>	<input type="checkbox"/>
5. Prisoners have a right to refuse to worship in any faith, and to refuse the visits of religious representatives.	<input type="checkbox"/>	<input type="checkbox"/>
6. Prisoners should not be told immediately of a death in their family in the community because it will upset them.	<input type="checkbox"/>	<input type="checkbox"/>
7. Conjugal visiting is a requirement of the Mandela Rules.	<input type="checkbox"/>	<input type="checkbox"/>
8. Where conjugal visiting is permitted, women must have the same privileges as men.	<input type="checkbox"/>	<input type="checkbox"/>
9. Visiting environments should be as comfortable as possible, and conducive to a positive visiting experience.	<input type="checkbox"/>	<input type="checkbox"/>
10. Remanded prisoners have the right to inform their families immediately of their detention.	<input type="checkbox"/>	<input type="checkbox"/>
11. Remanded prisoners must have the right to confidential discussion with their legal representatives.	<input type="checkbox"/>	<input type="checkbox"/>
12. Institutions are not responsible to assist prisoners to visit with families which are far away, and in particular with the children of women prisoners.	<input type="checkbox"/>	<input type="checkbox"/>

Questionnaire for module 6. Prisoner rehabilitation

	<i>True</i>	<i>False</i>
1. The purpose of imprisonment is to teach the prisoner how to behave in the prison.	<input type="checkbox"/>	<input type="checkbox"/>
2. It is important to keep all prisoner information on one single file in the institution.	<input type="checkbox"/>	<input type="checkbox"/>
3. Classification divides inmates based on risk and need	<input type="checkbox"/>	<input type="checkbox"/>
4. Women are usually high-risk prisoners.	<input type="checkbox"/>	<input type="checkbox"/>
5. Isolation is thought to be more difficult for women than for men	<input type="checkbox"/>	<input type="checkbox"/>
6. Women prisoners have often been victimized by men before arrival at the prison.	<input type="checkbox"/>	<input type="checkbox"/>
7. Unique programmes that address gender issues are not necessary.	<input type="checkbox"/>	<input type="checkbox"/>
8. Different classifications should be mixed among all modules to balance the risk throughout the institution.	<input type="checkbox"/>	<input type="checkbox"/>
9. Individual programme plans based on a careful study of the prisoner should be developed toward the end of the prisoner's sentence.	<input type="checkbox"/>	<input type="checkbox"/>
10. Privileges do not need to be well defined, everyone knows them.	<input type="checkbox"/>	<input type="checkbox"/>
11. Education programmes are compulsory for illiterates and young prisoners.	<input type="checkbox"/>	<input type="checkbox"/>
12. Cultural and recreational programmes sensitive to the needs of all women, including those who may be prenatal, or postnatal are a requirement of the Bangkok Rules.	<input type="checkbox"/>	<input type="checkbox"/>
13. Special programmes for sexually abused women are unnecessary.	<input type="checkbox"/>	<input type="checkbox"/>
14. NGOs and others who can help with reintegration of the prisoner should be encouraged to come into the institution throughout the sentence of the prisoner.	<input type="checkbox"/>	<input type="checkbox"/>

Questionnaire for module 7. Pregnant women and women with children in prison

	<i>True</i>	<i>False</i>
1. Free baby formula milk should be provided to all new mothers and pregnant prisoners to encourage them to not breast feed.	<input type="checkbox"/>	<input type="checkbox"/>
2. A programme on health and diet should be available to pregnant women prisoners.	<input type="checkbox"/>	<input type="checkbox"/>
3. Special exercise programmes should be available for pregnant women, babies, children and breastfeeding mothers.	<input type="checkbox"/>	<input type="checkbox"/>
4. Women who have given birth but whose babies are not with them do not require special attention.	<input type="checkbox"/>	<input type="checkbox"/>
5. Decisions to allow children to stay with their mothers shall be based on the best interests of the mother and father.	<input type="checkbox"/>	<input type="checkbox"/>
6. Women with children should have as much time as possible to spend with those children.	<input type="checkbox"/>	<input type="checkbox"/>
7. Children who are in prison with their mothers are also prisoners and must be treated as such.	<input type="checkbox"/>	<input type="checkbox"/>

Questionnaire for module 8. Special categories of women prisoners

	<i>True</i>	<i>False</i>
1. Foreign nationals should serve the sentence that has been imposed before they are allowed to go home	<input type="checkbox"/>	<input type="checkbox"/>
2. Children of foreign nationals should be sent home if it is in the best interests of the child, and in consultation with the mother.	<input type="checkbox"/>	<input type="checkbox"/>
3. Minority women often face special forms of discrimination and may require special protection or support.	<input type="checkbox"/>	<input type="checkbox"/>
4. Women in pretrial detention face a greater risk of abuse than sentenced women or men.	<input type="checkbox"/>	<input type="checkbox"/>
5. There is no need to keep untried prisoners separate from regular prisoners; they usually know each other anyway.	<input type="checkbox"/>	<input type="checkbox"/>
6. Untried prisoners may wear their own clothing.	<input type="checkbox"/>	<input type="checkbox"/>
7. Untried prisoners are required to work.	<input type="checkbox"/>	<input type="checkbox"/>
8. Untried prisoners may be visited and treated by their own doctor at their own expense.	<input type="checkbox"/>	<input type="checkbox"/>
9. Untried prisoners have no special rights concerning lawyers.	<input type="checkbox"/>	<input type="checkbox"/>
10. Foreign nationals must be given the opportunity to communicate with their diplomatic or consular representatives.	<input type="checkbox"/>	<input type="checkbox"/>

Questionnaire for module 9. Preparation for release and post-release support

	<i>True</i>	<i>False</i>
1. Planning for the release of a prisoner to the community is best done at the end of the sentence.	<input type="checkbox"/>	<input type="checkbox"/>
2. The responsibility to assist the prisoner in their release to the community rests entirely with the institution.	<input type="checkbox"/>	<input type="checkbox"/>
3. Family relationships that have been well maintained during time in prison are helpful when planning for release.	<input type="checkbox"/>	<input type="checkbox"/>
4. Not all needs of the released prisoner can be met by government institutions.	<input type="checkbox"/>	<input type="checkbox"/>
5. NGOs and other parts of society can also assist with adjustment after release.	<input type="checkbox"/>	<input type="checkbox"/>
6. The institution must prepare the prisoner for release through the use of home leave, halfway houses, and other programmes designed to assist with the transition to community living.	<input type="checkbox"/>	<input type="checkbox"/>
7. Women have some different needs from men when they are released from prison.	<input type="checkbox"/>	<input type="checkbox"/>
8. The duty of the prison ends when the prisoner walks out the front door.	<input type="checkbox"/>	<input type="checkbox"/>
9. The population of open prisons should be very large.	<input type="checkbox"/>	<input type="checkbox"/>
10. A reasonable size for prisons is 2,000 inmates.	<input type="checkbox"/>	<input type="checkbox"/>

Questionnaire for module 10. Staff working with women prisoners

	<i>True</i>	<i>False</i>
1. Strength, fitness and agility are the most important characteristics of a prison officer.	<input type="checkbox"/>	<input type="checkbox"/>
2. There must be managerial programmes to prevent and address gender-based discrimination of women staff by women or men.	<input type="checkbox"/>	<input type="checkbox"/>
3. Women staff do not need equal access to training about gender sensitivity.	<input type="checkbox"/>	<input type="checkbox"/>
4. Male officers may enter a women's prison or area alone from time to time to maintain order and discipline.	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff must receive training before taking up duties at a prison.	<input type="checkbox"/>	<input type="checkbox"/>
6. It is not important for women to be in senior positions as long as there are enough of them to manage the women prisoners at junior levels.	<input type="checkbox"/>	<input type="checkbox"/>
7. Prison staff require training to enable them to identify risk of self-harm and suicide.	<input type="checkbox"/>	<input type="checkbox"/>
8. HIV/AIDS is a serious issue, but it is the same for women and for men.	<input type="checkbox"/>	<input type="checkbox"/>
9. There is no need for specialized staff if the correctional officers are willing to do their work.	<input type="checkbox"/>	<input type="checkbox"/>
10. Ongoing training after taking up employment and being posted at an institution is important for those working with women.	<input type="checkbox"/>	<input type="checkbox"/>

Questionnaire for module 11. Research, planning and evaluation

	<i>True</i>	<i>False</i>
1. The unique needs of women inmates are well understood.	<input type="checkbox"/>	<input type="checkbox"/>
2. The criminal characteristics of women offenders are not well known.	<input type="checkbox"/>	<input type="checkbox"/>
3. The social reintegration needs of women are the same as those of men.	<input type="checkbox"/>	<input type="checkbox"/>
4. It is important to provide factual information to policymakers.	<input type="checkbox"/>	<input type="checkbox"/>
5. Research is only useful when someone uses the results to make decisions.	<input type="checkbox"/>	<input type="checkbox"/>
6. Gender may play a role in deciding what offences are committed by women as compared to men.	<input type="checkbox"/>	<input type="checkbox"/>
7. Research promotion is the responsibility of universities only.	<input type="checkbox"/>	<input type="checkbox"/>
8. Publishing the results of research is not important.	<input type="checkbox"/>	<input type="checkbox"/>
9. Any programme will reduce the likelihood of reoffending.	<input type="checkbox"/>	<input type="checkbox"/>
10. The secondary impact of incarceration for women is greater than it is for men.	<input type="checkbox"/>	<input type="checkbox"/>

Questionnaire for module 12. Non-custodial measures

	<i>True</i>	<i>False</i>
1. Many women commit violent crimes and pose a significant risk to the public.	<input type="checkbox"/>	<input type="checkbox"/>
2. Many women offenders are victims of gender-based violence, have mental health-care needs or substance dependencies and require assistance, support and treatment.	<input type="checkbox"/>	<input type="checkbox"/>
3. The pretrial detention of women can have a very significant and harmful impact on their children and families, especially if they are the sole or primary carers of their children.	<input type="checkbox"/>	<input type="checkbox"/>
4. Women may be taken into protective custody to protect them from violence, even if they do not explicitly request this.	<input type="checkbox"/>	<input type="checkbox"/>
5. Women drug abusers pose a risk to society and are not eligible for diversionary measures or sentencing alternatives.	<input type="checkbox"/>	<input type="checkbox"/>
6. In cases of serious or violent offences where the woman represents a continuing danger, custodial sentences can be considered even if she is pregnant.	<input type="checkbox"/>	<input type="checkbox"/>
7. The Bangkok Rules encourage States to enable their courts to consider specific mitigating factors and gender-related circumstances when sentencing women offenders.	<input type="checkbox"/>	<input type="checkbox"/>

Annex III.

Training of trainers: background material

- A. Characteristics of adult learners
- B. Factors that influence how quickly people learn
- C. Learning modalities
- D. Effective teaching techniques
- E. Elements of the learning process
- F. Principles of effective training
- G. Role of the facilitator
- H. Preparing to instruct
- I. Starting and ending each instructional day

A. Characteristics of adult learners

Experience. All new learning for adults is based on what they already know. Adults have more life experiences than children upon which to draw. They may have fixed viewpoints and opinions. This is especially true given the subject matter in this curriculum. They bring a wide variety of interests, attitudes, education, ages, responsibilities and concerns into the classroom. Based on their prior experience, they may have considerable ability to assist the facilitator as knowledgeable resources when discussing various aspects of the course material. It would be useful to get examples from the participants about their experience with the topic. Adults may also bring preconceived ideas to the training, based on their experience. By using a facilitative approach, you can uncover those ideas and defuse them early in the session. Participants' views cannot be dismissed and must be treated with respect.

Independent self-concept. In comparison to children, adults are more autonomous, sure of themselves and what they know and believe, and are more self-directed. They will decide for themselves what is important to learn and are also self-directed in their learning. They enjoy a democratic, collaborative and participatory environment. Use techniques that allow adults to learn concepts independently.

Relevance to real life. Adults learn what they want to learn, what they are interested in and what they think will be useful to them in their lives. Use examples and training materials that are relevant to the participants. The more that learning is relevant to their lives, the more motivated they are to learn. Let them direct exercises and case studies themselves, and validate the relevance of their choices. This, in part, is why this curriculum uses case studies and discussion based on practical experience.

Problem-solving orientation. Typically, adults enter the classroom because they understand that there is a gap in their knowledge and have resolved to fill that gap. They want information and skills that can be applied to the real world. They view learning as an answer to a problem and as a goal-directed activity. They may not be interested in learning for the sake of learning. Demonstrate to them how a lesson or a concept can immediately be tied into their experience in working with women prisoners and offenders.

Peer acceptance. Adults learn best from those of similar age and background. Encourage them to share with one another. Adults have a need for association and acceptance, so allow them lots of opportunity to share with others in the group what they know and have experienced in relation to the subject matter.

Expect respect. Adults learn when they are treated with respect for their skills, abilities, experience and ideas. Treat them as equals, as people who have responsibility for their own learning and actions. Acknowledge the breadth of experience people bring to the group and allow them to voice their opinions freely. Listen, respectfully, to their experiences in working with women prisoners and offenders.

Individual pace. Adults learn at different rates, according to their education level, personality and learning style. Facilitators need to allow for individual learning rates.

B. Factors that influence how quickly people learn

Environmental. Lighting, sound, temperature and seating can all influence learning. Sitting on a hard chair for many hours without interaction will slow the learning process dramatically. Adults are usually moving about and involved with many different activities in any given day. Remember, most adults are not used to sitting on chairs all day and this can make them very tired. Use lots of small groups, pairs, discussion and other techniques to keep the class varied and interesting.

Sociological. As adults grow older, their powers of observation and reasoning often grow stronger. This ability to observe, think and analyse means that in adult education all are learners and all are teachers. Use group discussion as much as possible, rather than isolating people from each other with paper and pencil exercises. Use pairs and small groups. Group discussion also helps adults to learn by discovery.

Physical. General health, fitness levels, energy levels—all have an impact on people's ability to learn. Most people have less energy in the afternoon than in the morning. People who walk and stand all day will become more tired when sitting. Activities should reflect the differences in physical condition of the participants. Some adults may be affected by diminished hearing, vision or some other physical ailment that needs to be accommodated. Make the learning environment flexible enough so that their needs are accommodated.

Intellectual and experiential.

Adults learn best through discovery. Tests have shown that adults remember:

- 10 per cent of what they read;
- 20 per cent of what they hear;
- 30 per cent of what they see;
- 50 per cent of what they see and hear;
- 80 per cent of what they say;
- 90 per cent of what they say and do.

Demonstrating skills, facilitating interactive discussions and table-top activities and using case studies and role plays are ways to actively engage learners above and beyond relying on lectures.

At times, discussion may get sidetracked, with some participants wanting to voice opinions, share experiences or take a time out when the subject matter becomes too emotional or evokes difficult memories of past experiences. The instructor will need to be sensitive to these emotions.

C. Learning modalities

There are three basic modalities to commit information to memory: visual (learning by seeing), auditory (learning by hearing) and kinaesthetic (learning by doing). Most people have one predominant modality, but some have a balance between two or even all three. Many students are aware of their preference, which helps them approach their own learning more efficiently. The table below summarizes the characteristics of the three modalities.

Visual	Auditory	Kinaesthetic
<ul style="list-style-type: none"> • Mind wanders during verbal activities • Has trouble following or remembering verbal instructions • Doodles • Prefers to observe rather than actively participate in group activities and discussions • Likes to read silently • Is neat and organized • Pays attention to detail • Has neat handwriting • Is a good speller • Memorizes easily by seeing pictures and diagrams • May have a "photographic memory" • Is usually quiet, shy, or reserved 	<ul style="list-style-type: none"> • Is easily distracted • Quickly loses interest in visual demonstrations • Enjoys listening activities • Is active in group activities and discussions • Likes to be read to • Prefers reading aloud to silent reading • Listens to music while studying or doing homework • May have sloppy handwriting • Memorizes lists and sequences easily • Is fairly outgoing 	<ul style="list-style-type: none"> • Taps pencil or foot while thinking, studying or writing tests • Enjoys doing experiments • Enjoys handling objects • Uses excessive hand gestures and body language • Makes physical contact with people when talking to them • Tends not to enjoy reading • Enjoys hands-on activities • Enjoys problem-solving • Is disorganized • Is a poor speller • May have trouble memorizing lists, numbers and so on • Is outgoing • Easily expresses emotions

Depending on students' preferred learning modality, different teaching techniques have different levels of effectiveness. Effective teaching requires a variety of teaching methods that cover all three learning modalities. No matter what their preference, students should have equal opportunities to learn in a way that is effective for them.

D. Effective teaching techniques

Building on the list of different learning modalities above, the following table lists some suggested techniques for use in the classroom aimed at meeting the unique needs of each of the three different modalities.

Visual	Auditory	Kinaesthetic
<ul style="list-style-type: none"> • Guided imagery • Demonstrations • Copying notes • Highlighting key ideas in notes/textbooks • Flash cards • Colour coding • Diagrams, photographs, charts, graphs, maps • Filmstrips, movies, television • Mind maps, acronyms 	<ul style="list-style-type: none"> • Audio tapes • Reading aloud • Oral instructions • Lectures • Repeating ideas orally • Using rhythmic sounds • Poems, rhymes, word association • Group discussions • Music, lyrics • Television 	<ul style="list-style-type: none"> • Experiments/laboratory work • Plays, acting out scenes, role playing • Games • Problem-solving • Field trips • Writing notes • Making lists • Props, physical examples • Associating emotions with concepts

The following examples of techniques could be considered in order to conduct more interactive training workshops on international standards and norms concerning women and imprisonment:

- *Large Group Work (5 or more people)*. This works best when the tasks can be subdivided or when the subject material is very sensitive.
- *Small Group Work (3-5 people)*. This works best when specific output is simple and not overly sensitive.
- *Buzz Groups*. Very small groups of two persons each are formed and tasked to “engage the person beside you”. This exercise is very quick and should focus on a single question.
- *Fishbowl*. In this feedback exercise, all participants stand in a circle. Prompted by a question of the facilitator, each person moves into the center of the circle and responds to the question. This exercise can be short and provides quick responses in front of whole group by individual participants.
- *Concentric Rotating Circles*. The facilitator creates two concentric circles of participants facing each other. Each participant should have a partner. The facilitator asks the pairs to discuss a particular question for a short time period. Then the outer circle is asked to rotate two persons to the left or right. The new partners discuss the same question, or a different question.
- *Apple/Pear/Banana*. The facilitator identifies each person as either apple, pear or banana. When the facilitator mention one of those fruits, the appropriate persons must get up and change seats with another person of the same fruit.

When the word “salad” is mentioned, everyone must change seats. This technique can be used to move people around or to wake them up. It is also useful in situations where people sitting together are overly talkative and need to be moved, without insulting anyone.

- *Imaginary Audit role play.* Small groups or 3-5 people are the best size for this exercise. Each group is tasked to examine a standard or group of standards to identify five questions that would need to be asked to determine if a particular standard has been met. Once the questions have been identified, the group is given time to interview a person who assumes the role of a senior officer of an institution and must answer the questions of the group as reasonably as possible. The role of the senior officer is best played by the facilitator or, better still, a co-facilitator, but it can also be played by a selected participant.
- *Simulation.* A simulation is a created set of circumstances that seeks to emulate reality, in this case, in a prison environment. While similar to role plays, simulations tend to be a bit more general, and often provide the opportunity to enable the participation of more participants. Simulations are useful to gather several different perspectives experienced by participants on different sides of a question or issue.
- *Mapping.* This method aims at displaying questions or results of the work of a group. All participants should have the opportunity to see the “map” develop, and to contribute to it. This requires wall space, and a way to attach pieces of colored paper to the wall in a manner that allows them to be moved around in relation to each other.

E. Elements of the learning process

For training to be most effective, it must contain interaction, participation and involvement. Training design must use all of the modalities, as demonstrated below:

- “What I hear, I forget.”
- “What I hear and see, I remember a little.”
- “What I hear, see and ask questions about or discuss with someone else, I begin to understand.”
- “What I hear, see, discuss and do, I acquire knowledge and skill about.”
- “What I teach to another, I master.”

There are four critical elements in the learning process. These elements are:

- (a) Motivation;
- (b) Reinforcement;
- (c) Retention;
- (d) Use of the material/learning in a real-world environment.

1. Motivation

Participants must have a reason for learning the material. The best way to establish motivation is to pose questions to participants in small groups and let them generate their own motivation. For example: “Why is it important for you to protect women and their children in prison?” “What are the benefits to you and your institution?” If the facilitator can establish a rapport with participants and prepare them for learning, this also provides motivation. Facilitators can motivate students via several means:

- *Set a feeling or tone for the lesson.* Facilitators should try to establish a friendly, open atmosphere that shows the participants that the facilitator will help them learn.
- *Adjust the seriousness to the content.* The level of tension must be adjusted to meet the level of importance of the subject under discussion. If the material has a high level of importance, a higher level of seriousness should be established in the class.
- *Set an appropriate level of difficulty.* The degree of difficulty should be set high enough to challenge participants, but not so high that they become frustrated by information overload. The instruction should predict and reward participation, culminating in success.
- Adults are also motivated by the opportunity to meet and socialize with others in similar contexts. An important motivator for adults is the ability to network, gain contacts and resources, and share information and ideas with other professionals.

2. Reinforcement

Reinforcement is a very necessary part of the teaching/learning process; through it, facilitators encourage correct modes of behaviour and performance. Reinforcement should be part of the teaching-learning process to ensure correct behaviour. Facilitators need to use it on a frequent and regular basis early in the process to help the students retain what they have learned and to encourage them to participate in the learning. Reinforcement includes both verbal and non-verbal behaviour. Each time someone participates, whether or not the answer is “right”, thank them for their contribution. This is a powerful form of reinforcement and increases participation quite quickly. Learners who use inappropriate humour or display hostility towards discussing the topic need to be heard, and encouraged to consider alternate points of view, without being shut out of the conversation. Reinforce their participation, not the negative comments.

The following is a suggestion for reinforcement at the beginning of a training session:

- Each time a participant contributes a voluntary answer, give him or her a playing card. As you give out cards, other people will want to receive one and so will begin to contribute. Continue until each person has at least one playing card. At the end of the session, you can give out small tokens to each person

as a reward for their participation and the playing cards build anticipation as people wonder what their purpose is.

- Reinforcement is also non-verbal. Use open, welcoming gestures to encourage participation. Get excited about contributions to encourage more people to speak. Ask participants to build on each other's contributions.

3. Retention

Students must retain information from classes in order to benefit from the learning. If participants know that they will be using the material soon after the training, the motivation for retention increases. They must also understand and be able to interpret and apply the information. This understanding includes their ability to demonstrate their mastery of the information and enhances their ability to better protect women victims in the future.

Retention by the participants is directly affected by their amount of practice during the learning process. Facilitators should emphasize retention and application. After the students demonstrate correct (desired) performance, they should be urged to practise to maintain the desired performance. Distributed practice is similar in effect to intermittent reinforcement.

4. Use of the material/learning in a real-world environment

Transfer of learning is the result of training: it is the ability to use the information taught in the course but in a new setting.

In addition, participants need specific knowledge of their learning results (feedback). Feedback must be specific, not general. Participants must also see a reward for learning. The reward does not necessarily have to be monetary; it can be simply a demonstration of benefits to be realized from learning the material. Finally, the participant must be interested in the subject. Interest is directly related to reward. Adults must see the benefit of learning in order to motivate themselves to learn the subject.

Use of case studies and role plays with subjects such as victim interviews will help participants see how the use of new techniques can result in more accurate and detailed statements and greater evidence that investigators can take action on.

F. Principles of effective training

To be an effective trainer/educator of adults, facilitators need to:

- *Make learning relevant.* Relate their learning to what they already know. Use realistic examples that relate to the age, experience and interests of the police participants. The best way to do this is to ask the group for examples when

required. One of the most important skills of a good facilitator is to ask questions, rather than to deliver information.

- *Keep people active.* The rule of thumb is that there should be a change of pace or activity approximately every 20–30 minutes. Adults, especially police officers, are accustomed to a variety of activities during a regular working day and their attention span is governed by that variety.
- *Provide opportunities for doing.* Role play, simulation, discussion, case study—these activities provide an opportunity for people to practise the theory or skill they have just learned. The debriefing of these activities provides an opportunity for feedback and reinforcement. Some very effective facilitators can drop in to role play as part of the delivery of workshop content. When a participant presents a problem or a question, instead of providing an answer, the facilitator will smoothly move into a role play to give the participant an immediate experience of how to handle the presented problem.
- *Conduct the training in an informal environment.* Choose seating arrangements that allow participants to see and interact with each other easily. Round tables, U-shapes and hollow square arrangements work well, depending on the size of the group. Classroom and theatre-style seating are the most formal and set a facilitator-centred environment, and are also the least effective in ensuring that learning takes place.
- Given the focus of this curriculum, its importance and sensitivity, theatre-style seating is least appropriate. The use of case studies and exercises in this curriculum suggests that small groups at round tables is the most appropriate style, if possible.
- *Provide variety and humour.* Adults learn in direct proportion to the amount of fun they are having. Use energizers and openers that allow people to interact and connect in a relaxed way. It may not seem that violence against women has any room for humour, but even in a workshop with such serious content, there is a place for lightness and humour, as long as it is respectful and appropriate. You can use humour to connect people to each other, to introduce a topic or to move from one module to the next.
- *Serve as the facilitator of the learning process.* Before you tell participants anything, ask them what they already know about the topic. Let the group do the work. You can be responsible for any information that was missed or errors in the answers. Steer, do not push. Guide and prompt, do not tell.
- *Inform participants of the learning objectives.* Adults do not like surprises in training, lest they risk a loss of face or be caught off guard. Explain all objectives thoroughly, and ensure that your instructions and suggestions are understood clearly. Check with participants about their comfort level with any process you are going to use and assure them that, if they are not comfortable, they are always free to “pass” on that particular part of the training.
- *Give and solicit feedback.* Ask participants for their opinions and ideas. What did they learn? How will they apply the information in the field as police officers? What did they learn that they will immediately use? The art of asking questions is the mark of excellent feedback.

- *Use repetition.* Repeat an idea using different learning modalities. Repetition brings familiarity, and familiarity leads to transference and a better chance that participants will use the information when they return to their jobs.

G. Role of the facilitator

The role of the facilitator is to assist the group to accomplish the learning objectives for the training programme. This is done through a variety of techniques and this goal is also realized through the facilitator himself or herself.

The impression a facilitator makes on the participants is just as important as the training design and content. The facilitator is the channel through whom the message is communicated, so his or her manner, appearance and behaviour can make a difference to the success of a training programme.

The facilitator's mission is to teach. He or she must teach by leading and by example. A facilitator is always modelling—both on and off the floor. Whether he or she is aware of it or not, he or she is constantly being observed by the participants and they tend to follow the facilitator's example.

The facilitator's appearance should be professional, appropriate and comfortable. If a uniform is the norm for the group, an equally formal appearance would be appropriate for the facilitator.

At all times, the facilitator needs to model a respectful, serious and committed approach to the subject matter and thus encourage a similar attitude from participants.

The role of the facilitator includes:

- Telling the trainees things only if they cannot find the answers themselves.
- Encouraging repetition and practice that makes learning permanent.
- Realizing that attitudes are not taught, they are caught.
- Involving participants to get maximum results.
- Evaluating results for constant improvement.
- Using reading materials that complement and reinforce learning.

The facilitator is a skilled presenter, taking a predeveloped body of content and offering it to the class in an entertaining and engaging way.

The facilitator applies the principles of adult learning in his or her teaching. He or she knows that people learn in different ways and is able to choose, plan, deliver and assess the effectiveness of appropriate learning activities.

The role of the facilitator includes demonstrating effective use of a range of teaching methods and demonstrating the teaching skills of active listening, use of silence, use of questions, discovery/action learning, feedback, reflection and summarizing.

H. Preparing to instruct

Before you begin a session, ensure that you have all the necessary supplies and equipment to hand and in working order. It is advisable to arrive at least one hour before the start of the session, so you can be prepared for any eventuality. Here is a sample list of supplies and equipment that may be needed:

- Note-taking pad and pencil for each participant
- Flip charts
- A4 paper
- Projector
- Pencil sharpener
- Participant workbook for each participant
- Name tags or tent cards for each participant
- Comfortable chairs, if possible, and a friendly seating arrangement
- Break-out rooms close by or large rooms that can hold at least four small groups
- An agenda for each participant
- Video equipment if appropriate
- Adequate room lighting
- Easels with an adequate supply of paper
- A variety of colourful markers
- Water and glasses
- Instructional notes
- Copies of handouts

Be completely prepared and set up before the participants arrive. From the time the first participant arrives, your focus should be on them, not on your preparation. This is a time to help them feel comfortable about their new learning environment.

Take a moment to engage in some positive self-talk. Set mental objectives for the quality of the workshop and for your interaction with participants. Take some deep breaths and open your mind and heart to a wonderful experience. This is the time for some rehearsal of key points. Be sure you know how you will open the workshop and be completely familiar with how you would like it to flow. Be prepared for special sensitivities and personal experiences with the subject matter from some participants.

I. Starting and ending each instructional day

As already mentioned, facilitators are encouraged to arrive well before the participants each day. This allows the facilitator time to set up the material, distribute any handout material, arrange the classroom furniture as required, test any audio-visual equipment and be prepared to greet participants as they arrive.

At the start of each training day, facilitators are encouraged to:

- Have participants briefly introduce themselves (at the start of the first day). This might include name, agency and location of assignment, length of police service and one personal learning objective they have for the training.
- Outline and discuss the learning objectives for the module or the day.
- Check in with participants to see if there are any outstanding questions, issues or concerns from the previous module or day.
- Orient participants to the planned schedule for the module or day, including times for breaks and planned time the day/lesson will end.
- Tell participants where they can find toilets, exits and smoking areas (if appropriate).
- Ask participants to mention one thing that stood out for them on the previous day.

At the end of each training day, facilitators are encouraged to:

- Review key learning from the day. This can take the form of a guided discussion, recorded on flip-chart paper, in which participants themselves identify key learning points from the day/lesson.
- Check in with participants to see if there are any outstanding questions, issues or concerns from the day/lesson.
- Orient participants to the schedule and topics to be covered on the following day.
- If applicable, to give participants a method of contacting the instructional team after the conclusion of the training should they have any additional questions.

A good facilitator is well prepared, knows the material, listens to and respects individuals and the group, and constantly seeks opportunities to actively involve participants in the learning process.



Annex IV.

Background on mental health and related issues in prisons

- A. Types of diagnoses
- B. Symptoms of mental illness
- C. Preventing and addressing mental health issues in prison

A. Types of diagnoses

The health screening upon entry to prison is crucial identifying mental health issues and to ensure that women prisoners receive the most appropriate therapy and get the best possible attention.

The main types of diagnoses include those conditions that are controllable with psychoactive medicines and those that are not. According to the *Diagnostic and Statistical Manual of the American Psychological Society*, the first type of conditions includes schizophrenia, psychosis, bipolar disorder and many others. The second type includes personality disorders, which may be borderline, narcissistic, histrionic (excessive attention-seeking emotions) or anti-social (psychopathy, lack of empathy and no fear). Although medicines cannot control these disorders, some may be of help with certain symptoms.

In many cases, prisoners face multiple mental health issues at the same time. For instance, a patient may be diagnosed with developmental delay (due to irregular brain growth) and with a mental illness (possibly caused by trauma impairing brain growth). This is a case of a dual diagnosis, which is different from a concurrent (or co-occurring) diagnosis. An example of the latter is found in patients that face a mental health issue as well as drug addiction. These often go together as people with mental illness tend to stop taking medication and start self-treatment with drugs.

Mental health issues are prevalent in the prison for many reasons. For example, trauma histories are prevalent among people in prison and partly because these disorders cause an increase in anti-social behaviours possibly leading to charges. They manifest themselves in mood swings, anger and hostility that may be extreme and

irrational (no evident trigger) even explosive anger (difficult to manage) makes life for and with these people difficult.

Two main factors determine the onset of mental illness. The first is a genetic predisposition. A faulty or damaged gene that may run in a family has been found to play an important role in such conditions as schizophrenia. This disposition cannot be changed but not all people with such a predisposition will develop a mental illness. The second factor is a trigger event or situation in the life of young people (in their late teens/early 20s) that may lead to the mental illness.

One example of a mental illness found affecting some prisoners is Fetal Alcohol Spectrum Disorder (FASD). It is caused by a combination of alcohol (and drug) consumption by the mother during pregnancy, together with stress and poor nutrition. In the brains of patients with this disease, the frontal lobe, which plays an important role in the personality of a person, is poorly developed. An important symptom is confabulation: patients start telling a story but mix up different events and days in an incoherent way that does not make sense. It is important to understand that they are not lying, despite the fact that it may appear that they are. Instead of punishing them, an effective way to deal with the disorder is to help them sort out the facts and create a coherent narrative. People with the disorder may be manipulated and used by others, as they tend to do things without worrying about consequences. They do not ask themselves what the consequences could be before they take action. This is due to the underdevelopment of the area of the brain that understands consequential behaviour.

B. Symptoms of mental illness

A variety of symptoms occur at different stages of mental disorders. Prison staff should be familiar with the most common behavioural issues that are indicators of mental health issues, in order to respond appropriately in a timely manner. It is important to avoid preconceptions and biases that are not based on scientific evidence. For instance, people suffering from depression often do not cry. It is necessary to look beyond and especially focus on what is not normal for each individual prisoner. The following behaviours are frequently symptoms of mental illness:

- (a) Anger and hostile behaviour;
- (b) Explosive anger and mood swings;
- (c) Low concentration, distraction or poor memory;
- (d) Rumination on issues, regrets or perceived threats or insults;
- (e) Hypersensitivity to sounds, light etc. hypervigilance;
- (f) Decrease in personal hygiene
- (g) Exaggerated memories of previous experiences;

- (h) Exaggerated emotional response to events, or the opposite: blunted affect;
- (i) Loss of time;
- (j) Isolating;
- (k) Rocking either sitting or standing;
- (l) Lack of eye contact or vacant staring;
- (m) Sleep disturbance: either too much or too little;
- (n) Lethargy or hyperactivity
- (o) Sweating, flushing, rapid and shallow breathing;

C. Preventing and addressing mental health issues in prison

Effective prevention requires constant observation and detailed documentation of a prisoner's medical and social history. Such documentation enables the creation of a clear profile of the issues, which will also assist in developing social/community responses to larger issues beyond the prison context. In addition to knowing and understanding possible symptoms of mental illness, prison staff should pay attention to changes in behaviour of individual prisoners, be aware of issues such as the anniversary of traumatic events they have experienced, or information related by other prisoners.

Prison staff should be trained in order to respond immediately and appropriately to incidents caused by mental health issues. A key aspect is that prison staff need to be able to observe individual prisoners, identify possible symptoms or determine whether an existing mental illness is deteriorating. Responses by prison staff should not reinforce the behaviour by overreacting or using excessive force, due to a lack of understanding or their own emotional distress. For example, anxiety can be observed as the person concerned begins sweating and the first best step is to get them to control their breathing to decrease anxiety. Prisoners already diagnosed with a mental illness may get worse when they stop taking medication.

Prison staff also have an important role in contributing to treatment in the longer term. This goes beyond ensuring compliance with the therapeutic medication prescribed by health personnel. Prison staff can help patients in the important learning process of managing physiological responses in the body, for example by walking with them to calm them down or facilitate other physical exercise. Appropriately trained prison staff may teach patients what is going on with their body to help them manage their stress level and avoid panic attacks. Teaching stress reduction skills that are culturally appropriate can help prisoners in managing and alleviating their mental illness.

Any measure that alleviates a sense of powerlessness in prisoners can be helpful. By contrast, withdrawal of therapeutic warmth may have the opposite effect and prison staff should be very careful with this. Another helpful technique is to facilitate a sleeping routine, which provides order in preparing for and going to bed and helps to slow down biorhythms and be ready for sleep. Creating a small area for a garden to grow herbal teas is another cheap option that enables prisoners have a cup before they go to sleep. Teaching prisoners meditation, yoga, or other techniques has proven beneficial in many cases. Attention to nutrition, teaching exercise and routine are also important. Prisoners with mental health issues need to have a feeling of success no matter how small.

1. Responses to psychosis and delusions

Psychosis is a severe mental disorder in which thought and emotions are so impaired that contact is lost with external reality. Affected people may experience a variety of delusions, such as hearing voices, shiny floors looking like water, being terrified by seeming irrelevant things, fearing of being poisoned, killed, or hurt, or seeing a threat where there is none. As an immediate response, they should be removed from whatever is triggering their reaction, while avoiding either contradicting them or confirming their experience. The main aim should be to take them somewhere where they feel protected and to calm them down. They can experience a heightened sensitivity to external stimuli (sounds, smells, etc.) which can increase the risk of suicide or self-harm because of the heightened sensitivity, or flashbacks of unpleasant situations.

Psychosis and delusions are often triggered by stimuli such as smells. For example, in the case of a rape victim, the smell of the perfume that their rapist was wearing at the time of the offence can cause extreme anxiety. The information on smell is processed by a core part of brain (the limbic system) that is not associated with conscious thinking but triggers reactions that are immediate and primordial. A good practice in dealing with similar situations is to wait until the stress level dies down and then explain to the person that their reaction is due to a particular memory and that it is not happening right now.

A number of measures can be taken to prevent such situations. One of them is to ensure that patients comply with the medication regime prescribed by doctors (anti-depressants or psychotropic medication), by ensuring that they take and swallow their pills. It is important to watch out for “cheeking” (hiding pill in the cheek so that it can be sold later on). It is important to bear in mind that it may take some time for patients to get better. One pill usually does not make a big difference, as it takes up to three weeks for the medicine to reach therapeutic doses in the body. Some types of medication, such as anti-anxiety medication, will act more quickly. By contrast, in situations where people undergo detoxification programmes to address drug and substance abuse or dependency, it may take up to two years until the brain’s biochemistry stabilizes again. The success of such programmes may depend on the type of substance and the type of drug user. For instance, heavy cocaine users may never restabilize the centre regulating depression/happiness and may need lifelong anti-depressants.

2. Responses to self-harm

One of the most common forms of self-harm is self-cutting or burning. These practices create enormous relief for the person similar to the phenomenon of runner's high. People who are extremely stressed learn that by burning or cutting themselves their bodies release endorphins and make them feel better. They also learn from each other (copy-cat phenomenon). If the trauma happened in childhood, children learn to disassociate (not being there). As adults they will develop capacity to not even feel alive, they are somewhere else and it is very unpleasant. Thus by hurting themselves they feel grounded in the here-and-now and they feel alive. Cutting is very dangerous especially if they cut an artery (biohazard, danger of HIV, hepatitis C, etc. need of emergency surgery to stop the bleeding). Head banging is possibly the most dangerous. Repeated head banging on a hard wall causes damage to the brain and long-lasting intellectual difficulties.

There are other dangerous forms of self-harm. Some persons may swallow items, which may be very dangerous, especially in the case of batteries, which need to be removed immediately as they may break inside the body thus causing death. Other persons put ligatures around their neck, which may lead to death, even if unintentionally, due to loss of consciousness. Eating disorders are another important problem often found in women and gay men, who may practice extreme starvation or bulimia. On the other hand, overeating can be a problem for women with sexual abuse histories and may go along with poor personal hygiene. Pulling hair, picking at their skin, biting nails until they bleed are all signs of mental disturbance and also of drug use (e.g. amphetamine, methamphetamine, crack).

Sometimes self-harm is recurrent in a certain period of the year and it is important to identify the event that triggered it (e.g. a gang rape victim burning herself repeatedly every year around time of the birth of her son who was the outcome of rape). There is a contagion factor with these issues and so care should be taken to avoid the "copy cat" phenomenon in the broader inmate population, which may lead to further cases of self-harm and suicide. However, isolation would be counterproductive and is not an appropriate response.

Issues may be hard to talk about but it is crucial to stay calm and talk to people who inflict self-harm. This is especially important if the situation is alarming, because otherwise the harmful behaviour will be reinforced. It may not be useful to inquire about the reasons for such behaviour and it would be more effective to deal with the event quickly and clinically and leave therapeutic intervention for when the crisis has calmed. Life threatening events deserve an immediate reaction. Afterwards, it is important that a debriefing takes place, as these situations are traumatizing also for prison staff.

Prisoners may feel powerless and this feeling is enforced by prison routine. However it is possible to teach them how to take control over some aspects of their lives. For example, staff can involve them in decisions on, and organization of recreational activities or crafts. These programmes have to be adapted to local culture and may be similar but not the same from one country to another.

It is important and helpful to identify the specific drug a prisoner is using, as this will reveal the types of painful symptoms he or she is trying to relieve. Prison staff can identify appropriate stress management techniques to mimic the effect of specific drug categories (opiates, cannabinoid, cocaine, etc.). The techniques are never as effective as the drug but they do help and are inexpensive. For example, prisoners dependent on crack/cocaine should get plenty of exercise and sports, whereas those dependent on opiates need relaxation techniques to calm their anxiety.

D. The importance of health-care services and health education

Women prisoners often have greater primary health-care needs in comparison to men. In addition to gender-specific health issues, women, especially those from economically and socially disadvantaged backgrounds, may have diseases that remained untreated before admission due to discrimination in accessing adequate health-care services in the community.

Prison is often a valuable opportunity and point of contact to educate and intervene in very dangerous lifestyles and practices. Experience shows that many women prisoners appreciate opportunities to learn and make new choices in their lives to turn their back on drugs and violence. Healthier offenders are also easier to manage and place a smaller financial burden on prison administrations.

Women who are admitted to prison are more likely than men to suffer from mental health problems, often as a result of previous domestic violence, and physical and sexual abuse. Mental health care provided in women's prisons should therefore be gender sensitive and interdisciplinary, and take into account the distress and depression due to isolation, separation from children, families and communities. Bangkok Rule 12 expressly underlines that treatment should be individualized and aim to address the reasons that provoke distress, depression, as well as psychiatric problems, based on an integrated and holistic approach of counselling, psychosocial support and medication, if necessary.

The unfortunate reality in many prisons is that symptoms are addressed rather than the underlying causes that lead to mental health problems. Too often, prescription of medication for depression is given rather than individual psychosocial support and education on how to manage their symptoms. Counselling and treatment should be offered not only for prisoners under sentence but also to those in pretrial detention. However, long-term treatment programmes may begin only if a woman is sentenced and therefore expects to stay a longer period of time in prison. Where possible and appropriate, treatment in the community, with adequate security measures, should be considered, taking account of the negative impact of imprisonment on mental health.

The best option is to provide medical treatment at a hospital outside the prison. If this is not possible, education is very important, both for prison staff and for prisoners. In addition to mental health issues, it is important to provide information, education and communication materials on infectious diseases to help those with the disease to know how NOT to transmit it and those caring for them to know

how to avoid contracting it. Many people do not know important facts or believe in untrue myths/misconceptions about these diseases. For example, many may not be aware of the fact that sharing personal hygiene tools increases the risk of infection. Sharing razors, nail clippers and toothbrushes is a hazard for hepatitis C. Menstrual blood may well contain the virus of hepatitis C, which in blood lives longer outside the body than HIV. Moreover, there are many strains of hepatitis C and HIV and some people who use drugs have multiple strains. Their adherence to the medication must be ensured to avoid increasing the viral load.

COMMON MYTHS ABOUT HIV/AIDS

Myth: A pregnant woman living with HIV always gives birth to a HIV positive baby.

Reality: Without any treatment, HIV-infected mothers pass HIV to their newborns about 25 per cent of the time. However, with modern treatments, this rate has dropped to 5 per cent or less.^a

Myth: Current medications can cure AIDS. It's no big deal if you get infected.

Reality: Today's medications have cut the death rate from AIDS by about 80 per cent. They are also easier to take than they used to be. However, they still have side effects, are very expensive, and have to be taken every day for the rest of your life. If you miss too many doses, HIV can develop resistance to the drugs you are taking and they can stop working. There is no cure for HIV at this time. We've made great strides in HIV care, though. With today's medicine, people can reduce their viral load (amount of HIV in the blood) to the point where it is undetectable. Having an undetectable viral load helps prevent AIDS and other opportunistic infections. Research is being done all the time that may lead to new treatments and new ways of preventing HIV infection. People who have HIV also have families and relationships that bring them great joy. Many people still work, despite their illness. In short, people are living full lives with HIV and AIDS, but there is no cure yet.

Myth: I cannot get HIV from tattoos or body piercing.

Reality: It is possible to get HIV from tattoo and piercing tools that are not sterilized properly between clients. Centers for Disease Control and Prevention (CDC) says that tools that cut the skin should be used once, then thrown away or sterilized between uses. Before you get a tattoo or have your body pierced, ask the right questions. Find out what steps the staff takes to prevent HIV and other infections, such as hepatitis B and hepatitis C. You also can call your local health department to ask how tattoo shops should sterilize their tools. A new needle should be used for each person.

Myth: If the man I'm with had HIV, I'd be able to tell.

Reality: It can take 10 years for symptoms of HIV to show up. This is called the latency period. There may be a long period of time where someone has HIV but has no signs. To prevent the sexual transmission of HIV, the consistent and correct use of condoms is highly effective. Male and female condoms are the only devices that both reduce the transmission of HIV and other sexually transmitted infections and prevent unintended pregnancy.^b

^aFor more information, see UNAIDS factsheet on children and HIV, http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2014/FactSheet_Children_en.pdf.

^bSee UNFPA, WHO and UNAIDS: Position statement on condoms and the prevention of HIV, other sexually transmitted infections and unintended pregnancy, http://www.unaids.org/en/resources/presscentre/featurestories/2015/july/20150702_condoms_prevention.

COMMON MYTHS ABOUT HIV/AIDS (*continued*)

Myth: Since I am HIV-positive, if I get pregnant, I will spread the disease to my unborn baby.

Reality: A woman who knows about her HIV infection early in pregnancy and is treated has about a 2 per cent chance of having a baby with HIV. Without treatment, 15–25 per cent of HIV-positive mothers who do not breastfeed will infect their infants during pregnancy or delivery. With breastfeeding, the risk of HIV transmission is even higher. Mothers known to be infected with HIV should either breastfeed and receive antiretroviral interventions or avoid all breastfeeding.^c

Myth: Both my partner and I have HIV. We don't need to use a condom.

Reality: This is not true. You still need to practise safer sex. Bear in mind there are different strains (types) of HIV. Even if you have HIV, you can become infected with a different type from the one you already have. You could become infected with drug-resistant strains of HIV. This can make it very hard for treatment to work. Be sure to use a condom every time you have any kind of sex.

Myth: I have HIV. I shouldn't start drug therapy until I get very sick.

Reality: Even when you're feeling great, HIV is making copies of itself and attacking your body. When you finally start feeling sick, HIV has already hurt your immune system. At that point, nothing can bring it fully back to normal. To protect your immune system, most experts think you should start HIV medicines before you become very ill. Because these drugs reduce your "viral load," or the amount of virus in your blood, they also reduce your chances of passing HIV to others. However, taking HIV treatment does not guarantee that you will not infect others. Regular check-ups will help you and your doctor decide the best time for you to start treatment.

Myth: Women can't give men HIV.

Reality: It's much harder for men to get HIV from women, but it does happen. HIV does not live long outside the body. A man's penis is exposed to HIV for a shorter time and has fewer areas where the virus can enter the body. By contrast, a woman's vagina is exposed to HIV in a man's semen much longer and it provides a much larger area through which HIV can enter the body. Women therefore have a higher risk of getting HIV from men. If a partner has an untreated sexually transmitted infection, the risk is higher.

Myth: HIV is the same as AIDS.

Reality: HIV is the virus that leads to AIDS. A person is said to have AIDS when his or her CD4 count drops below 200 or when he or she has certain symptoms and signs. A person can have HIV for years without having AIDS. Having HIV does not mean you have AIDS.

^cSee WHO Guidelines on HIV and Infant Feeding, http://apps.who.int/iris/bitstream/10665/75152/1/FWC_MCA_12.1_eng.pdf?ua=1&ua=1

Annex V.

End-of-workshop evaluation

The following is a sample workshop evaluation form that facilitators can copy for distribution and collection at the end of the training. The purpose of this evaluation is to solicit participant feedback that will help the facilitator better meet the needs of future groups. This includes feedback on the learning environment, approaches to and methods of instruction, and the learning materials. In this form, feedback is anonymous.

When handing out the feedback form, facilitators should encourage participants to provide as many constructive comments as possible.

Facilitators are strongly encouraged to carefully read and consider the results of the feedback. This information can help improve future workshops and the learning of participants.

End-of-workshop evaluation form

Title of workshop: _____

Date: _____

Location: _____

1. How relevant was this workshop for your work? (Please circle one)

Not relevant			Relevant		Very relevant
1	2	3	4	5	6

2. Did the content of the workshop meet your expectations? (Please circle one)

Not at all		Some		Most	All
1	2	3	4	5	6

3. How did this workshop meet its objectives? (Please circle one)

Not at all		Some		Most	All
1	2	3	4	5	6

4. How much of the content of the workshop was new to you? (Please circle one)

Nothing new	Some new	Much new	All new
1	2	3	4
			5
			6

5. How would you evaluate the following: (Please circle one)

	Very poor	Poor	Adequate	Good	Excellent
Facility/meeting room	1	2	3	4	5
Technical equipment (micro-phones, visual aids, etc.)	1	2	3	4	5
Administrative support	1	2	3	4	5
Facilitation of the workshop	1	2	3	4	5
Quantity and quality of written material	1	2	3	4	5

6. Were the written materials sufficient for you to understand the presentations and take an active part in the discussions? (Please circle one)

Insufficient		Sufficient		Excellent
1	2	3	4	5
				6

7. Please specify which training methods would further enhance the learning process:

8. Please specify which training methods you feel should be used less in future workshops:

9. Please rate the time given to the following areas: (Please circle one)

	Too little time		About right		Too much time	
Lectures	1	2	3	4	5	6
Group work	1	2	3	4	5	6
Discussion	1	2	3	4	5	6
Experience-sharing	1	2	3	4	5	6
Expressing your views	1	2	3	4	5	6

10. Please rate your experience of the facilitator: (Please circle one)

	Poor		Adequate		Excellent	
Knowledge	1	2	3	4	5	6
Clear presentation	1	2	3	4	5	6
Good facilitation	1	2	3	4	5	6
Methods used	1	2	3	4	5	6

11. Please describe which modules you thought were most useful for you in your work:

12. Please describe which modules you thought were least useful for you in your work:

13. Which parts of the workshop would you have liked to have spent more time discussing?

14. Were there any other topics that you think could have been included in the workshop?

15. Please give other comments you might have on the workshop and what could be done to improve the future offerings of this workshop:

Thank you for your participation and for your comments!





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