



PUBLIC DEFENDER (OMBUDSMAN) OF GEORGIA

National Prevention Mechanism

Report on the Visit to No.5 Women's Penitentiary Special Facility

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Introduction

This report provides information on the joint visit by individuals from the Prevention Mechanism of Georgia and the Department of Gender Equality of the Public Defender's Office, to the No.5 Women's Penitentiary Special Facility on 19-20 February, 2015. The monitoring visit, organized with the support of UN Woman, was designed to assess the needs of female inmates and prepare recommendations accordingly. The above monitoring group had a basis in Georgian national legislation as well as standards determined by the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders ('the Bangkok Rules').

Technical reports by members¹ of the Special Prevention Group were used, together with other materials, in the preparation of this report. Documentation obtained during the visit, as well as the reports by members of the monitoring group, are stored in the Public Defender's Office. The report includes key findings of the monitoring group and is prepared in such a way as to not allow the identification of individual inmates interviewed, due to the confidential nature of the material. Members of the monitoring group were able to travel freely around the facility during their visit, without interference by the administration. The staff of the No.5 Facility submitted all available documentation requested by the group.

According to the Prison Code, the No.5 Facility is a special facility of the Penitentiary Department, where accused/convicted female inmates are placed. The women's special facility has special protection by armed guards and barriers; and has constant surveillance over the inmates. The women's special facility is equal to a 'semi-open custodial institution', with the exception of cases provided for by the Code².

During the monitoring visit there were 272 female inmates of legal age in the facility in total; of this number 52 were accused and 220 convicted. 3 women were sentenced to life imprisonment and one of those was pregnant.

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² Georgian Prison Code, article 12

Reception at prison and transportation of female inmates

The monitoring group has find out that when prisoners are received at the No.5 Facility, they are inspected naked and are requested to squat, which the inmates consider degrading treatment. It should be mentioned that such inspections take place every time an accused/convicted person enters or leaves the penitentiary facility. According to inmates, this procedure is especially humiliating and intensive during an inmate's menstrual cycle. In some cases, because of the nature of such procedures, inmates refuse services offered outside of the facility or choose to miss court hearings.

According to the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders ('the Bangkok Rules'), effective measures shall be implemented in order to ensure decent procedures for full examination³, by substituting nude and aggressive (invasive) searches with alternative methods⁴ (such as scanning) to avoid harmful psychological and /or physical consequences.⁵

Inmates who are mothers mentioned that transportation conditions are inadequate (to court or for medical examinations). The vehicle is described as cold, smelling, unpleasant and with water leaking from the roof. During transit, inmates have to maintain their balance on long benches while holding their children. After such trips they described feeling pain in the small of their backs and in their muscles. According to standard rules for the treatment of prisoners, transportation of prisoners in conditions of insufficient ventilation, or light, or in other poor conditions is prohibited.⁶

Pursuant to article 33, section 2. of the Prison Code, concerning the availability of information about a convict, the administration shall immediately, or within one working-day of receiving a prisoner, notify the Court that handed down the decision, as well as relatives of the convict, or any other person nominated by the convict or by an attorney of the convict. It should be mentioned that information about accused/convicted persons held

³ Order N97 of the Minister of Corrections and Legal Assistance of May 30, 2011, 'On approval of provisions of the facilities for detention, imprisonment, mixed facilities for the accused and convicts, medical facilities for the accused and convicts and inmates with TB', article 32, paragraph 9.

⁴ The United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders ('the Bangkok Rules'), rule 19

⁵ The United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders ('the Bangkok Rules'), rule 20

⁶ Standard Minimum Rules for the Treatment of Prisoners, rule 45. 2.

in the No.5 Facility is immediately provided to their families. In addition prisoners' families are immediately informed about the transfer of prisoners.

According to section 1. of rule 2. of the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders ('the Bangkok Rules'), special attention shall be paid to the procedures around receiving new female prisoners accompanied by their children, due to their vulnerability. Newly admitted prisoners should be provided with opportunities to communicate with their relatives, access to legal consultations and information about the regime and regulations of the prison, in a language they understand.

Upon arrival at the No.5 Facility, a social worker explains to a convict her rights and duties and develops a written document to be signed by the prisoner. Positively, interpreters are invited to inform non-Georgian prisoners about their rights and duties, disciplinary issues and to assist prisoners with translation of correspondence. In 2014, interpreters were invited for such purposes in 26 cases.

According to section 2. of rule 2. of the Bangkok Rules, women who have childcare responsibilities should, before or during reception at prison, be allowed to settle issues related to children. In such cases imprisonment can even be postponed, taking into consideration the child's interests.

Social services shall also support convicts arrested in the presence of their children, for example where they did not have an opportunity to explain to their children what was happening (impacting the psycho-emotional condition of the child) or where they were unable to leave the child with a trusted person. Social workers should provide information to the appropriate social agency, which could accept responsibility for the child.

Recommendations

- Reception and transportation of accused/convicted women shall be ensured in accordance with rule 19 of the Bangkok Rules, without humiliation or offense to human dignity.
- Conditions for the transportation of mothers and children shall be improved; vehicles must be provided that do not negatively impact on the health of the passengers and where all safety rules are adhered to.

Safety

Special attention was paid to safety in the facility, in particular the operation of a safety service and the implementation of safety measures.

Safety covers the prevention of violence between inmates, fire and other emergency situations, provision of a safe working environment for staff, as well as prevention of suicide and self-harm. Practical implementation of what is known as 'dynamic safety' is one of the most effective tools for achieving the important goals above. The concept of dynamic safety envisages creating a positive relationship between staff and inmates and implementing activities aimed at socially integrating the prisoners. According to the UN Prison Incident Management Handbook, penitentiary facility personnel should understand that fair and humane treatment of prisoners facilitates the maintenance of order and safety.⁷

A prisoner should not be placed in solitary confinement for safety reasons for more than 24 hours; or 60 days in the event of transfer to a safe place. As a result of a system of monitoring being put in place, it was ascertained that between January and December 2014, three prisoners were placed in solitary confinement and in one case a prisoner was transferred to a safe place.

Conditions of Detention

Physical Environment, Sanitary Conditions

Within the scope of the monitoring visit, the level of hygiene of the shower facilities was inspected. According to convicts, there are some hygiene and sanitation problems in the No. 5 Facility. It should also be mentioned that at the facility, running water is unsuitable for drinking, which causes dissatisfaction among the convicts.

Hygiene and sanitation standards are violated significantly in the bathrooms of the No. 5 Facility. In the bathrooms of all buildings there are just single floor drains and these are often inadequate, causing dirty water to pool on the bathroom floor. While showering, the convicts stand on concrete, with the showers separated by rusting metal walls and without ventilation. The conditions are similar in all the bathrooms; with showers located opposite each other and lacking privacy. In addition, the walls of the bathrooms are wet and damp

⁷ United Nations, Prison Incident Management Handbook, 2013, p. 21-22.4

and as stated above, the walls between the showers are rusting. In some shower blocks, the windows do not have any glass.

Facilities for laundry and personal items were also assessed. It was identified that there is only one washing machine in each building. Some convicts interviewed refused to use the washing machine as they considered it unhygienic for all inmates to have to wash their linen and clothes in a single machine.

Detailed Description of Buildings

Bathrooms are available in all residential buildings of the facility (where inmates are located).

Building 'A' has a changing room with a long bench and coat hangers placed at the entrance of the bathroom. In the 24m² bathroom, 8 showers are provided. The showers are separated by metal walls, although the showers are placed opposite each other, meaning there is no privacy. There is a single drain in the center of the bathroom floor, which does not drain properly, causing a large pool of dirty water to form around it. In the center of the room also stands one long, damp and tarnished wooden bench. The room does not have windows, and the ventilation system is inadequate. The concrete floors and tiled walls of the bathroom are discolored and renovation is required. A washing machine is not provided in the bathroom, but is instead located in the dining room of the building.

Building 'B' has a bathroom of 25m², with 6 showers. There is a changing room in the entrance, where a washing machine is placed. A single big floor drain is provided in the center of the bathroom, which cannot drain all the water, again causing a large amount of water to pool on the floor. The room does not have windows and the ventilation system is inadequate.

Building 'C' has a bathroom consisting of two rooms, with 11 showers in the first and 13 in the second. Both rooms have windows. The size of the first room is 18m² and the second is 17m². This bathroom has the same problems as mentioned above (no privacy, renovation required, insufficient ventilation, damp and pools of water). In the entrance to the bathroom changing room is a long bench and coat hangers. The bathroom also is used for washing clothes and in a small room by the entrance there is a washing machine.

In the women's detention section the bathroom is 17m² with 10 showers, separated by rusty metal dividers. However no privacy is possible, since the showers are located opposite each other. There are two floor drains in the bathroom, but this is still insufficient to ensure proper drainage and the floor is covered in pools of dirty water. The bathroom has 1 window (about 1m x 0.5m). The window does not have glass.

The cells for convicts sentenced to life or who have tuberculosis, are located in an isolated building, with a sign that reads 'Medical Section'. On the second floor of the building, 2 cells are allocated for prisoners with tuberculosis. Two prisoners are placed in a cell. The size of the cell is 21.52m²; with a bathroom of 4.45m². The toilet in the bathroom has a seat and the shower has constant hot and cold water. There is both natural and artificial lighting, as well as central heating. A vent is provided but the inmates blocked it, because in winter cold air was flowing into the cell. The floor is laminated. The walls and ceiling are in normal condition.

The cell for life sentences is damp and the convicts ask to be re-housed in normal conditions. There is no bathroom, although the two prisoners have a shower in their cell (with hot and cold water). The shower is 3m² (in good condition).

Personal Hygiene

Facilities for housing female inmates should be provided with the resources and items that meet the hygiene needs specific to women. Towels and water are necessary for the personal hygiene of women (those who are pregnant, breast feeding or having their menstrual cycle) and children should be consistently provided for without charge.⁸

In residential buildings for prisoners, the bathrooms are open all day, from morning until 20.00, where the inmates can also shower. Hot water is not provided in the cells. According to inmates and medical personnel, hot water is possible in almost all the cells, but there is not enough to satisfy demand. The inmates have to wash their dishes and personal items. Often there is a need for special personal hygiene measures, for example during an inmate's menstrual cycle. It is recommended that hot water be provided in the cells, as cold water

⁸ The United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders ('the Bangkok Rules'), rule 5.

impacts negatively on a woman's health, possibly causing skin irritation, narrowing blood vessels and worsening blood circulation. Inflammation of small bones in the hands (rheumatoid arthritis) can develop and cause deformation.

It should also be mentioned that the facility does not provide female inmates with tampons or sanitary towels and those who are not able to buy them have to use other, often unhygienic, materials (e.g. fabric). Sometimes big nappies are cut up and given to new prisoners, instead of feminine hygiene products. As for receiving sanitary towels in parcels, there is a maximum limit of 10 that can be received. It was mentioned that such a limit is insulting, especially for those whose relatives are not able to come often. According to prison standards, women in penitentiary facilities should be provided with hygienic items, including sanitary towels and tampons that are basic needs and not luxuries.

According to CPT standards, failure to implement the above equates to degrading treatment.⁹ Proper hygiene is essential to human dignity. Access to the items mentioned above should be provided without any problem; they should be provided automatically or by other women, or whenever requested.

Schedule and Rehabilitation Activities

The daily schedule of the facility is determined by order of the Chairperson of the Penitentiary Department. In conversation with members of the Special Prevention Group, convicts stated that during leisure time they use the library and gym of the facility. The engagement of inmates in different educational and creative activities was assessed positively. In 2014, NGOs provided educational and vocational classes, such as embroidery, sewing, wool processing, tapestry and so on.

Participation of inmates in education and rehabilitation programs is important. A library, beauty salon and computer room are located within buildings 'C' and 'D'. Inmates of building 'A' mentioned that for them, engaging in all activities is important.

Engaging an inmate in different social programs is important for her reintegration into society after leaving the facility. The social reintegration process requires a complex approach, which requires the development of a well thought-out action plan, combining general measures alongside an individual approach. The main tools of resocialization to be used, taking into consideration the personality, psychological condition and behavior of the

⁹ CPT, 10th General Report, CPT/Inf (2000) 13, par 31.

offender and offence committed, are as follows: a standard sentence, rehabilitation programs, employment of convicts, general and vocational education and public relations.

For the purpose of maintaining physical and mental health, prisoners in all facilities should be provided with opportunities for recreation and cultural activities.¹⁰ According to the European Prison Rules, each penitentiary facility should try to provide the inmates with access to educational programs, which should be as comprehensive as possible and respond to the individual needs and interests of prisoners.¹¹

Several vocational classes were provided at the No.5 Penitentiary Facility in 2014. Various events were organized for facilitating the resocialization of prisoners, in particular: performances, film screenings, poetry evenings and so on.

Table N1 – Training courses arranged in the No.5 Facility in 2014 and the number of participating inmates:

No 5 Facility		
N	Title	Number of participants
1	Guitar	17
2	Stylist	42
3	Makeup artist	13
4	Embroidery	38
5	Gardening	24
6	Nursery	12
7	Running a small business	23
8	Leather accessories specialist	18
9	Tapestry	17
10	Hotel management	21
11	Georgian language courses for ethnic minorities	16
12	Cosmetics	40
13	Computer - Office Programs	30
14	Sewing	29
15	Massage	16

¹⁰ Standard Minimum Rules for the Treatment of Prisoners, rule 78.

¹¹ European Prison Rules, rule 28.1

16	Felt and batik courses	19
17	Training about Bangkok Rules	41
18	Civic Education Training	33
19	Emotional Aggression and Stress Management	8
20	Child Development and Related Issues	5
21	Healthy Lifestyle	20

There is one psychologist on the staff list of the No.5 Facility of the Penitentiary Department, who works with accused persons as well as those prisoners ready for early conditional release. The psychologist meets convicts only upon the request of prisoners or in special cases.

Implementation of resocialization and rehabilitation programs requires an individual approach. It should be mentioned that educational and rehabilitation programs in the women's special facility are for groups. Individual sessions are only carried out by the psychologist; however one psychologist is not sufficient for 270 prisoners.

According to the Standard Minimum Rules for the Treatment of Prisoners, employment is considered as one tool for resocialization.¹² The importance of employment is also highlighted in the European Prison Rules.¹³ During the visit to the No.5 Facility, 17 convicts were employed in the logistics division.

Recommendations

- Women's cells shall be provided with hot water;
- The bathrooms shall be arranged in compliance with normal standards, privacy shall be ensured, floor drainage shall function properly and hygienic conditions shall be provided;
- Inmates of the facility shall be provided with personal hygiene supplies, taking into consideration issues specific to gender;
- Equal access to activities shall be ensured for all inmates, since such activities facilitate their resocialization and rehabilitation;

¹² Standard Minimum Rules for the Treatment of Prisoners, rule 66(1)

¹³ European Prison Rules, rule 26.1-26.17

- Due to the vulnerability of female prisoners, more psychologists shall be provided, to make more individual casework with inmates possible.

Medical Service

The right to healthcare is an inclusive right¹⁴ that encompasses safe potable water, adequate sanitary conditions, safe food, adequate nutrition and living conditions, healthy working conditions and environment, education and information on health.

Right to health also includes a person's right not to be subject to medical procedures without his/her consent, as well as not to be subject to torture, degrading or humiliating treatment or punishment. According to the content of the right to health, an individual shall have access to a healthcare system; disease prevention, treatment and control; medications; reproductive health; basic healthcare services (provided equally and in a timely fashion); and health related information and education. Healthcare services shall be accessible, admissible and of respective quality¹⁵.

Located on the site of No.5, there is a medical section, which includes a doctor's office and rooms for intensive observation, procedures, dentistry, gynecological exams and a surgery; as well as storage for medication and wards with 60 beds. In addition to the medical section, primary healthcare rooms are provided in buildings 'A', 'B', and 'C'.

The facility has 18 medical and support staff, including 1 pharmacist and 1 surgeon. One doctor and a nurse are on duty all day long. According to the chief doctor of the No.5 Facility, specialist consultants are invited to the facility, including: a psychiatrist, a neurologist, an orthopedist, a dentist, a radiologist, a laboratory assistant, an endocrinologist and a gynecologist. It should be mentioned that the No.5 Facility has two gynecologist consultants, one man and one woman; convicts can choose themselves who they wish to see.

¹⁴ Right to Health, Fact Sheet No. 31, Office of the United Nations High Commissioner for Human Rights and World Health Organization, available at:

<http://www.ohchr.org/Documents/Publications/Factsheet31.pdf> [last visit on 31.05.2014]

¹⁵ General comment N° 14 (2000) on the right to health, adopted by the Committee on Economic, Social and Cultural Rights.

The European Court of Human Rights in its judgment on the case *Kudla vs. Poland*, states that article 3. of the Convention imposes on the state responsibility for protecting the physical health of any detained person. The Court indicated in several judgments that appropriate bodies shall ensure timely and precise diagnostics and treatment, as well as regular and systemic observation by medical personnel, providing a full therapeutic strategy¹⁶.

The inspections conducted identified that prisoners have to wait a long time to be seen by consultants, which is not in compliance with standards mandating a timely service. The convicts interviewed during the visit expressed dissatisfaction about insufficient visits by the neurologist. In addition, according to female inmates and medical personnel, the rheumatologist has not visited the facility since December.

Access to medication is also associated with problems. A study of documentation and conversations with the convicts revealed that in some cases the patient is not able to receive medication prescribed by the doctor within the timeframe of treatment. In some cases, prescribed medications are substituted with alternatives, which often cause patient dissatisfaction. Lastly, there is not a functioning pharmacy in the facility for the accused/convicted persons to buy medicines.

The issue of scheduled surgical treatments for female prisoners is also important. Alongside male prisoners, female prisoners are registered in an electronic database of the Medical Department of the Ministry of Corrections and Legal Assistance of Georgia. Often, patients have to wait for surgery for months, which can worsen health conditions to the point where urgent transfer to the inpatient division becomes necessary. It should be mentioned that if the patient's slot for surgery falls during her menstrual cycle, the patient is not taken for surgery and has to be reregistered for treatment. 10 such cases were registered in January-February, 2015. Here we should mention the case of the accused inmate 'S.M.', whose diagnosis is uterine polyps. The request for her surgical treatment was sent on 11 August, 2014 however no response had been received by the day of the monitoring visit.

5.1. Reproductive Health

Pursuant to sub-paragraph 'c' of rule 6 of the Bangkok Rules, a medical examination should be provided for female inmates, with the purpose of identifying their primary needs and the

¹⁶ Inter alia *Jushi vs. Georgia* Ruling of 8 January 2013, paragraph 61.

following factors: reproductive health history; current or previous (last) pregnancy; and childbirth or other reproductive health issues. It should be mentioned that a pregnancy test is provided to a female prisoner at the moment she is housed in the No.5 Facility. If the prisoner does not want to give birth, she can write an application and is then taken to the Civil Sector Hospital for abortion at her own expense or otherwise the procedure is funded by the Medical Department. During the monitoring visit, one pregnant prisoner was housed at the women's special facility.

50 transfers from No.5 Facility to the Civil Sector Hospital, due to reproductive health complications, were recorded in 2014.

'Female prisoners shall receive education and information about preventive health measures, including HIV infection, sexually transmitted diseases and other infectious diseases, including gender specific preventative health measures'¹⁷ In November 2014, breast and cervical cancer screening and papilloma virus examinations (Pap tests) were provided to prisoners placed in the No.5 Facility. In addition, in the event of detecting of signs of poor health, ultrasound examinations and consultations with specialists were also ensured. Examinations were on voluntary basis. Although special brochures were distributed, some prisoners still did not have information about the importance of such examinations. It should also be mentioned that some female inmates refused examinations, as they did not want to be examined by male specialists.

5.2. Mental Health Issues

Pursuant to rule 16 of the Bangkok Rules, based on consultations with social welfare services, the penitentiary health care system shall develop and implement a strategy to prevent suicides and self-harm among female prisoners. It shall also provide gender specific support to those who are at risk. This should be part of a comprehensive mental health policy in prison. A suicide prevention system is ongoing in the No.5 Facility. During the period of monitoring, 6 prisoners were engaged in the suicide prevention program. From the start of 2014 to February 2015, three cases of attempted suicide were recorded at the facility.

Pursuant to rule 15 of the Bangkok Rules, medical services in prisons shall ensure or facilitate special treatment programs, developed specifically for drug addicted women. Methadone

¹⁷ The United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders ('the Bangkok Rules'), rule 17

substitution therapy is not provided in women's special facility. In the event that a prisoner was engaged in a treatment program before imprisonment, she would be transferred to a treatment facility to finish the program. In other cases, a neurologist meets the patient and prescribes treatment locally. In case of complications, the accused/convicted person is taken to the medical facility.

Recommendations

- An appropriate number of visits by doctors/consultants should be arranged at the No.5 Facility;
- The convicts should be provided with prescribed medications;
- The prisoners should be provided with timely and adequate healthcare service;
- A separate electronic database of female inmates should be developed for effective implementation of scheduled healthcare services;
- Preventive healthcare measures should be implemented for female prisoners;
- A methadone program should be accessible in the facility.

Discipline

Pursuant to 'European Prison Rules', disciplinary punishment shall be used only as an extreme measure¹⁸. Prison administrations shall use all possible means of mediation to resolve conflict with prisoners and among prisoners¹⁹. The severity of any punishment shall be proportional to the offence committed²⁰. Collective or physical punishment is prohibited. Also prohibited are punishments that involve placement of a person in a dark cell, or those that are otherwise inhuman, degrading and / or humiliating.²¹ Punishment shall not include full prohibition of communication with family.²² Placement in solitary confinement as

¹⁸ European Prison Rules, Rule 56.1

¹⁹ European Prison Rules, Rule 56.2

²⁰ European Prison Rules, Rule 60.2

²¹ European Prison Rules, Rule 60.3

²² European Prison Rules, Rule 60.4

punishment might be imposed on the prisoner only in exceptional cases and for a defined period of time, which should be as short as possible.²³

In the No.5 Facility, from January 2014 to February 2015, the disciplinary sanction was imposed on 72 prisoners; in 4 cases prisoners were placed in solitary; in 9 cases prisoners were transferred to a cell-type room; and in 5 cases contact with the outside world was restricted (family visits restriction - 2, telephone conversation restriction - 2). In other cases, inmates have been reprimanded and warnings were used as a punishment. None of the pregnant prisoners were placed in solitary confinement.

Contact with the outside world

The European Committee for the Prevention of Torture pays special attention to availability of contact with outside world for each detained person. 'Promotion of contact with the outside world is a guiding principle; restriction of any kind of such contact should be based on serious safety reasons or problems associated with material resources'.²⁴

Pursuant to section 5 of article 72 of the Prison Code of Georgia, a convicted woman has a right to have 3 short visits per month and for one additional short visit as encouragement for good behavior. According to section 8 of the same article, a convicted woman has a right to 1 family visit per month and 1 additional family visit as encouragement. Convicted women placed in the No.5 facility have a right to just family visits, arranged in the spaces separated by dividers, in the corridors of the cabins designated for short visits. Confidentiality of conversation is a problem due to the layout of the room, since a prisoner might not be able to talk freely with family members in the presence of other people.

1374 family visits took place at the No.5 Penitentiary Facility in 2014.

Pursuant to article 27 of the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders ('the Bangkok Rules'), female inmates shall have the right to family visits, equal to that of male inmates. According to the Prison Code, male inmates have a right to 23-hour family visits, while female inmates get just 3-hour family visits. Consequently the Code contradicts the Bangkok Rules. The Code also

²³ European Prison Rules, Rule 60.5

²⁴ Torture and Inhuman or Degrading Treatment or Punishment European Committee (CPT). "Resolution" parts of CPT General Reports. Strasbourg, 18 August 2000. P. 37

contradicts the United Nations Convention on the Elimination of All Forms of Discrimination against Women. Pursuant to article 124 of the Prison Code, the Ministry of Corrections and Legal Assistance of Georgia shall no later than 31 December 2015 provide appropriate conditions to allow long-term visits to take place at women's special and imprisonment facilities, in order to ensure implementation of the right to long-term visits for female inmates. It is important to take immediate measures to provide all the necessary conditions to enable long-term visits for female inmates.

Pursuant to section 1 of article 26 of the Prison Code, the administration may give prisoner the right to temporarily leave the detention area, if there is a trustworthy notification about the death of close relative or about a life threatening disease, or any other special circumstances; even to allow for social activities. It should be mentioned, that some female convicts are aware of this information and have exercised this right.

Recommendations

- The infrastructure necessary to facilitate long-term visits should be provided at the No.5 Facility, to ensure there are opportunities for long-term visits for female inmates (similar to male prisoners);
- The infrastructure of the visit room shall be set up in such a way as to provide an opportunity for confidential private conversation between prisoners and family members.

Mother and child conditions

Within the framework of the monitoring, a detailed inspection of mother and child dwellings was carried out, and each prisoner was interviewed.

According to international standards, special measures are envisaged for pregnant women, those giving birth and mothers incarcerated with their children: 'A women's special facility shall have separate rooms for taking care of pregnant women. If possible delivery shall take place in civil hospital instead of prison. In the event that a child is born at prison, this shall not be indicated on the birth certificate.'²⁵ Confidentiality of information concerning the

²⁵ Standard Minimum Rules for the Treatment of Prisoners, rule 23, section 1

child is also important, meaning that any kind of information related to identification of the child shall be confidential and could be used only for the child's best interests. If child is born in the penitentiary facility, this shall not be mentioned in his/her birth record.²⁶

There were 6 mothers and 6 children in the facility during the monitoring period. The ages of the children ranged from 2 months to 2.5 years. Children are eligible to stay with their mothers until 3 years old and then they are removed²⁷.

According to the Bangkok Rules a 'decision on the timing of separating a mother and a child should be based on an individual assessment, taking into consideration the child's best interests, within the framework of appropriate national legislation.'²⁸ Automatically applied, formal rules will not be the only basis for deciding whether to separate a mother and child - a child's psychological condition and level of development should be taken into consideration.

Taking into consideration a child's best interests, female inmates should have the opportunity to take certain measures to secure guardianship. In such cases, the Bangkok Rules provide an opportunity for the temporary release of prisoners for a reasonable term. When making a decision, the child's best interests should be taken into consideration, which should be balanced by public interests relevant to the penitentiary system.²⁹

The issue of separating mother and child is acute in the penitentiary system. While full elimination of this stress is impossible, it should be reduced as far as is possible. At present this process is quite stressful for both mother and child. One mother, whose child will be 3 years old soon (the child will consequently have to leave the facility), was deeply depressed and had several interviews with the psychologist to try to make the process easier.

In building 'C' we interviewed a mother who had sent her child home some months ago, before the baby was three, because she considered that this was the best option for the child. In the interview the convict stated that she was supported psychologically by the staff of the facility. Relatives often bring the child to visit her, which is a relief for her.

²⁶ The United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders ('the Bangkok Rules'), rule 3

²⁷ Georgian Prison Code, article 72

²⁸ The United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders ('the Bangkok Rules'), rule 52

²⁹ The United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders ('the Bangkok Rules'), rule 52 2. 3.

Convicted mothers highlighted the following problem: according to the rules of the facility, if relatives take a child for more than 10 days, the mother has to leave the building for mothers and children and move to regular accommodation. Such a move is inconvenient because the mother has to get used to a new environment and new people. In addition, there is the danger of spreading infection, which increases risks for other mothers and their children. For these reasons, mothers try to avoid sending their children home for more than 10 days at a time, and those who are from the regions, therefore generally make less use of the opportunity to send their children home.

Living Conditions

The living conditions and hygiene of the building for mothers and children was also inspected. The 'environment for bringing up a child in the penitentiary system should be as similar as possible to the environment outside prison'³⁰.

Heating in the mother and child building is satisfactory although there are no curtains on the windows, which is an inconvenience (monitors were told blinds on the windows were broken and never repaired). Prisoners in this building are provided with constant hot water.

The issue of providing children with warm clothes was also highlighted. It was mentioned that prisoners have problems clothing their children, especially obtaining shoes, as their relatives cannot afford to buy them. Due to this fact, prisoners are not able to take their children out when it is cold. There is a special need for warm children's boots and jackets.

Nutrition

Provision of food for mothers and children was also an important issue uncovered by the monitoring visit. Mothers complain about restrictions on children's products in parcels; for example just 500 grams of biscuits are allowed. Other types of biscuits are available in the prison shop, which mothers say are expensive and children do not like. Just one liter of milk is allowed per week, which convicts say is not enough. In addition to chocolate, caramel is also not allowed. Maize flower is also taken away, although one mother was allowed to use it, since her child was on a special diet.

³⁰ The United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders ('the Bangkok Rules'), rule 51

Four children are breast feeding and artificial food is also provided by prescription. One mother, whose child is on milk formula stated that she had been waiting for one month for 'Humana #2' formula and was still giving the child 'Pre Humana'. Concerned mothers complained about delays in receiving Humana #2. The pharmacist stated that she had prescribed Humana #2 on 29 January 2015, but this was not distributed until the day after the monitors spoke with her (distributed 20 February). However the pharmacist stated that the mothers should still have Humana 2 from the previous month's supply.

On 22nd of every month, if it is not a holiday, mothers are provided with pampers: 110 nappies per month, per child, by size, as well as a certain amount of food.

However it was mentioned that amount of food distributed is small and is not enough for proper nutrition. For example: 3-4 potatoes and onions, 2 big carrots, 100g mince meat (once a week); 500g chicken (twice a week), as well as 200g greens, 250g butter and 7 eggs. No honey is provided.

During the interviews, mothers stated that the products provided are not enough to prepare normal food for themselves and their children, who require additional food. Sometimes they receive canteen food meant for the other prisoners, for example, beans during the fast. However, the canteen staff state that a prisoner's ration is available to the mothers, but they refuse to take it.

Medical Service

The quality of the medical service provided in the penitentiary facility was inspected. Children are beneficiaries of the public insurance program. Scheduled immunizations and tests are provided to children. A pediatrician notifies the Chief Doctor in advance and they agree on the date of consultation. If necessary, children can have a consultation with the psychologist.

After arriving from a maternity hospital, mothers receive the basic essentials (a gift kit), including: a bathroom basin, a catheter, laxatives, herbal supplements (chamomile and echinacea), disinfectant, 'brilliant green' topical antiseptic, cotton, 2 bottle teats, and a chamber pot.

The following products are provided on monthly basis: baby soap (2 pieces), baby shampoo, baby powder, baby cream (200 ml), baby oil, wet wipes, cotton buds, and if necessary an additional bottle with a teat.

Mothers are not satisfied that just one tube of 'Jonson's Baby' cream is allowed in the facility. They ordered the cream a month ago from the prison shop, but they did not deliver it. Provisions of applications prescribed by a dermatologist were also delayed, due to public procurement procedures; substitute medication was offered, but the mothers rejected it.

Education and Engagement in Activities

Mothers housed with children at the facility are not able to participate in scheduled activities or training courses. They mention that they want to engage in trainings provided by the facility but they cannot leave the baby; and consequently cannot participate in activities and trainings.

It should be noted that if a mother is not able to take care of her child due to health complications or any other reason, she should be able to leave the child in care. This is especially important, if relatives of the inmate live in the regions and are not able to support her immediately, whenever necessary. According to the standard rules for treatment of prisoners, where infants are allowed to remain with their mothers, a kindergarten, with qualified personnel, should be provided. Personnel should be able to care for children in the event a mother is not able to do so.³¹

Literature on maternity issues, child care and nutrition is available in the library of the facility. Prisoners mentioned they have used this literature.

Recommendations

- Procedures around children having to leave prison should be reviewed and improved, taking into consideration child's best interest. Children should be adjusted to the outside world, in order to minimize the stress caused by separation from their mothers;
- Children at the facility should be provided with adequate clothes and shoes;
- If mother is engaged in certain activities, or is ill, a care giver or support person should be provided for the child;

³¹ Standard Minimum Rules for the Treatment of Prisoners, rule 23. 2

- Inmate mothers should be free to choose to engage in various trainings and activities.

Minority Women Prisoners

Ethnic and Religious Minorities

Pursuant to the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules), the prison administration should realize that female inmates might represent different religious and ethnic groups. Consequently, they should provide programs taking into consideration their requirements.

The prison atmosphere shall be convivial and should not conflict with inmates' religious feelings and worldviews. Prison in general might cause inconvenience, but this should not impact religious or other substantive issues and there should be no more restrictions than necessary. Female inmates face more than simply gender specific challenges, so it is necessary to take into consideration other individual traits.

By 31 December 2014, 23 foreign citizens were housed in the No.5 Facility. In 2014, 12 foreign female citizens were released from the facility. During the monitoring visit, the citizenship / ethnic distribution of inmates was as follows: 18 prisoners were Russian, 37 - Azeri, 23 -Armenian, 1 - Nigerian, 2 – Turkish, 2 – Uzbek, 4- Ukrainian, 4 – Moldovan, 8 – Ossetian, 1 – Hungarian, 3 – Yazidis, 1- Arab, 2 – Kurd, 3 – Chinese.

68 of those accused/convicted at the facility were from religious minorities; out of these 41 were Muslims, 23 were Catholics and 3 were Yazidis.

Among the rights relevant to foreign citizens, the following are particularly important: the right to communicate with consular offices and the opportunity to practice religious rituals in accordance with their religious beliefs.

It should be mentioned that interpreters are used to inform non-Georgian prisoners about their rights and duties, disciplinary violations and for translation of correspondence. In 2014, interpreters were used for such purposes in 26 cases.

However according to one convict, who is a foreign citizen, she was not informed about her rights and duties, or the regulations of the facility, when brought to the facility.

According to prisoners, since social workers do not speak Russian, social and psychological services are not adequately provided to them.

Recommendations:

- Access of foreign citizen inmates to psychological support and social services should be improved, and appropriately fluent specialists should be invited in order to prevent language problems;
- Special attention should be paid to ensuring foreign citizen inmates are provided with products for personal hygiene, since communication with their family members is limited and they are not able to receive parcels as frequently as local inmates;
- Special attention should be given to facilitating foreign citizens' communication with the outside world, in particular the possibility for telephone calls.

The rights of LBT prisoners

LBT prisoners are especially vulnerable in detention and prison facilities. Stereotypes established in society are often more severely and aggressively realized in places such as penitentiary facility. .

Despite the fact that homosexual behavior has been decriminalized in Georgia since 2000, there are still legislative issues that create stigma. Georgian society is still generally homophobic, where violence against LGBT people is considered 'the right thing to do'.

Conditions of LBT and GBT prisoners are significantly different. The main differences are around the placement of such prisoners within the general prison population and their level of acceptance. GBT prisoners are held separately and other male prisoners' communication with them is restricted. In the women's facility there is no need for such isolation for safety reasons. However it should be mentioned that LBT prisoners have several issues, which are no less important than communication between prisoners.

The administration of the facility rules out that any incidents have occurred due to sexual orientation or gender identity, however interviews with prisoners identified the cases of conflict, where pointing out the sexual orientation or identity of an individual is sometimes a factor.

Within the penitentiary facility the administration does not have, or says that does not have information about LBT prisoners; however the inmates speak about the matter openly. The fact that the administration does not have such information cannot be assessed positively, since it is responsible for preventing all risks to inmates, which includes being aware of issues which may become the basis for violence against inmates or cause discrimination.

It should be mentioned that guidelines, strategies or action plans for the treatment of LBT inmates are not available in the facility. Decisions made by the administration are spontaneous and do not comply with international standards. The prison administration does not cooperate with LBT advocacy organizations and the level of staff awareness around these issues is low.

According to information received as a result of conversations with the administration of the facility, the wishes of inmates are taken into consideration, if they do not pose a danger to the individuals in a relationship or the prison regime. However, according to the administration, in practice there were no cases where an inmate had requested to share a cell with her partner. Different information was provided by the prisoners. According to inmates, the administration does not hinder their cohabitation with partners; however it does request they explain why they want to share a cell. It should be mentioned that the sexual orientation and gender identity of most of the LBT prisoners is not hidden and they identify themselves. Some couples live together.

The convicts indicated that despite the benevolence of the administration, inmates still try to adhere to the prison regime, so as not to be separated from partners and taken away to another cell or building. One convict mentioned that she had told the head of the prison that if she was separated from her partner, she would commit suicide. Such a strategy was acceptable to her, although she also indicated that recently management takes their wishes into consideration as far as possible - to ensure a good relationship with prisoners.

It should be noted that neither inmates nor the prison administration spoke of conflicts, discrimination or inhuman treatment based on gender identity or sexual orientation. However the administration does not have sufficient information for a risk assessment. Social workers do provide any special support to LBT inmates. Monitoring did reveal the risk of self-harm is high among LBT prisoners, however psychological support is not provided to them.

Recommendations

- A strategy and guidelines should be developed, in order to prevent discriminatory approaches based on sexual orientation and gender identity;
- Special measures should be taken to improve the awareness of facility personnel about LBT rights, international standards and the risks associated with their placement in custody;
- Special safety measures should be in place when housing prisoners, in order to avoid placement of LBT prisoners with inmates who could pose a threat to their life or health;
- The administration of the facility should pay special attention to the participation of LBT prisoners in any prison programs that are planned;
- The administration of the facility should ensure the engagement of LBT advocacy organizations and other groups representing civil society in the implementation of special programs;
- More work should be done by social workers and psychologists with LBT and other prisoners, in order to improve the acceptance of LBT prisoners among the wider prison population, to help prevent self-isolation and self-harm.