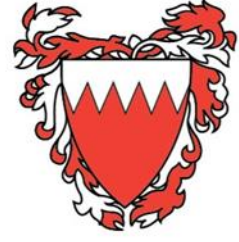


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Prisoners & Detainees Rights Commission

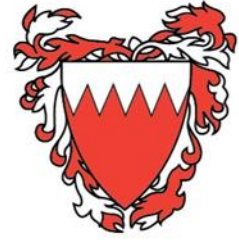
UNOFFICIAL TRANSLATION BY THE PRISONERS & DETAINEES RIGHTS COMMISSION

**Report No. 9**

# **The Prisoners and Detainees Rights Commission (PDRC)**

## **Unannounced Visit to the Women's Detention Center (WDC)**

**January 18-20, 2015**

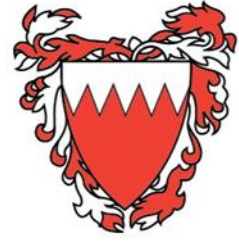


# مفوضية حقوق السجناء والمحتجزين Prisoners & Detainees Rights Commission

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## مفوضية حقوق السجناء والمحتجزين Prisoners & Detainees Rights Commission

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### **Introduction:**

The Prisoners and Detainees Rights Commission (PDRC) conducted an unannounced inspection to the Women's Detention Center (WDC) in Isa Town.

The inspection was carried out in accordance with the principles, criteria and indicators adopted by the Commission.

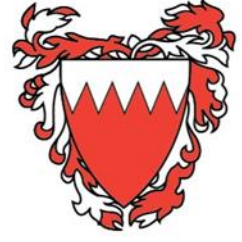
The procedures included documenting observations made during the visit to the facility and issuing recommendations to raise the standards to be in par with international human rights guidelines and criteria as related to detainees and temporarily detained.

### **The reference points are as stipulated in :**

1. National Action Charter.
2. Constitution of the Kingdom of Bahrain.
3. Penal Code, as amended.
4. Code of Criminal Procedures, as amended.
5. Law of Prisons 1964.
6. Law of Public Security Forces, as amended.
7. Prison Systems 1964.
8. Decree 61 / 2013 in regards to establishing Prisoners and Detainees Rights Commission.
9. Universal Declaration of Human Rights.
10. International Covenant on Civil and Political Rights.
11. Convention against Torture and Other Cruel, Inhuman or cruel, inhuman or degrading treatment.
12. International Convention on the Elimination of All Forms of Racial Discrimination.
13. Convention on the Elimination of All Forms of Discrimination against Women.
14. United Nations Convention on the Rights of the Child.
15. Conventions on the Rights of Persons with Disabilities.
16. Charter of the United Nations.
17. Arab Charter of Human Rights.
18. United Nations Standard Minimum Rules for the Treatment of Prisoners 1955 (Geneva).
19. United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules).
20. Standards of Her Majesty's Inspectorate of Prisons in the United Kingdom.

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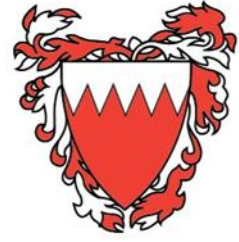
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# Section I

## Background



## مفوضية حقوق السجناء والمحتجزين Prisoners & Detainees Rights Commission

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### Procedures:

**Date of visit:** 18 - 20 January 2015

**Location:** Women's Detention Center (WDC) - Isa Town

**Type of Visit:** Unannounced

**Inspection Team:** PDRC Commissioners and staff.

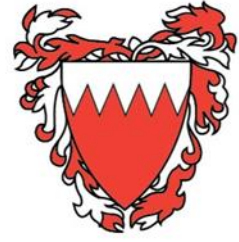
**Work Mechanism:** According to approved standards and guidelines which include:

- A. **Evidence Gathering:** Evidence was gathered from staff on location according to specialty as well as analyzing available records and documents in various departments. The administrative system was examined, women detainees and temporarily detained were involved throughout the proper process.
- B. **Detainees and temporarily detained Interviews:** A random selection of detainees and temporarily detained were interviewed based on records available at the time of the visit. The sample was diversified to insure proper coverage.
- C. **Direct Observation:** Through monitoring conditions of the place to ensure the facilities are suitable for women detainees and temporarily detained, and is in par with local and international laws and guidelines.

### General Observation:

- **WDC was founded in 2005, it consists of:**

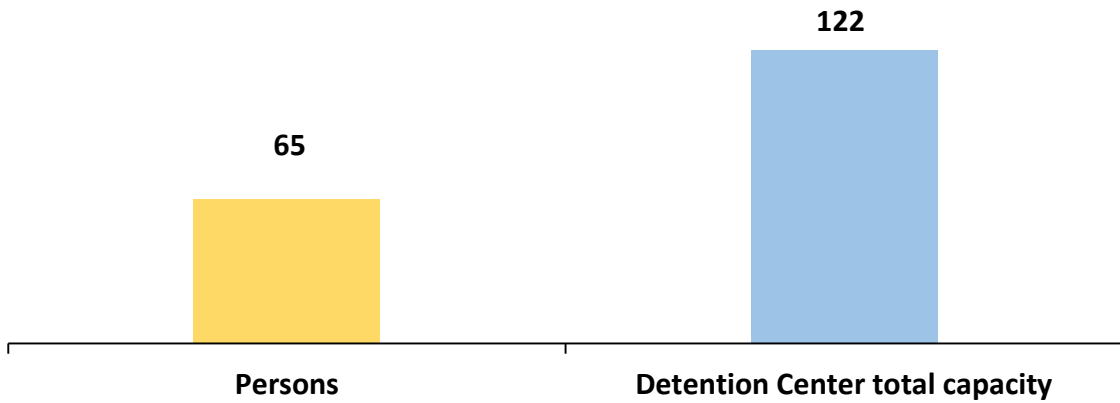
- Administration
- Two wings
- Health Clinic
- Visiting Cabin
- Convenience store
- External area
- Social workers office
- Archives
- Safe Deposits



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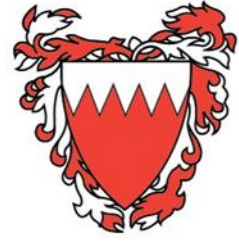
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- **Persons and Detention Center total capacity:**



<b>Group age of 15-18</b>	
Detainees	2
Persons held 48 hours Under Police Custody	0
<b>Group age Over 18</b>	
Detainees	47
Persons held 48 hours Under Police Custody	16
<b>Total</b>	<b>65</b>

- **Mother and Child: 1**
- **Detention Center total capacity: 122**



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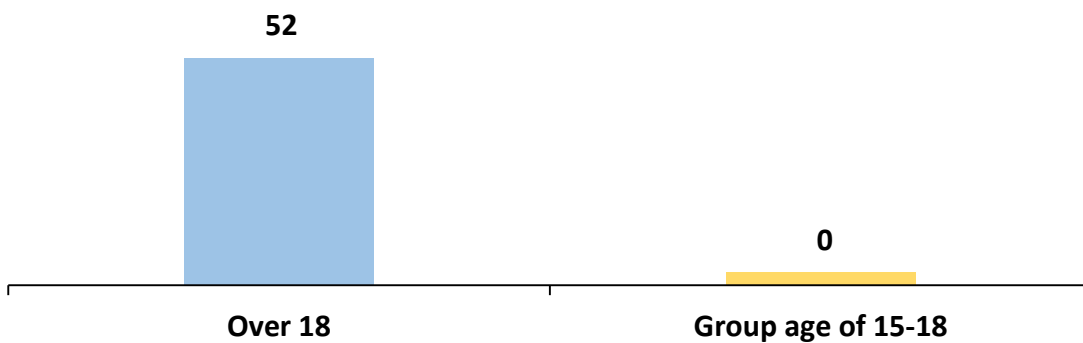
- Category of Detainees and Temporarily Detained based on nationality:

### Number of Bahrainis:

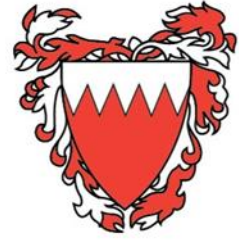


Age	Number
Group age of 15-18	2
Over 18	9
<b>Total</b>	<b>11</b>

### Non-Bahraini:



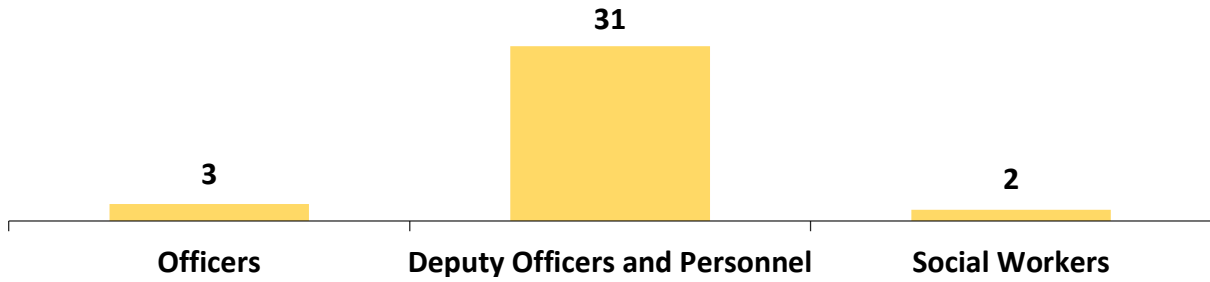
Age	Number
Group age of 15-18	0
Over 18	52
<b>Total</b>	<b>52</b>



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- **Facility Staff:**

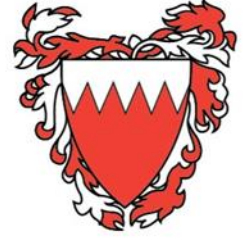


Age category	Number
Officers	3
Deputy Officers and Personnel	31
Social Workers	2
<b>Total</b>	<b>36</b>

Numbers mentioned are of members of staff that directly interact with detainees as prison or support services staff.



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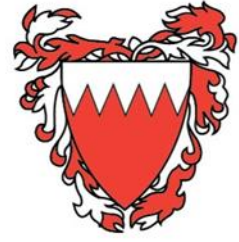
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# Section II

## Assessment of Principles and Standards

## مفوضية حقوق السجناء والمحتجزين Prisoners & Detainees Rights Commission



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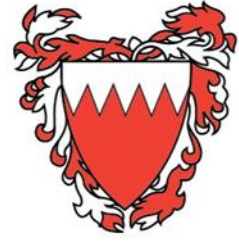
### Treatment and Conditions:

Staff have an understanding and awareness of the needs of pregnant women and mothers. The team noticed that staff are not properly trained on dealing with elderly, special needs, and the age group of 15-18. There are written guidelines for inspection, but there is only one visiting cabin, without a waiting area. Some of the staff have limited understanding of risk assessment, and the risk that detainees may pose on each other. Staff are aware of self-harm situations, but there is no training on how to deal with such incidents. Therefore, staff should receive proper training on managing the risk that detainees may impose on each other and assessing risk. There are surveillance cameras, but are not available in all facilities.

There are procedures which organize the legal use of force, but staff are not trained. Detainees and temporarily detained are medically examined after legal use of force, and incidents are documented in personal files. Cells were safe and do not contain any self-harm objects, staff were also available in case any detainee or temporarily detained needed help. Conditions of ventilation, temperature, and lighting were appropriate, but some cells were not clean, with shortage in maintenance in some facilities. Personal hygiene kits and basic sleeping requirements such as pillows, sheets, and beds were available. A procedure is in place to receive clothing; and a personal locker is provided for both the detainees and temporarily detained. Main meals are served in regular times, food is varied and sufficient, with special meals provided for babies. Convenience store is available.

The inspection involved other needs and requirements, such as: outdoor exercise, reading, visitation, and phone calls. Detainees and temporarily detained had access to outdoor exercise for a specific time, but not regularly due to shortage in supervision staff. Visitation is available to detainees and temporarily detained at the legal allowed timing. There is no special management in regards to organizing visits to the age group of 15-18. Calling cabins are available to call families and lawyers. Daily newspapers are provided, but there is no variety in books. Transfer is done in safe and clean vehicles. While being transferred from WDC to Courts or Public Prosecution; they are received quickly to avoid prolonged waiting. There is a lack in rules and procedures in facilitating calls to families and lawyers while being transferred.

The inspection included rehabilitation, educational activities, developing skills, and work. Detainees and temporarily detained have the opportunity to continue education in various levels, in accordance to home schooling and distance learning. There are limited



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efforts to assist detainees in making any positive behavioral and attitude changes. There is a coordination between WDC and medical centers to treat patients with dangerous, contagious and chronic diseases. Communication with the outside world is provided according to rules and regulations.

#### **Rights and guarantees:**

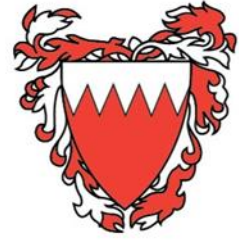
Each detainee and temporally detained has a personal record which consists of documents that guarantees lawful detention. Phone calls are made available to contact family and lawyers to inform them of their location. Information posters that show detainee's legal rights are available in two languages Arabic and English, but they are not distributed. There is a dedicated place for detainees and temporarily detained to meet their lawyers or embassy representatives. Detainees have an easy access to filing complaints. Procedures consist of filling out forms and a drop box for collection and there are posters to inform of their right to submit complaints. There is also a procedure which encourages detainees and temporarily detained to solve their complaints amicably with the help of a social worker before submitting a complaint. Over all, there is a mechanism which allows the detainee and temporarily detained to file a complaint, but there are no written guidelines.

#### **Health care:**

**There is a common Health Clinic that serves JCC, WRRC and WDC.**

1. The health center is open 24 hours. In the morning it is covered by a female doctor and a nurse. The rest of the day, weekends and official holidays only one nurse is in attendance. Pharmaceutical and other medical support services are not available in the center.
2. Dental and psychological care services are transferred to the main health center in the Police Fort of the Ministry of Interior.
3. Other medical services, examinations and children vaccination are offered at close by government hospitals and health centers.
4. Psychological and social support services are provided by a specialized team.
5. An ambulance is requested when needed from government hospitals.

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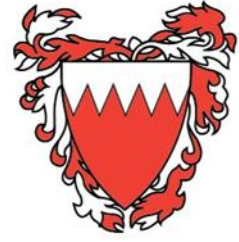
### Comments on medical services

Detainees and temporarily detained have access to medical care through the health center or by transfer to hospitals when needed. Most of the time, psychological and addiction care is offered in a timely manner. Medical care is provided by professionals and follow up is done by health supervisors (members of the women police force). Patients are accounted for and cases are documented at the nursing station. There is lack of supervision re-services and administrative procedures on location. As it was noticed that all administration was handled at the Police Fort. The doctor and the nursing staff in the center, organizationally report to the medical center in the Police Fort. There is no specialized training for staff on detainees and temporarily detained health or the diseases they might be suffering from. Medical examination is done in private and it guarantees confidentiality. There is only one specialist in the Ministry of Interior that covers infectious diseases, which is a weak point. There is an evaluation form, which can be submitted by management, but there is no proper follow-up. Medical equipment are examined regularly, while medical staff do not have proper knowledge on operating the resuscitation devices.

There is a clear procedure on how to access medical care. Medical information is documented by women's police force in the detainees record from day one after they are medically examined in the Police Fort. The information is electronically saved which ensures confidentiality as access is available only to those concerned. Confidentiality and privacy are preserved when it comes to psychological and social care. There is no pharmacy in the health center so general medicines are not available for common diseases but are requested from outside health centers and provided on the same day. Medicines are stored in policewomen's offices in an unsafe manner and are not dispensed appropriately, the distribution and record of medicines including controlled medicines is done by the women's police force and not by nursing or pharmaceutical staff. Storage and distribution procedures that are followed in the Kingdom of Bahrain are not observed. After examination by a psychiatrist.

Regarding psychiatric health, Detainees and temporarily detained are transferred to the psychiatric hospital through the health center doctor or upon their own request. There is limited awareness on psychological health and care by the medical team due to shortages in staff. All Detainees and temporarily detained are evaluated by the social and psychological support specialists and a plan is put in place on how to deal with various psychological symptoms and in preparation to transfer to psychiatric hospital when needed.

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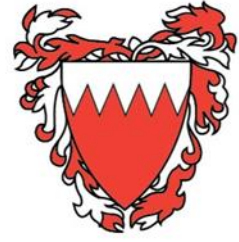


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# Section III

## Recommendations



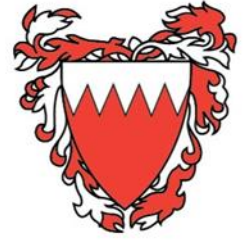
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### Recommendations

1. Ministry of Health to coordinate with the Ministry of Interior for the provision of healthcare services.
2. The Ministry of Education should be responsible for the provision of education to inmates in coordination with the Ministry of Interior.
3. Train staff on dealing effectively with the elderly, those with special needs and age group 15-18. Training on risk management and assessment should be provided.
4. Establish written guidelines allowing the detainee to inform family and lawyers while being transferred. Risk assessment while being transferred should be considered.
5. Increase surveillance cameras in the facilities according to local, international laws and guidelines.
6. Improve periodic maintenance of the Center.
7. Train staff on the legal use of force and risk management.
8. Guidelines which guarantee detainees and those temporarily detained have organized access to external area should be established.
9. Provide a suitable visitation and waiting room.
10. Provide rights and obligations leaflets in several languages and in Braille to be handed to each detainee and temporarily detained upon arrival.
11. Develop a written mechanism that guarantees privacy and protection of the complainer upon submitting complaints.
12. Increase medical staff to provide all detainees and temporarily detained health needs especially dental and psychological care.
13. Create a specific administrative area to supervise medical reference and follows up on all detainees and temporarily detained health issues and to propose plans for health workers development.
14. Develop an effective referral system to Dental Clinics.
15. Develop educational and health awareness programs given that maintaining a healthy life style is important.
16. Establish a pharmacy in the health center administrated by a pharmacist to distribute and dispense medicine as needed.
17. Train medical staff on operating the resuscitation device in the Health Center.

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