

Women in Prison: Mauritius

Analysis from the National Preventive Mechanism

| August 2024



association pour la prévention de la torture
asociación para la prevención de la tortura
association for the prevention of torture



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Mauritius



UNCAT Ratification
9 December 1992

OPCAT Ratification
21 June 2005

National Preventive Mechanism (NPM)

National Human Rights Commission

NPM legal framework

National Preventive Mechanism
Act (NPMA), 2012

NPM operationalisation

Since 2014

NPM structure

Specific division within the
National Human Rights
Commission

NPM composition

6 people (2 women): 1 Deputy
Chairperson, 2 Members, 2
Investigators and 1 Confidential
Secretary

I. Facts and Figures¹

Prison population	Women in prison - Characteristics	Prisons for women	Prison staff
Total prison population	Foreign women	Total number of women's prisons	Women prison staff in women's prisons
2,413	75	3	93
Women in prison (total)	Pregnant women	Women-only prison ²	
140 5.8%	2	3	
Women in pre-trial detention	Women with children in prison		
93	4		
Women serving a sentence	Older women (60 years or older)		
47	5		

¹ Source: *National Preventive Mechanism of Mauritius, October 2023.*

² Women's Prison, Beau-Bassin; Barkly Special Prison for Women; Open Prison for Women.

II. Recommendations

Accommodation and food

- + Renovate the kitchen at the women's prison, including the installation of a larger cold room to store vegetables and fruits, appropriate aluminum windows, proper aeration and more refrigerators.

Sanitary facilities and personal hygiene

- + Provide gloves, plastic aprons, rubber boots and necessary cleaning materials to detainees while cleaning the toilets and shower units.

Safety

- + Better protect the paths leading to the kiosks inside the yards of the prison as same ought to be protected from rain and wind to uphold health and safety standards.

Mental health

- + Appoint additional psychologists exclusively for the Women's Prison to ensure more frequent psychological support to women detainees.

Foreign women

- + Increase the frequency of Skype calls and provide income generating opportunities within the prisons to detainees so that they could afford to pay for their phone calls with their earnings.
- + Provide regular psychological and psychiatric support to foreign women.

III. Detention Issues

Body searches

Body searches on women detainees are conducted on an individual assessment basis. Body searches on women are conducted whenever they leave the prison, generally, to attend Court or to go to hospital. These may include body scan, pat search and strip search

Rub down search is conducted on daily basis at lock-up time and detainees are chosen randomly. All details pertaining to body searches conducted on detainees are recorded in a Search Book at the prison.

There is one body scanner at the women prison. The body search or strip search (detainees are not required to be totally naked during the strip search exercise) are conducted in the presence of high (senior) ranking women officers at the prison. As a matter of fact, body searches on women detainees and women visitors are carried out exclusively by women prison officers and out of sight of male members of staff. Conversely, male visitors are searched by male prison officers only and out of sight of women members of staff.

Whenever a pregnant woman is moved out of the prison premises in order to attend Court or hospital visits, she undergoes a body scan at a lower frequency transmission in order to ensure that no prohibited object(s) are concealed inside her body. When any such object is detected, a nursing officer or a doctor from the prison decides whether or not the detainee should be sent to the Jawaharlal

Nehru Hospital for further procedures. Moreover, the detainee undergoes a pat search and a strip search by two women prison officers. During the strip search, the detainee does not need to be totally naked.

Invasive body searches are conducted invariably at the hospital and only in cases where there is strong suspicion that prohibited articles may be inside the body of women detainees. In such cases, specialised medical professionals at the hospital conduct an echography and/or X-Ray in order to detect anything suspect, under the supervision of high-ranking prison officers.

Solitary confinement, isolation

Solitary confinement is used as and when required as per the prison regulations. Solitary confinement is mostly used as a punitive measure for detainees under report, but sometimes also for the detainees' protection. In such cases, the detainee is seen by the prison doctor. It is the prison doctor who decides whether a detainee may be placed in solitary confinement or not.

There exist different reasons whereby detainees are placed in solitary confinement for their own protection. For example, during the COVID-19 pandemic, detainees had to be placed in confinement in order to protect their health. In other cases, detainees may be placed in confinement for their own protection in prison pursuant to a Court Order and/or when a detainee's safety/security may be at risk.

Solitary confinement is sometimes used in the above situation, but the approach is somewhat different. In cases of pregnant women, the detainee will first be consulted by a prison doctor to see whether or not she can be placed in solitary confinement. If a pregnant woman is about to give birth, generally she will not be placed in solitary confinement. Solitary confinement for mothers and pregnant women has flexible procedures. For instance, when placed in the confinement unit, women are allowed to keep the cell door open and are free to move along the cell corridor, including the association yard. Such cells have attached toilets, sinks and beds. The shower units are found in the association yard.

For women detainees with children in prison, the detainee is placed in solitary confinement only when the children attend kindergarten or school. When the children are back from school, women and children return to the mother care unit.

Detainees are examined by a Health Service Office before a solitary confinement. During solitary confinement they are kept in single cells, which are similar to other general cells in the prison, and are allowed to make phone calls and to receive visits.

Written detailed records on the use of solitary confinement are kept in the Occurrence Book at the prison.

Access to healthcare

The Women's Prison infirmary is staffed by two doctors and three registered nurses who work on a rotating shift basis, ensuring 24/7 medical care. The infirmary comprises a consultation room, a pharmacy with storage facilities, an observation room, a treatment room, and a dental room. In the event of a detainee reporting sick, she is brought to the consultation room for a joint examination by a doctor and a registered nurse. If blood tests are necessary, the detainee is transferred to the fully equipped treatment room for the necessary procedures.

Detainees requiring extended medical observation are held in the observation room for up to ten hours. In cases requiring further medical intervention or extended observation, the detainee is transferred to a public hospital. Dental services are provided by two dentists: a state dentist who holds consultations three times weekly and a private dentist who attends as and when required. The dental room is reasonably well-equipped so much so that regular dental check-ups and even root canal

treatments can be provided. Moreover, a gynaecologist visits the Women's Prison weekly and offers her services to detainees in need.

Mental healthcare

During the screening process at the induction stage when the detainee is first admitted to prison, a preliminary medical assessment is made regarding the detainee's mental health generally. This is an area where more attention ought to be focused.

A minimum health care assistance is given to the detainee on a regular basis. At present there is only one psychologist and one trainee psychologist who visit all the prisons. This is clearly inadequate.

Various types of mental health support and treatment are available for women in prison, such as counselling, group therapy, stress and anger management, and psychological assistance. Non-governmental organisations also provide mental health support to women detainees, which includes yoga, meditation, and stress management.

The psychologist and NGOs that provide mental health support to the detainee also provide the same support to the prison staff. As regards the family members of detainees, they may be assisted by NGOs as well. In the past, there was only one full time psychologist in all Mauritius prisons. Following the NPM's recommendations, an additional full-time psychologist has been recently appointed. The NPM has further recommended that additional psychologists be appointed exclusively for the Women's Prison(s).

The prison staff do receive some basic training on mental health support/assistance. However, such training may not be termed as 'specialised' from a gender perspective and may not be of such standard that would enable the prison staff to offer specialised support to detainees. The NPM has emphasized the importance of properly trained staff. To this end, it has conducted workshops and seminars to train new recruits so that they have the skills to identify and address any issues detainees may face, including gender-sensitive issues. Furthermore, the NPM recommended that more women officers be recruited.

IV. Women in special situations of vulnerability

Foreign women

The official prison records indicate that more than a half of women in prison are foreigners and most of them are charged with drug dealing offences. The main problem faced by foreign women relates to difficulties in contacting their relatives in their respective countries. Recommendations have been made by NPM so that they can earn sufficient money to afford phone and Skype calls.

Foreign women have limited or no contact with their respective embassies/diplomatic missions. The NPM often contacts embassies/diplomatic missions in order to assist detainees in whatever way possible. In appropriate cases, the NPM also seeks the assistance of local NGOs in order to enable detainees to obtain essential amenities.

Foreign women also face challenges in accessing counsel and legal representatives. The NPM assisted detainees with the collaboration of the Mauritius Prison Service to seek legal aid. These contacts enabled them to obtain case updates and facilitated meetings between detainees and their legal counsel and legal representatives.

Moreover, the NPM received several complaints from foreign detainees regarding the unaffordable costs of phone calls to their families. The NPMD raised this issue with the Mauritius Prison Service and

the latter reassured the NPM that it will seek the collaboration of Mauritius Telecom, which is the relevant service provider. In the meantime, the NPM recommended that: (i) the frequency of Skype calls be increased; and (ii) income generating opportunities within the prisons be provided to detainees so that they could afford to pay for their phone calls with their earnings.

In light of the negative impact that separation from family may have on the mental and emotional well-being of foreign women, the NPM has also recommended that regular psychological and psychiatric support be provided to them.

This report is part of the Global NPM report on Women in Prison.
Access the full report here: www.apr.ch/global-report