UNITED STATES OF AMERICA

A Visit to Valley State Prison for Women

Preface

The following is a report on a short visit made to the Valley State Prison for Women (VSPW), in California on November 17th and 18th 1998. In a voluntary capacity as an expert in prison matters, Dr Casale[1] accompanied two researchers working for Amnesty International, Angela Wright and Josef Szwarc, on the visit.

The visit met with the highest level of co-operation. Access to whatever aspects of the facility the visitors wished to observe was granted by the Warden, senior management team and staff on the units. The visit was conducted in a spirit of courtesy and openness.
The report is written in that same spirit.

The report is critical of some practices at the prison and of some policies in the State. It is therefore important to emphasise at the outset that during the visit it was clear that there were many members of staff, particularly at management level, who were working with skill, commitment and energy to promote good practice.

It is facile to try to import examples from other countries into the complex context of a prison system. But that does not mean that comment from other perspectives cannot serve a useful purpose. In prison settings it is all too easy to become isolated from the outside world. Sometimes it is worth being reminded that the truths which we have come to regard as self-evident in our own prisons are strange and unconvincing to people seeing them afresh.

In Europe we are slowly struggling towards a greater awareness of each others' traditions and trying to learn from what is best in each context. This report of a brief visit cannot claim to embody a complete understanding of Valley State Prison for Women, but it offers some observations about those features which appear most striking to the eye of one European who spends a lot of time in prisons.

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The report starts with a summary of main points. Then follows a discussion of observations and issues discussed with staff and prisoners, arranged according to areas of interest.

Summary

At Valley State Prison for Women (VSPW), the high standard of the physical facilities was conspicuous. Throughout there was evidence of significant capital outlay. The physical environment was modern, in good condition, with many high specification design features, in particular the provision of plant for the medical centre. As regards plant, physical facilities and environment, it compares favourably with the best European prisons.

These physical facilities provide the potential for high standards of custody and care. However, that potential is not being realised, due in large part to factors beyond the control of the local management. Several features of the physical environment inhibited achievement of those standards.

The overriding impression from the visit was of a prison institution too large to function effectively, with a population of women prisoners considerably in excess of the number for which it was designed to hold. Many of the senior staff locally appeared to be doing their best in the context of difficult and at times inappropriate structures. These have been imposed by state-wide policies which fail to take adequate account of the particular population at VSPW.

The **sheer size** of the prison acted as an inhibiting factor. By European standards it was a huge institution. Indeed, in European thinking the prison, as designed for circa 1900 prisoners, was by far in excess of the optimal size for custodial institutions. But at the time of the visit there were about 3741 women prisoners at VSPW. At this level of overcrowding (50%), it was overpopulated to the point of being unmanageable within accepted standards of custody and care.

The size complicated access and communication and worked against individualised care and custody. The size had implications for

- the atmosphere of custody

¢ the ethos of care
¢ the delivery of services.

The **emphasis on security** was tailored to assumptions about male prisoners. This included: perimeter security, internal physical security, special housing unit security and use of weapons and restraints. Official statistics were not available for the comparative rate of escapes, riots, other major incidents and serious assaults, for male and female prisoners, but staff reported that the women prisoners did not pose escape problems at VSPW, nor were there riots or major incidents. Quarterly statistics for the period July to September 1998 showed the incidence of serious assaults (serious CDC 115s) as follows:

For the population of women prisoners totalling 3676

¢ there were 10 reported assaults on staff

¢ there were 184 reports of assaults by prisoners on other prisoners, of which 169 were proven

¢ only 3 involved weapons.

Thus the women prisoner population showed a 5% rate of serious assaults of any kind, but the overwhelming majority of these was without weapons.

Certain design features inhibited effective management: the distance and separation of the administrative block from the residential blocks created disjuncture between management and administrative personnel on the one hand and operational staff (residential areas and activities) on the other hand. This divide between management and operations was apparent at all levels.

Staff training did not reflect the differences between the male and female prisoner in the populations, which have implications for working with women prisoners. This reflected a general

¢ lack of emphasis on the particular population; and
¢ absence of systematically collected statistics on characteristics of the female population.

Policies on gender issues were in striking contrast to European jurisdictions in terms

of

- ¢ female / male staffing ratios
- ¢ deployment of male /female staff
- ¢ gender sensitive roles (men in residential areas and in reception, men present during showering, other privacy issues, male officers performing pat searches and present during strip searching, control procedures, prisoners' access to female health care staff)

It appeared that many of these policies were set at departmental level and that local management's discretion on these matters was circumscribed. There is a need for local management to be more proactive in safeguarding the right of female prisoners to equal care and custody. The starting point must be recognition that at present there exists confusion between equal provision and identical provision. Clearly men and women prisoners are equal under the law. But providing women prisoners with levels and forms of care and custody identical to those provided for men prisoners adversely discriminates against women prisoners, because they are not the same as men. This confusion between the same provision and equal provision is apparent and pervasive at all levels – from the state correctional department to prison guards.

There are issues specific to women prisoners in the delivery of health care: they relate to their high incidence of past abuse, mental health problems falling short of a diagnosis of mental illness, dislocation from home and family and the need for privacy. The implications of these factors have been given insufficient recognition. This has led to practices which are inhuman or degrading.

The following examples illustrate practices observed or reported on the visit:

- ¢ women patients in the secure ward at the local hospital were routinely shackled to their beds. This practice applied across the board, so that a terminally ill woman patient could be allowed to die in shackles in the hospital secure ward.

- ¢ men could be in the reception area in which women prisoners were strip searched. Male officers could be in areas from which women could be seen in the showers.

- ¢ male prison officers were allowed to pat search women prisoners.

- ¢ teams including male officers were allowed to carry out cell extractions involving strip searches.

A further limiting factor was the low ratio of custodial staff to prisoners. Again this was not within the control of local management.

Another recurring phenomenon was the gap between theory and practice, which is found in correctional systems the world over. This was especially conspicuous at VSPW in the delivery of health care. The physical facilities, both plant and equipment, were provided to a high specification. The problems lay with delivery of services. These centered on access, cost to the prisoner (the co-payment scheme), and particularly the interface between security and health issues (use of restraints, the Special Housing Unit (SHU), Administrative Segregation (Ad Seg) and the secure ward at the local hospital).

There was an absence of systematic external scrutiny in critical areas of the prison. This applied to the complaints process (known as the appeals process at VSPW). Prisoners had to exhaust each successive avenue of redress – a feature common to many prison complaints systems - but there was a lack of management supervision and no routine outside independent oversight. These lacunae created problems of due process. Analogous problems also arose in relation to health care and to disciplinary measures.

Observations and Issues

Security

An international handbook on prison practice[2] points out that “prisons for women are not or are poorly differentiated nearly everywhere. As a result the amount of security is mostly high, certainly far higher than what is generally necessary for women.”

At VSPW the emphasis on security was the first thing that struck the visitor on arrival. Security was conspicuous everywhere and coloured the ethos of the prison. It was hard to interpret the reasons for this heavy emphasis on security. Certainly management of the prison did not appear to proceed from a clear analysis of the nature of the women prisoner population being managed. Offending profile was one piece of management information conspicuously absent from the quarterly management report, which did contain a population breakdown by ethnic background, security classification and numbers in work or education, etc. It was hard to resist the inference that assumptions about security needs and risks were being based on the male prisoner population. Blanket departmental policies appeared

2Making Standards Work: An International Handbook on Good Prison Practice (The Hague, 1995) Section IV, para. 92.

to be applied in all California correctional institutions regardless of differences in the populations concerned.

In addition it was at times during the visit impossible to ignore a punitive vein running through the discourse about prisons and prisoners. It was therefore reassuring to hear one senior manager expressing the important principle: **people are sent to prison as punishment, not for punishment.** This principle is endorsed by the global community and enshrined in international law[3]. It should underpin our approaches to prisons and to prisoners in Europe and in the USA. In Europe prisons often fall short of this ideal, but it remains the baseline for all prison management.

There were subtle signs of the dichotomy between security assumptions underlying state policy and local practice when faced with the realities of the women prisoner population. For example, in the welding shop the instructor pointed out that sharp pieces of metal were kept in an open box because there was no real risk of violence, whereas this would be unheard of in a men's prison. A member of staff pointed out that in the yards, near the entrance to the units, the pebble stones had been arranged in artistic designs by women prisoners. This alleviated the sterile aspect of the grounds. The staff noted that the women prisoners took care not to destroy these decorative patterns, whereas staff could not envisage this in a men's prison.

Staffing

International Perspectives

To an outside observer from Europe what is most striking immediately is the great preponderance of male staff. This runs counter to policy and practice in many European jurisdictions, reflecting the principles enshrined in international legal instruments.

The European Prison Rules (EPRs) originally emphasised the supervision of women prisoners by female staff. This position is maintained in the United Nations Standard Minimum Rules for the Treatment of Prisoners (UNSMRs); Rule 53 (3) states*: "women prisoners shall be attended and supervised only by women officers."* This did not, however, preclude male members of the staff, particularly doctors and teachers, from carrying out their professional duties in institutions or parts of institutions set aside for women. With the revised EPRs (1987) there was a development to encourage more mixed gender staffing, to the effect of increasing female staff deployment in male prison establishments, which had traditionally been staffed overwhelmingly by male staff.

33 Id., Section VI, para.1.

The need to safeguard the rights of women remains an important principle of international law, as established by the Body of Principles for the Protection of All Persons under any form of Detention or Imprisonment; Principle 5, which states

> *"Measures applied under the law and designed solely to protect the rights and special status of women, especially pregnant women and nursing mothers, children and juveniles, aged, sick or handicapped persons shall not be deemed to be discriminatory."*

European thinking on these issues is expressed in the recent manual on prisoners' rights [4] produced jointly by prison experts from England and the Russian Federation.

> *"It is now recognised that a mixture of men and women prison staff is often beneficial. However, the safety of women prisoners requires that at any given time and in any situation in custody there should always be at least as many female staff supervising any women prisoners as there are male staff."*

A Commonwealth manual[5] points out that the universal and regional instruments precluding inhuman and degrading treatment or punishment have particular relevance to women when questions of searching arise. *Making Standards Work*[6] notes **that special attention should be paid to prevention of sexual abuse of women in prison.** With respect to this, rules are necessary for very careful psychological selection of staff, close supervision of staff, frequent visits of medical staff to female prisoners and their living areas and easily accessible complaints procedures including independent bodies.

A practical example may serve to illustrate the lack of differentiation at VSPW. Pat down searches of women prisoners were carried out by male or female officers. Prisoners reported that this happened quite often on the yard. The accepted procedure for a male officer is to use the back of the hand, but women prisoners said that some do not – instead *"they smack up between your legs hard"*. Most of the prisoners spoken with on the visit reported that they had had a few *"run ins"* with male staff over pat searches, but that they had experienced *"more good searches than bad."*

The idea of male staff being allowed to conduct pat searches of women prisoners is totally contrary to accepted norms in Western Europe.

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44 "Prisons and Human Rights", Manual of International Prison Standards for Use in the Russian Federation (Penal Reform International, 1996) (p. 95)

55 *Introduction to Human Rights Training for Commonwealth Prison Officials* (Commonwealth Secretariat Human Rights Unit, February 1993) (para. 14.2.1)

66 *Making Standards Work: An International Handbook on Good Prison Practice (PRI, The Hague, 1995) Section VI, para. 59,*

Staffing ratios at VSPW

Senior management at VSPW comprised the warden and five top managers. There were 5 captains (one supervising each residential facility and one custody captain responsible for visits, security and main yard activities) and 22 correctional lieutenants. On day time shifts there were 42 correctional sergeants, with two on night shifts. At correctional officer level there were 317 full-time staff and 48 part-time.

By Western European standards this level of staffing is extremely low compared with the prisoner population. For example, at Holloway Prison in London, the largest women's prison in Western Europe, the maximum prisoner population is 532 women; this is about 14% of the VSPW population at the time of the visit. The number of senior managers is roughly the same as at VSPW, but at Holloway there are 15 principal officers (compared with 22 lieutenants at VSPW) and 40 senior officers (compared with 44 sergeants at VSPW).

At correctional officer level there are 229 full-time staff at Holloway. Thus the basic staffing ratio at Holloway is one full-time basic grade staff to every 2.3 women prisoners. At VSPW the basic staffing ratio is one basic grade staff to every 11 women (if we count each part-time correctional officer as a half –time person) or one staff to every 10 women prisoners (if we count the part-time officers as full-time)**. This is a significantly different staff ratio** and has important implications for the level of interaction between prisoners and staff and the capacity of staff to deal individually with prisoners.

Staff Gender Mix at VSPW

The aim of the California Department of Corrections is to achieve a staff gender mix at parity with the female proportion of the workforce in California (37%). This aim appeared not to be realised at VSPW. We were told that there were more female staff in administrative, nursing, teaching and counselling functions than in other roles. The ratio of female / male staff in teaching at the prison was 50/50. We observed that there were conspicuously more male custody officers than female.

It was noticeable that health care was provided by almost exclusively male doctors, including a male chief medical officer. The support staff at the medical centre (prison hospital) seemed to be predominantly female. Given the high probability of past abuse among the women prisoner population, the lack of opportunity to receive primary care, including physical examination and advice, from a female doctor was striking. (This does not, of course, imply that the male medical staff behaved

improperly; the point being made is about the patient's perspective and choice.)

Managers explained that the training requirement for correctional officers and medical technical assistants (MTAs) had recently changed. Whereas previously they had been required to have 8 hours structured training and 32 hours on the job training, they were now required to have 52 hours of structured training annually, in accordance with departmental guidelines. The staff training programme at VSPW boasted a long and varied list of courses, none of which appeared to be about gender.[7] The courses entitled "Over familiarity", "Rape/Assault Prevention", "Sexual Harassment Prevention" and "Sexual Orientation Discrimination Prevention" may be expected to contain some focus on sexual, if not gender, issues. Compared with the training programmes for many European prisons the VSPW programme was impressive, particularly in its inclusion of subjects such as "Treatment of People" and "Stress Management" alongside the more traditional courses on security techniques. However, **in terms of gender awareness development VSPW, like many European prisons, still had a long way to go.**

When the differences of working in a women's prison were discussed with the senior management team, some of those working at VSPW said that they had previously worked only in women's prisons, while others had only worked with men prisoners. The senior managers noted the emphasis on talking and communications and the de-emphasis of physical force as a distinguishing feature of the women's prison. They reported that basic training had included some issues related to women prisoners, but that working at VSPW had shifted their orientation towards mental health, pre release and children's issues.

Ethos

It was unclear whether the militaristic ethos of VSPW derived from the excessive physical security of the institution or the backgrounds of some of the staff. It was reflected in the uniforms, which to the European visitor seemed more like combat gear than clothing for prison professionals. The effect was to increase the macho image of the institution. In England and many countries of Western Europe this kind of uniform is not seen in men's or women's prisons. The VSPW uniforms were more akin to those still found in prison systems in Eastern European countries, in particular those which were formerly part of the Soviet Union.

It was striking that the custodial staff on the ground looked embattled. They were heard to shout instructions at women who were not presenting any appearance other

77 (In-Service Training Bulletin, VSPW, November 1998)

than docility or co-operation. This may be the natural outcome of feeling seriously outnumbered. On the short visit it was impossible to look carefully at staff / prisoner relations. The impression received was that basic grade staff did not interact much with prisoners, even with those in the general population. Communications seemed to be mainly restricted to orders. Again, the staff to prisoner ratio may be the critical factor.

Relations at ground floor level might best be described as superficial. The four basic grade officers (all men) spoken with on the units expressed uncertainty and ambivalence about the women prisoners. Their attitudes were somewhat judgmental "What can you expect from them?" and punitive "if they can't do the time, don't do the crime". Senior managers articulated a more sophisticated and professional view of the women prisoners
as individuals from differing, often difficult social backgrounds, but these views had not transmitted themselves to those basic grade staff seen on the visit.

One woman prisoner described staff / prisoner relations as follows:

> *"Some staff are rude and some treat you with utmost respect. It depends on how you talk to them. Some of the women are young and talk up and the staff are rude back."*

This description could fit relations among people in the community generally. However, staff might be expected to retain sufficient professionalism to resist being provoked into losing their standards of conduct.

Conditions

In the main residential units for normal accommodation there were around 1000 women. The accommodation was arranged in dormitory rooms on radial corridors from a central forum with a command desk. Each dormitory room housed 8 women prisoners. Tall lockers lined the sides of the room and at the back were partitioned areas for w.c., shower and washbasin. The furnishings and facilities were decent, but the space was cramped for eight women.

The windows at half level along the length of the room gave on to the corridor, so that the dormitory could be observed from the corridor. There was no real privacy either within the dormitory room or vis-à-vis outside.

Each unit contained a laundry room with two washing machines and two drying machines, so that women prisoners could do some of their own personal laundry; the rest was done by the prison on a centralised basis. Women prisoners were no longer permitted to wear their own clothes, as was previously the policy, and as still holds in the UK and other European prison systems.

The women prisoners on normal location were for the most part fully involved in activities for a substantial number of hours (roughly 6.5 daily). A packed lunch was provided. Other meal times occurred outside working hours. The evening meal was available in the central dining hall, to which units were called on a rota basis. Groups of women walked across from their unit to the dining hall and returned to the unit for evening association and other activities.

Reception and Release Process

The receiving of women prisoners arriving at VSPW took place in a dedicated reception area. Women were delivered there by escorting officers and handed over to the reception staff, most of whom were female. (There was reportedly one male member of staff, but "*he doesn't come out*" and, in fact, during the visit he did not come out.)

Recently steps had been taken to alert prison staff to the need for privacy in the reception area. When strip searching of newly arrived women was taking place, an external light on the reception building flashed a warning in the prison. However, on inquiry it was stated that the escorting officers bringing the women to VSPW were mostly men. The women arrived shackled with waist chains and leg restraints and these were taken off by the escorts, who came into the reception area to hand over documents, collect receipts, etc. at the counter**. Consideration should be given to relocating this function so that no men are present in the main reception area where strip searching is visible.**

The reception staff placed the women prisoners in locked reception tanks, large cage-like cells along one wall with open grids facing the reception area. The prisoners were clearly visible. In the first tank a group of women were instructed to strip and squat in a line. A mirror was placed under each woman in turn and she was asked to cough, so that she could be examined for items hidden vaginally. The women were given prison clothing consisting of a muumuu and flip-flop slippers.

The reception officer with whom there was a detailed discussion reported that women often arrived upset because of their sentence and the trauma of coming to a state prison.
As part of the paperwork, she asked where they came from and whether they had children. Many came from far away; VSPW's catchment area stretches south to San Diego and north to Mendicino.

The process involved checking paperwork, money, clothing and other items of

personal property, photographing and fingerprinting. A list of items allowed in a prisoner's possession was displayed on the wall for reference: addresses, telephone numbers, legal papers, wedding ring, religious medallion and chain. Each new arrival received a fish kit (with toiletries and hygiene items, paper and envelopes and pencil), a bed roll (with towel, wash cloth, sheets, pillowcase, and blankets); she had to sign for a combination padlock for her locker. There were many administrative tasks to perform at reception, so that **it was easy for staff to forget the human dimension of the process.**

Upon arrival the women were seen by a male medical technical assistant (MTA). The reception officer explained that, if they were found to have lice, the MTA made them shower. He took their medical papers from them and did a basic medical history, asking about asthma, diabetes and medications. The women's medications were confiscated. They were given a docket to see the doctor, if they were diabetic or otherwise in need in urgent medical attention. The reception officer said that their medical records would show what medicines the women were on and whether they could wait for a day. They could usually wait because the medication would still be in their system. They would see the doctor the following day, when there would be suicide screening, TB testing, and HIV counselling by peer group counsellors supervised by a senior MTA.

On the afternoon of the visit to reception, 22 women came in. They were held in the waiting tanks while they were allocated beds. This usually took between 1.5 and 2 hours. There were no hot drinks on reception. They were given a cold box lunch, but no drink.

Upon leaving reception, a number of recently arrived women were observed walking to the Reception accommodation unit across the yard. They were a dejected –looking group in muu-muus and slippers, carrying an assorted bundle of towels and other items received at Reception. They had just been strip searched, fingerprinted and made to shower without privacy. They moved slowly and silently along the path in single file. The officer supervising them yelled at them to walk in single file and to keep on the yellow line. They had made no attempt to walk together, but one or two feet had strayed from the yellow line, though not from the path. It was hard to see how this small sad group of women prisoners could present any threat or risk to security. **This degree of regimentation seemed gratuitously punitive and degrading.**

Reception Accommodation

When women arrived at VSPW they were allocated beds on A3. The accommodation

for newly received prisoners was arranged in two tiers of single cells around an atrium overlooked by an internal second storey control tower room ("the bubble"). The lay-out offered greater control than on the rest of A unit. The women would be assessed as they adjusted to life at VSPW. This period might take one to two weeks. There were two officers on duty in the mornings, three in the afternoons and one on the night shift (after 22.00 hours) when the cells were locked. There was also a correctional counsellor for the unit. A3 housed 256 women at the time of the visit.

Arriving on A3 the women went first to shower. The women in the showers were visible, especially from above. Prisoners said that there was often a male officer in the "bubble". The visit to A3 occurred after the last group of women arriving had been escorted across from reception. Two women prisoners who had just arrived on A3 were interviewed before they went to eat their evening meal. Both were emotionally labile. One woman with a two year sentence had tears in her eyes as she described how a male police officer had been present when she was strip searched in reception.

The other, a 60 year old, with a six year sentence said that there had not been any men present when she was strip searched. She was upset and anxious about her medication for high blood pressure. She said that her medicine had been taken off her. She had been told to put in a request for it. She asked how long that would take.

A small number of other prisoners in the general population were interviewed briefly on the units. Recurring themes were anxiety about sentence, worries about family / others outside, loss / bereavement, unwillingness to complain for fear of getting into trouble and lack of help.

Health Care

The VSPW Health Care Centre

The health care centre (prison hospital) was equipped to a standard rarely seen in European prisons. Health care facilities in some of the newer European prisons are modern but less comprehensively equipped. In some of the older European prisons health care facilities are rudimentary, in some instances ill-equipped and in dilapidated settings which are impossible to keep in an adequate state of hygiene. In some Central and Eastern European systems health care provision is so poor that syringes are re-used without proper sterilising equipment.

By contrast the health care centre at VSPW was spacious, modern, well designed and provided with modern technical equipment and furnishings. It appeared to be kept in a high state of cleanliness and good decorative order. It had a range of special facilities including negative pressure rooms for patients with infectious diseases, facilities for dental care and diagnostics, including radiology.

In many respects the health care centre at VSPW could serve as a model of excellence in prison health care plant.

The staff of the health care centre was headed by a retired military doctor who related that he had a staff of around 100. All the doctors were men, including the senior doctor in obstetrics and gynaecology and his two medical staff members. Many of the medical technical assistants (MTAs) were reportedly from a military background.

There did not appear to be any outside, independent medical review process. According to the chief medical officer, the medical department at VSPW did not have state accreditation.

The closed ward

We visited briefly the closed ward at the local hospital, which provided care for prisoner patients. In many European prison systems, the assumption is that specialist care (which might include such services as x-rays), would entail a visit to an outside hospital. This approach has advantages and disadvantages. On the one hand, it may mean that health care beyond the level of primary care is provided outside prison and the issue of equivalence of care - prisoners receiving the same standard of care as that available in the outside community - does not arise. On the other hand, in some systems the budgetary implications for prisons of using outside health services may inhibit referral of prisoners to such facilities. The health care centre at VSPW is so well equipped that only serious cases requiring special care would warrant transfer to the local outside hospital.

The hospital, including the closed ward, appeared to be modern, well equipped and in a good condition. The security on the closed ward was, however, far in excess of what might be expected for a small population of patients referred from prison who were by definition seriously ill. The mechanical security included double door: a metal grill gate backed up by a heavy solid door. The five custody staff on the ward were all in prison uniform and equipped with weapons.

All prisoner patients were shackled to their beds by one ankle. Staff explained that this could be removed “for medical reasons”. When asked whether there were any deaths on the ward, they said that any deaths tended to be expected, i.e. of terminally ill prisoner patients. When asked whether the shackles were removed when a prisoner patient was dying staff reported that they “could be if there were a medical

reason." Apparently death did not count as a medical reason.

This runs counter to European standards which stress that "prisoners sent to a hospital to receive treatment should not be physically attached to their hospital beds or other items of furniture for custodial reasons. Other means of meeting security needs can and should be found; the creation of a custodial unit in such hospitals is one possible solution."[8]

A women prisoner who came to the hospital to give birth would be housed on the closed ward. She was unshackled once a doctor had made a diagnosis that she was in labour. After the birth and recovery period the woman was shackled again. The baby was handed out to the family or to Social Services within days. The woman was allowed to see the baby in the bassinet and was unshackled to hold the baby.

There were five custody staff on duty at the closed ward during the visit: four custody officers and one sergeant. This was the usual complement of staff. The maximum patient capacity of the closed ward was 16 women prisoner patients. At the time of our visit several of the beds were unoccupied, a situation which reportedly was common. Staff were courteous and friendly. They agreed that they found that they did not need to use their weapons. They did not recall an escape from the closed ward. They noted that the prisoner patients were quite ill and therefore tended not to present security problems for them.

When the question of shackling was discussed with staff, it did not occur to them to remove shackles, in particular if a prisoner patient was dying. They did not speak about themselves as having discretion in this matter. Staff confirmed that a prison patient could well die shackled to her hospital bed. As pointed out earlier, systematic shackling of prisoners is not acceptable under European prison standards. The circumstances in which restraints may be applied are narrowly construed. It is hard to see how a terminally ill prisoner patient on the point of death could be viewed as an escape threat or a risk to security when outnumbered by armed staff in a physically heavily secured ward. In Europe the practice of shackling in these circumstances would be considered to constitute inhuman and degrading treatment.

A Unit Clinic at VSPW

On one of the units visited, a small area was set aside as a clinic providing primary care for the unit's population of just under 1000 women. This consisted of a corridor, with an entrance from the yard, with a number of small rooms. Here prisoners wishing to see the doctor were brought in by the male medical technical assistant. There was a room where applications to see the doctor were screened by the female registered nurse and an office where the male doctor saw the women prisoners. Staff told us that no woman prisoner had raised the issue of gender in relation to the staff

88 Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT), Third General Report, 1993, s. 36.

providing the health service on the unit. When asked whether women prisoners could request a female doctor, the Warden replied “They could ask”, but the impression was that this request was unlikely to be met.
There appeared to be no right to ask for a woman doctor.

Application forms to see the doctor were picked up by the male medical technical assistant (MTA). The level of training of medical technical assistants reportedly varied; some had been military medics prior to joining prison health care.

MTAs were described as playing a central role in health care on the unit. If a call about a health complaint, accident or work injury came through from an activity supervisor, the MTA took the call and instructed that the woman prisoner be brought in. MTAs often provided first aid until the emergency services arrived. It was unclear whether or not the MTA exercised discretion to discourage applications to see the doctor, but his attitude to the women prisoners waiting to see the doctor left something to be desired. As he went to unlock the door from the yard to let the waiting group of women in, he remarked “Let’s let in the geese.”

When fights broke out on the unit, prisoners were taken to the yard clinic for a physical assessment by the MTA. Then they were referred to the doctor, before being removed to the Administrative Segregation Unit (Ad Seg). The unit doctor interviewed said that he had not experienced the use of OC spray during fights. However, the MTA had experience of this and in such cases would flush out the affected eye with saline solution. It seemed that in practice therefore it was the MTA who might deal with fights on the unit. Other staff reported that if there were a fight, they tried to break it up by physical force; if this did not work, they used “pepper gas”. Usually fights did not involve weapons and prisoners were taken to Ad Seg overnight or for a few days, if no weapons were involved. Staff pointed to the need for more anger management training, but commented that this took a lot of resources.

The female registered nurse was described as performing “triage”, writing out the orders for medication for the doctor to sign in the case of simple conditions, such as a cold. In such cases the prisoner would not see the doctor, who would give final authorisation for the prescription.

Screening of applications to see the doctor by someone other than the doctor runs counter to standards in Europe, particularly if some measure of sifting out occurs at the stage before the nurse is involved. *“While in custody, prisoners should be able to have access to a doctor at any time...Prisoners should be able to approach the health care service on a confidential basis, for example, by means of a message in a sealed envelope. Further, prison officers should not seek to screen requests to consult*

a doctor." [9]

However, the practice at VSPW needs to be viewed in the context of intense pressure on primary healthcare resources. The medical staff on the units had devised a way of coping with the workload, given their level of resources, over which they had no control. At VSPW there appeared to be a mismatch between the health needs of the women prisoner population and the ratio of medical staff to prisoner population, particularly in primary care in the unit clinic (one doctor for about 1000 prisoners). Health problems ranged from trivial to very serious conditions which had been neglected for years.

The unit doctor estimated that he received 50 or more application forms per day. On the day of our visit there were 21 requests for prescription renewals. These are checked against the charts of the prisoner patients, to see if further tests are needed, before the prescriptions are refilled. The remaining 29 forms covered other problems, usually multiple. The doctor reported that he limited them to two problems per visit, in order to be able to see all those applying to see him. There was a backlog of requests for a medical appointment. On average about 35 women prisoners were seen by the doctor or the nurse per day, as well as emergencies and drop-ins from the daily sick call.

There were a number of Spanish speaking women prisoners. As of 31.10.1998 the official figures showed that 22.8% of the prisoners at VSPW were Hispanic / Mexican.[100] Staff said that bilingual prisoners helped those who were not bilingual to communicate about their health problems. This raises issues of adequate access (were the explanations accurate and complete?) and medical confidentiality. The doctor reported that there were no Spanish speaking medical staff on the unit, but that prisoners were asked if they minded having a prisoner interpret for them. He noted that two of the units have correctional counsellors who speak Spanish. Some staff at the prison were designated as bi-lingual and received a small additional stipend.

Co-Payment for Health Care

As throughout the California correctional system, the medical co-payment system was in operation at Valley State. If a prisoner presented with a new health problem, a new co-payment was required, unless it was an emergency or the prisoner was indigent. The accounting personnel determined whether or not a prisoner were indigent and therefore not liable to pay the co-payment contribution of $5 per health problem; indigence was defined as the prisoner's account containing less than $5 for

99 CPT, Third General Report, 1993, s.34.

1010 VSPW, Quarterly Management Report for Institutions, July – September, 1998.

30 days. Staff reported that prison wages were at most 33 cents per hour.

The unit doctor commented that prescription refills were exempt from co-payment. If the prisoner were dealt with solely by the nurse, there was no co-payment. Seeing the doctor triggered the co-payment process. The doctor felt that, since the introduction of the co-payment system, the proportion of applications to the doctor for “legitimate requests” had risen (that is there were fewer requests to see the doctor which in his opinion were unjustified.)

From the European perspective paying for healthcare in prisons seems punitive. However, this needs to be viewed in the context of the systems in the United States, where many people pay directly for heath care, whereas many Europeans do not, because of public healthcare systems.

Mental Health Care

It was reported that the mental health care staff at VSPW comprised 3 state employed psychiatrists and other psychiatrists providing care on a contract basis, 2 senior psychologists and 4 clinical psychologists, 3 psychiatric social workers, 1 mental health registered nurse, 1 psychiatric technician and 3 support staff. When asked about the gender of mental health care staff, a senior psychiatrist reported that one of the psychiatrists was a woman, that the female psychologist was currently on maternity leave and that there was one female nurse of the mental health care team.

Women with mental health problems assessed as meeting the criteria under the Correctional Clinical Case Management System were designated CCCMS. They could be located with the general population. At the time of the visit there were about 546 women at VSPW who were classified CCCMS, i.e. 15 % of the total prisoner population. However, there were 349 beds available at VSPW for this special population according to the Quarterly Management Report. **The actual number of CCCMS women exceeded the designated provision by over 50%.**

A psychiatrist said that at VSPW there was no possibility of “grand behavioural treatment” to ameliorate mental health problems and alleviate the effects of imprisonment. Women prisoners could be referred to the enhanced out-patient programme (EOP) at the neighbouring women’s prison, the Central California Women’s Facility (CCWF) for a 14 day evaluation. This could be followed by a six months stay, but some “stay for ever.” There were close links with the CCWF, the neighbouring women’s prison, which had facilities for acute mental health care.

Prisoners said that the women prisoner population presented a range of conditions linked to emotional disturbance. These were not diagnosed as mental health problems

and were treated by medication. There were not the resources to treat by counselling, hence recourse to the pharmaceutical alternative.

In the health care centre at VSPW the padded strip cell was used for women prisoners assessed as being an extreme suicide risk or for “disturbed” prisoners pending transfer. The prisoner would be observed every 15 minutes. Staff said that the maximum period in the strip cell was 72 hours.

This approach is reflected in the practice in some European prisons, but it is not regarded as good practice. Policy regarding the care of women prisoners is slowly changing in Europe with the increasing recognition that many women in prison have a history of abuse. The damage which they have experienced, in childhood, adolescence or adulthood, is reflected in their emotional and psychological problems, and may find expression in volatile behaviour, mood swings, depression and self harm. Some women prisoners have been found to suffer from post traumatic stress disorder. Prisons in Europe are only now beginning to provide consistent care programmes, including support from rape crisis organisations and abuse counsellors.

Programmes

The provision of programmed activities for a substantial proportion of the prisoner population was impressive. Prisoners on normal location appeared to spend considerable periods unlocked or out of their cells. Senior management reported that there were about 1000 women doing full-time education (including some on substance abuse courses, vocational training and pre-release programmes), about 2000 doing full-time work and about 160 on full-time industrial assignments. Thus about 3160 out of a total of 3741 were in full time activities (84%).

Those women not assigned to activities were either in the Ad Seg or the SHU (around 100 women), those unassigned for medical, including psychiatric reasons, those recently received and as yet not assessed or those whose security classification prevented their being in the programme area.

It was reported that the education department had external accreditation. There was time only to visit the welding workshop, which was well equipped by European standards, although apparently some of the equipment and plant was due to be upgraded. There were 29 women prisoners, including one more experienced prisoner acting as a teacher’s aid and one acting as clerk. They worked for 6.5 hours five days a week. The work led to welding certification. Among other tasks the women prisoners worked on aluminium repairs for the kitchen. Relations between the

instructor and prisoners seemed relaxed and co-operative. The atmosphere in the welding workshop was busy and purposeful. **This seemed a very good example of structured prisoner programmes.**

Prisoners who were tested positive for drugs while in custody attended the substance abuse course. There were 30 women in each of the two classes run at VSPW for a 6 week period. A longer programme on substance abuse had started at CCWF, the neighbouring women's prison; to qualify prisoners had to have at least six months left to serve before their parole date.

In addition to the regular programmed activities, there were special programme events, such as a pizza sale to raise funds for charity. Staff organised the ordering of pizzas and soda for the general population of prisoners, i.e. those in activities. This kind of event seemed to be popular.

Pregnant women prisoners, of whom there were about 140 at the time of the visit, were eligible for selection to join the mother /infant community programme. Referral from VSPW was reportedly rare. One reason cited was that the programme gave women greater access to drugs, since it was community based.

However, there was no alternative way for mother and baby to stay together at VSPW. In a number of European prison systems there are mother and baby units within women's prisons. In the UK there are units in closed and open prisons where mothers may keep their babies for 9 months or 18 months respectively. In the Stockholm women's prison in Sweden a woman prisoner with a baby may live alongside other women prisoners. The baby gets a lot of attention from everyone. Special facilities and staff trained in childcare are available.

In one German jurisdiction there is a Mutter-kindhaus, linked to the women's prison. Here mothers may have their children with them up to the age of five. When the children reach playgroup and kindergarten age they go out during weekdays to these programmes while their mothers work in the prison. The Mutter-kindhaus is designed rather like a house of bed-sits in the community and attempts to recreate the atmosphere of domestic life outside prison for the sake of the infants.

There are many variations on this theme in Europe, but they all are attempts to recognise and provide for the special circumstances and needs of women prisoners who have small children. The principle followed is that the interests of the child should come first.

Women prisoners on normal location in full-time activity were allowed daily phone calls. The general population not working was allowed one call per month. There

appeared to be a sufficient number of telephones.

Normally visits took place outside activity hours or with loss of pay for the time missed from work or education. However, if a visitor had to travel over 250 miles to VSPW, the visit could take place during work hours without loss of pay. Day visits were allowed, lasting up to seven hours. Snacks could be ordered for visits.

Women prisoners, other than lifers and those convicted of domestic violence or sexual offences, were eligible for a family visit every 90 days, if they were in full-time activity and free from disciplinary charges. A family visit entailed an extended visit from Wednesday to Friday or Friday to Sunday. The visits took place in special accommodation comprising a living room with sofa, armchair and TV, with a kitchenette area equipped with oven and four-ring hob, sink and refrigerator. There were two bedrooms, one with a double bed and a cot and one with two single beds. There was a shower room with w.c. Outside was a fenced garden area with lawn.

Only family members were allowed to come on a family visit. If there is no adult family member to bring children for a family visit, a legal guardian might bring them. Food for the three day visit could be ordered for purchase from a local supermarket; the women prisoners paid for it at cost. The family could take home any surplus food. There was a telephone to the tower in case of an emergency. This facility was impressive and compared favourably to that available in European prisons for women, many of which have no such provision at all and few of which have facilities approaching the standards at VSPW.

Disciplinary System

At VSPW, when a woman prisoner was charged with a disciplinary offence, she was placed on Administrative Segregation (Ad Seg) pending an administrative adjudication process, often within 30 days. The process included a ten day period in which to complete a psychological assessment, unless the woman had been psychiatrically screened within the past 30 days.

Most women (90%) charged with disciplinary offences were found guilty (Quarterly Management Report for Institutions, VSPW, July – September 1998). Two thirds of convictions were for “conduct / other offences”; one quarter of convictions was for assault without a weapon, 5 % for possession of narcotics or paraphernalia and 2% for “sexual behaviour”.

A woman prisoner might serve one month on Ad Seg, but could get credit for the time taken to process her case if a SHU term was imposed. Any conviction for an

offence involving a weapon rendered the prisoner ineligible to earn good time on her original sentence, so that the prisoner in effect lost the chance of remission for that period.

The SHU at VSPW received women prisoners given a SHU term at other prisons. As Table 1 indicates, the median SHU term indicated for women prisoners at the time of the visit was 12 months.[111]

Table 1

SHU Term indicated	Number of Women
3 months	1
5 months	3
6 months	3
7 months	1
8 months	2
9 months	5
12 months	8
15 months	6
18 months	7
24 months	1
27 months	4
33 months	2
54 months	1

A prisoner would not serve out her full SHU term if it extended beyond her maximum original sentence date. However, if paroled and then recalled, she could serve any outstanding (unexpired) SHU term. SHU terms were extendable or suspendable in the light of the prisoner's behaviour in the SHU; but they could not extend beyond the maximum release date on the original sentence.

Such long terms of segregation penalties and loss of remission imposed through a non-judicial process are unheard of in the UK and other European jurisdictions. In the English system, for example, the maximum penalty / loss of remission which can be imposed internally in prison for an adjudicated offence is 28 days. Serious criminal offences go through the normal criminal justice process to court, where a

1111 VSPW, SHU / Ad Seg Roster, November 19, 1998.

conviction could result in a separate prison sentence within the maximum permitted for the criminal offence; the court decides whether this shall be served concurrently or consecutively. This court process is rarely used, so that in effect the 28 day maximum is the limit in practice. At VSPW 2% of cases appeared to be referred to the district attorney (Quarterly Management Report), but the scope for penalties for those not so referred was very great.

Some women could go to Ad Seg for their own protection, for example if they felt themselves to be at risk because of drug debts or for supplying information to the institution. Others held there on charges but not found guilty (10% according to the Quarterly Management Report) might perceive the harsh regime of Ad Seg as an informal penalty.

There were also some indeterminate SHU terms imposed on women prisoners who were considered unable to function in the general population. They might have been repeatedly involved in trouble among inmates or have refused to take part in programmes.

Thus segregation was used both for disciplinary penalties, for control and for protection. This is a phenomenon common to many prison systems in Europe, too. It raises issues of the boundaries between informal and formal sanctions, due process and standards of treatment. In this regard, review procedures are critical safeguards.

Review of Segregation

For women on Ad Seg an initial review by the ICC was held within ten days to assess the woman's mental and physical health. A member of the mental health staff was present to discuss the prisoner's mental health history. The woman prisoner was also present and the process was explained to her. If the woman was already designated as having mental health problems, through an order which would allow her to be located with the general population (CCCMS) she would not require the initial screening, because she was already identified. At the time of the visit there were about 546 women at VSPW who were classified CCCMS, i.e. 15 % of the total population. For women in Ad Seg there were 30 day reviews after the initial 10 day ICC review. At the 60 day stage the review would involve a representative from departmental head quarters.

Any SHU term imposed had to be approved by the departmental Classification Services Representative (CSR). Thereafter women on the SHU were reviewed every four months.

The CPT recommends that "the disciplinary procedure guarantee the right of

prisoners to appeal to a higher authority against any sanction imposed." In European systems this may occur through a variety of channels, including independent Boards of Visitors or independent Ombudsmen, as well as judicial review. In the Californian system there did not appear to be any channel for external independent review short of the court process.

The Segregation Units

VSPW was the only women's prison in California with a SHU. This meant that it served the entire state as a centralised location for women deemed to require this kind of accommodation. At the time of the visit there were approximately 64 women in the SHU and 66 women in Ad Seg. The SHU and Ad Seg accommodation constituted two halves of the top security building at VSPW. Each half consisted of mainly single cells on two tiers around a large atrium with a central control tower room. Metal grid stairs at either end of the cell rows connected the two tiers. On the ground floor there was a row of "quiet" cells, set back behind an additional windowed wall, so that they were noise-insulated.

The Ad Seg cells (estimated 12 feet by 9 feet) were large enough to hold a regular-sized single bed, simple furniture and a stainless steel w.c. and washbasin. Some cells had two beds, which could just fit end to end or else side by side with scant space to pass between them. The doors were perforated to allow a degree of vision at all times.

The SHU cell doors had long narrow windows so that it was possible to see into the cell. The bed bases were made of concrete, as were the table and stool.

As well as being physically linked, the Ad Seg and SHU were linked by the disciplinary process. Prisoners came to Ad Seg pending the result of an investigation into charges against them or for general control problems. If a finding was made against them, they could be given a SHU term, so that it was not uncommon for women to move from Ad Seg to SHU.

Ethos of the Segregation Units

The Ad Seg and SHU were shocking. The punitive and intimidating atmosphere of the building was increased by the appearance and demeanour of staff.

The emphasis on security was extreme. In addition to the already militaristic uniform there were protective vests; riot shields were located against a wall. The member of

staff in the central control tower room was obliged to shoulder an armed rifle at all times. When asked about this, it became clear that this member of staff could not remember ever having to use the gun.

It is the legitimate aim of every good prison system to encourage respectful, civilised and socially appropriate behaviour; this applies to everyone in prison, prisoners and staff alike. As with many prison punishment systems the danger is that the aim to establish a clear incentive system for good behaviour is subverted. In practice the objective becomes to discourage by increasingly punitive disincentives. It is axiomatic that a prerequisite for any incentive / disincentive system is a clear set of minimum standards of provision which act as a strict baseline below which the prison is not allowed to fall in its treatment of even its most difficult prisoners. Without this safeguard, every prison risks descending to inhuman and degrading treatment or punishment.

Regime

The regime both on Ad Seg and on the SHU was severely limited. The women spoken with on the visit reported that on Ad Seg they received exercise every day, sometimes for three hours and sometimes for two. Some women were “on walk alone” and could not take exercise in association with others. This classification was re-assessed after 30 days.
The women on the SHU were allowed exercise three times a week for a total of ten hours. Exercise was usually only canceled if there was fog, but normally the weather was fine.

Apart from exercise the prisoners had little contact with others, unless they were sharing a cell. There was also very little to do on Ad Seg or on the SHU. Prisoners on the SHU, if they or their families could afford it, had TVs to help pass the time, but this was not allowed on Ad Seg. They were not allowed to go to the prison shop. Basics were provided, such as soap and shampoo, but prisoners said that the supply was insufficient to last until replenished. No religious services were held in the Ad Seg or SHU, but the chaplain went from cell to cell. Jehovah witnesses visited on Saturdays.

The correctional counsellor for the SHU stated that he saw all prisoners on the SHU once a week, by dint of going around to every door. His work often involved checking due process issues and was usually there each day, setting aside time for prisoners who asked to see him. His appointments with prisoners were logged on a check sheet.

Women on the SHU were allowed three showers per week. The showers were located at the end of the cell rows. Those on the ground floor were clearly visible from the central control tower room. Recently a change in staffing had been instituted at the SHU so that during showering only female staff were on duty in the control tower room. This reduced the privacy problem, although women taking showers could still be observed by female staff and from some other positions in the SHU male staff could still see into the showers, despite the "modesty" panels. Women on the SHU could bathe in their cells between showers; some staff reportedly allowed them to cover their cell window for bathing.

Cell extraction involved strip searching. The woman prisoner had to squat, bend over and cough. If the woman was menstruating, she had to remove her sanitary pad. Prisoners said that male members of staff might be standing aside watching or walking around within sight.

In Europe the CPT has identified **regime elements that could be considered to amount to inhuman treatment**, highlighting the following:

very limited direct staff / inmate contacts
frequent body searches
very impoverished regime: too little time out of cell
association with a small number of inmates
relations with staff very limited
activities programme under-developed

This reads like a description of the regime in the Ad Seg and SHU at VSPW.

Use of Restraints

Women prisoners were observed in the SHU being led, with their hands cuffed, to and from the showers by male officers. The officer would hold the woman prisoner by the arm. Since some of the women were wearing flip flop slippers and were led up or down the metal stairs, there appeared to be a risk of accidental injury.

The CPT has stated in regard to prisoners under segregation that "the practice of routinely handcuffing prisoners when outside their cells is highly questionable." In order that handcuffing should be seen as a special technique only to be applied in special circumstances and not to all segregated prisoners, the CPT recommends that

"any use of physical restraints should be recorded in a special register drawn up for that purpose, showing the times when the measure took effect and ended, together with the circumstances of and reasons for its use. The register should also record any

injuries sustained by patients or members of staff."

The UNSMRs (Rule 33) prohibit all use of restraints as punishment: "Instruments of restraint, such as handcuffs, chains and strait-jackets, shall never be applied as a punishment. Furthermore, chains and irons shall not be used as restraints."

Restraints may be used only

"(i) as a precaution against escape during a transfer

(ii) on medical grounds by director of the medical office; and

(iii) by order of the director, if other methods of control fail, in order to prevent a prisoner from injuring himself or others or from damaging property; in such instances the director shall at once consult the medical officer and report to the higher administrative authority."

These standards are also reflected in the ACA Standards for Adult Correctional Institutions,[122] which further specify that *"restraints should not be applied for more time than is absolutely necessary."* **The routine use of handcuffing for women prisoners in Ad Seg and on the SHU appeared to violate these standards.**

Segregation and Mental Health Issues

A senior psychiatrist interviewed on the visit reported that a number of the women prisoners on the SHU were classified as CCCMS. If a woman prisoner on the SHU had a diagnosis of CCCMS, she was supposed to be seen daily for monitoring by a licensed psychiatric technician (LPT). However, there was some uncertainty expressed by staff on the SHU as to whether this occurred on a daily basis. Some staff said that a psychologist visited the SHU once a week to check on the mental health of the women there. Prisoners spoken with on the visit reported that the psychologist simply came round and asked through the cell door "Are you OK?" The senior psychiatrist reported that a psychiatric technician or psychiatric nurse went around the segregation units every day to note any gross psychopathology. He described how they asked basic questions: "How are you doing? Are you suicidal? Do you have any questions?"

The Ad Seg and SHU roster did not reveal how many CCCMS women there were on

1212 American Correctional Association & Commission on Accreditation for Corrections, Standards for Adult Correctional Institutions, Third Edition, January 1990. See in particular, Use of Restraints Standard 3-4183 (Ref. 2-4185).

the units at the time of the visit. In the total population at VSPW, 15% were designated CCCMS. If one assumes that women with this designation were at least as likely as others to be placed on segregation (and this may be a conservative assumption, since they might be more likely to behave in ways which were difficult to manage), then one would expect to find at least 21 CCCMS prisoners in segregation. It is understandable that one member of the psychiatric support staff is not in a position to make a proper daily assessment of so many women. However, this level of questioning seemed hardly useful, and possibly counterproductive. If a woman were feeling suicidal, such a cursory inquiry from a medical professional might make her feel that no one cared.

If a woman designated CCCMS were assessed by medical staff as decompensating on the SHU, the SHU term could be suspended, with endorsement from the CSR, and she could be moved to the enhanced outpatient programme (EOP), a 60 bedded facility at CCWF, the neighbouring prison. Once the medical staff no longer considered her to be in need of the EOP, she would be returned to VSPW and the SHU terms could be re-activated.

The senior psychiatrist interviewed did not appear to accept that the regime and conditions on Ad Seg and SHU might adversely affect the mental health of women prisoners, particularly if located there for long periods. He stated that he was not significantly more likely to remove a woman from the SHU because of psychological deterioration than from any other part of the prison. He said that a few women were “eventually” removed from the SHU to the enhanced outpatient programme (EOP) which was in the neighbouring prison. On further inquiry he reported that this meant that there was deterioration in a few women over time. A survey of the SHU roster at the time of the visit showed that the median term served on the SHU was 12 months.

The senior psychiatrist explained that some women preferred to be on the SHU. Some had boundary issues and did not want to live in dormitory accommodation. They preferred a single cell, even though it meant loss of time. In fact it also meant segregation, strip searches, handcuffing when outside the cell and nothing to do all day, except when periods of exercise, showers or meals occurred. Whereas it was understandable that some women preferred single cell accommodation to dormitories, preferring the SHU to normal location on these grounds sounded like a rationalisation of behaviour which indicated mental health care need.

The women designated as CCCMS on the SHU were rarely seen by medical staff outside the SHU. The senior psychiatrist reported that he and other medical staff put on the protective vest when he saw prisoners on the SHU. When asked why, he said that the SHU staff insisted on it for safety reasons. When asked whether there were safety risks in the situation, in his expert opinion as a professional assessor of risk,

the senior psychiatrist said that when he and medical staff saw women on the SHU in a room on the HSHU block, the prisoners' hands were handcuffed behind their backs.

There are real issues about holding prisoners in segregated conditions, with reduced contact with other prisoners, minimal meaningful interaction with staff and very limited activity for long periods of time.

Complaints Process

According to the prison's statistics[133] the most frequently occurring complaints concerned medical issues, which accounted for 26% of all complaints, with disciplinary complaints accounting for 14%, complaints about funds 8%, complaints about personal property 7%, complaints about staff 7%, and complaints about case records information 6%.

The complaints / grievance procedures at VSPW were referred to as "appeals". Drop boxes were located on the yards of the units; the intention was to provide confidential complaints procedures, but there were different accounts about the use made of these. Some prisoners said that they would not use the drop boxes, as other prisoners might assume that they were giving information about drugs brought into the prison and this suspicion would place them at risk.

The system was set up so that complaints were to be forwarded straight to the Investigations Lieutenant, who handled verification of the information. We spoke with the current and previous post holders, who explained the system in some detail. The previous post holder, who had been instrumental in developing the current process at VSPW, was convincing about the potential for the process to act as an important safeguard. There was clearly commitment on his part to a fair process. Much depended upon the integrity of the individual in that post.

Some prisoners said that complaints often went astray. It seemed from their accounts that the problem occurred before complaints reached the Investigations Lieutenant. There was not much confidence expressed by prisoners in the complaints process. Since the process usually began with a complaint to the staff on the unit and since prisoners accounts did not portray positive staff / prisoner relations, this was not

1313 VSPW, Quarterly Management Report for Institutions, July – September, 1998.

surprising. Every complaints system is most vulnerable at the point nearest the source of the complaint. Defensiveness on the part of staff working closest to prisoners is common in most systems. Paradoxically complaints systems work best where staff / prisoner relations are most positive.

It is important that there are procedural safeguards, including external scrutiny, built into the process. One way to do this is to have a logging system for complaints, which is signed by the prisoner and countersigned by the individual officer who first handles the complaint and by successive staff members involved in its processing. This makes it possible to trace what has happened to a complaint that has gone astray. Procedures of this kind have helped in recent times to improve the complaints system in prisons in England and Wales. In addition British prisoners are entitled to receive notification in writing of developments or decisions on their complaints, together with written reasons.

The second safeguard mechanism, and arguably the most important, is the inclusion of independent monitoring. At VSPW there was no regular element of independent external
review in the system. The possibility of prisoners writing complaints to the Grand Jury or of the District Attorney investigating seemed somewhat remote from daily practice. In European prison systems there are a variety of formats to include routine independent review. In England and Wales there is a system of independent Boards of Visitors (BoVs): each prison has a Board made up of a group of people from the community who volunteer their time to act as watchdog for prisoners and prison conditions.

Their involvement is much greater than the Citizens Advisory Committee, which seemed to be the nearest equivalent at VSPW, but who, by all accounts visited perhaps monthly. Members of the BoVs have access at any time and in the larger prisons one or other of the members will be in the prison daily or at least on a number of days each week. Prisoners can apply in confidence to see the Board and can register complaints about disciplinary matters and other issues. The BoV is obliged to visit any prisoner who applies to see the Board, must visit any prisoner placed in segregation within 24 hours and must continue to check on the prisoner at regular frequent intervals. The BoV has the authority to bring to the prison governor's attention any concern regarding the condition or treatment of a prisoner. The BoV may even draw matters of serious concern directly to the attention of the Home Secretary (the Minister ultimately responsible for prisons), although this power is rarely used.

In England prisoners may in addition write in confidence to the independent Prison

Ombudsman[144] and in Scotland to the independent Prisons Complaints Commissioner. The office of Ombudsman, derived from Scandinavian systems, has become more widespread in Europe, including in some Eastern European countries. In California it appears that the Ombudsman is appointed by and reports to the Director of the Department of Corrections. In England and elsewhere in Europe the Ombudsman would be appointed by the Government but report to Parliament or its equivalent, thus maintaining independence of the prison department.

In most prison systems, the Prisons Ombudsman is a last resort, after all other channels of complaint have been exhausted, but the existence of this office, together with the local and much more accessible avenue of complaint to the external monitor (whether a BoV or its equivalent) acts as a restraint on bad practice. An additional mechanism for external scrutiny of practice generally, though not of individual complaints, lies in the Prison Inspectorate, which in the English system is an independent body responsible for inspecting all aspects of conditions in prisons. The Prison Inspectorate's regular detailed reports expose good and bad practice to the public view.

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Visiting Valley State Prison for Women it was hard to avoid the conclusion that the great size of the institution, the level of overcrowding, the low staff to prisoner ratio, the preponderance of male staff and the over-emphasis on security all combined to create a prison which failed to differentiate adequately that this is a prison for women. Staff were faced with the task of implementing state policies clearly designed with men prisoners in mind, but while actually confronting some 3700 women prisoners displaced from all parts of the huge state of California. The fact that some of them appeared at times distant and indifferent, at times aggressive and hostile, must be set in the context of those fundamental problems. It is a tribute to the human spirit that some determined and dedicated members of staff at various levels in the prison remained undaunted by the challenges of VSPW, as did some of the women prisoners.

1414 In 1997 the Prisons Ombudsman considered 1,960 prisoner complaints, the most frequently occurring complaints being about disciplinary adjudications and personal property. Prisons Ombudsman, Annual Report, 1997, p. 8.