

**SUBMISSION TO THE PARLIAMENTARY PORTFOLIO COMMITTEE FOR  
CORRECTIONAL SERVICES**

on

**The Department of Correctional Services' Annual Report 2012/2013:  
A Specific Focus on Women in South African Correctional Services Facilities**

and

**The Judicial Inspectorate for Correctional Services' Annual Report 2012/2013:  
Treatment of inmates and conditions in Correctional Centres**

**SUBMITTED BY:**

The Gender, Health & Justice Research Unit  
Faculty of Health Sciences  
UNIVERSITY OF CAPE TOWN

**CONTRIBUTORS:**

Lillian Artz  
Kelley Moulton  
Yonina Hoffman-Wanderer  
Emily Colpitts  
Talia Meer  
Gray Aschman

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**Contact person regarding this written submission:**

Prof Lillian Artz  
Gender, Health & Justice Research Unit  
Faculty of Health Sciences  
University of Cape Town  
021 406 6023  
[Lillian.Artz@uct.ac.za](mailto:Lillian.Artz@uct.ac.za)

## SUBMISSION

### The Department of Correctional Services' and the Judicial Inspectorate for Correctional Services' Annual Reports 2012/2013

Gender, Health & Justice Research Unit

Faculty of Health Sciences

University of Cape Town

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#### 1. INTRODUCTION

The Gender, Health and Justice Research Unit (GHJRU) at the University of Cape Town's Faculty of Health Sciences welcomes the opportunity to comment on the Annual Reports 2012/2013 of the Department of Correctional Services (DCS) and the Judicial Inspectorate for Correctional Services (JICS). As reflected in the reports, very little is known or documented about the lives of women in South African correctional centres, and their needs and experiences are often invisible, or assumed to be the same as the wider male population's.

The GHJRU recently published research on the reasons why women come into conflict with the law and are incarcerated. The findings of this research are detailed in *Hard Time(s): Women's Pathways to Crime and Incarceration* (Artz, L. et al. 2012). This research was approved by and presented to the Department of Correctional Services in 2012. It can be found at: [http://www.ghjru.uct.ac.za/pdf/hard\\_times.pdf](http://www.ghjru.uct.ac.za/pdf/hard_times.pdf)

The research was conducted with female offenders in Pollsmoor and Worcester Correctional Services Centres and involved two distinct phases. The first phase of the research focused on building rapport with incarcerated women and consisted of orientation sessions, focus group discussions and a variety of life course activities such as life mapping and personal journaling with approximately 80 offenders. The second phase of the research consisted of a demographic and life history survey and in-depth one-on-one interviews. A total of 55 female offenders participated in the second phase of the research.

Although the focus of this research was on women's pathways to crime and incarceration rather than conditions of imprisonment in South Africa, the findings reflect the ways in which women experience imprisonment. These findings are of particular relevance to the substance of the DCS and JICS Annual Reports 2012/2013 as they add a critical perspective on the gendered nature of incarceration, and serve as the basis of this comment.

*Our submission will focus on the specific needs of women in South African Correctional Facilities, a subject that is rarely scrutinised in terms of the rights and needs of South African offenders and inmates.*

## 2. POLICY FRAMEWORK RELATING TO WOMEN IN CORRECTIONAL FACILITIES IN SOUTH AFRICA

Domestic and international legislation outline the guidelines and minimum standards for the regulation of prisons and the treatment of inmates. Relevant legislation includes:

1. *The Constitution of the Republic of South Africa* (1996)
2. *The White Paper on Corrections in South Africa* (2005)
3. *The Correctional Services Act* (1998) and its Regulations
4. *The United Nations Standard Minimum Rules for the Treatment of Prisoners* (1955), which are supplemented by the *United Nations Standard Minimum Rules for Non-custodial Measures* (1990) (known as the Tokyo Rules)
5. *The United Nations Rules for the Treatment of Women Prisoners and Non-Custodial Means for Women Offenders* (2010) (known as the Bangkok Rules)

### 2.1 Constitutional Rights of Women in Correctional Centres

- Chapter 2 of the South African Constitution (the Bill of Rights) protects a number of basic rights relevant to the study of ‘women in prison’, including, without limitation, the rights to:
  - equality (s. 9)
  - human dignity (s. 10)
  - life (s. 11)
  - freedom and security (s. 12)
  - health care (s. 27)
  - education (s. 29)
- Section 35(2) recognises a number of more specific rights held by ‘detained persons’ with respect to correctional centre conditions. Pursuant to paragraphs (2)(e)-(f), incarcerated offenders are entitled to ‘conditions of detention that are consistent with human dignity, including at least exercise and the provision, at state expense, of adequate accommodation, nutrition, reading material and medical treatment’ and to communication with and visitation by family members, religious counsellors and medical practitioners.

### 2.2 Domestic Legislation Pertaining to Women in Correctional Centres

- The main pieces of legislation relevant to the treatment of female offenders are the Correctional Services Act 111 of 1998 (the “CSA”) and the Correctional Services Regulations (the “Regulations”).
- The CSA includes a number of provisions that relate specifically to female offenders, including:
  - the obligation to separate male and female offenders – not necessarily in separate facilities (s. 7(2)(b));
  - the obligation to accommodate nutritional requirements of pregnant women (s. 8(2));

- the obligation to create a gender-sensitive environment (s. 16(4));
  - the right to have children up to age two live with their imprisoned mothers (s. 20);
  - the right to same-sex searches (s. 27(2)(3); and
  - the right to non-discriminatory and gender-responsive programs (s. 41(7)).
- Some of these rights are further elaborated in the Regulations, including anti-discrimination provisions on the basis of gender; same sex searches (reg. 16(1)(c)); rules related to locks, keys and visitation in terms of separate female facilities (reg. 3(2)(f)); and a rule related to nutrition (reg. 4(1)(a)).

### **2.3 Domestic Policy in Relation to Women in Correctional Centres**

- The White Paper on Corrections in South Africa (2005) notes that “rehabilitation processes must also be responsive to the special needs of women” (DCS, 2005, p. 64) and that the Department’s “approach to Gender will inform the management of female offenders” (DCS, 2005, p. 68). However, the White Paper provides very little insight as to what those special needs are or what impact gender will or should have on the management of female offenders.
- Unfortunately, in this document, the only specific issues mentioned in relation to women are (a) the obligation to incarcerate women as close to their homes as possible and (b) the obligation to provide women with development opportunities on a non-discriminatory basis (DCS, 2005). For mothers of young children, the Department recognises the need to provide appropriate crèche facilities and mother-child units, as well as an appropriate environment for visitation for those children not living with their mothers.

### **2.4 International Agreements and Human Rights Standards**

- The most important international instrument related to the incarceration of women is the *United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders* (2010), also known as the Bangkok Rules.
- The Bangkok Rules were approved in 2010 in light of a growing incarcerated female population worldwide and in recognition of the lack of specific attention paid to the needs and rights of female inmates in the Standard Minimum Rules for the Treatment of Prisoners (1955).
- Included in the Bangkok Rules are rules relating to: admission procedures (including rules related to family contact, legal advice and the receipt of information on prison rules and the prison regime and provisions related to caretaking arrangements for children); personal hygiene; health care; safety and security; contact with the outside world; prison staff; classification of inmates; prison regimes; prison visits; reintegration upon releases; minority needs; and non-custodial measures.
- Among the specific rights that are established are the right to:
  - ‘facilities and materials required to meet women’s specific hygiene needs’, including sanitary towels (free of charge) and a regular supply of water (Rule 5);

- health screening, including mental health screening and screening related to sexual abuse and other forms of violence (Rule 6);
  - immediate access to specialised psychological support for women who experienced sexual abuse or another form of violence before or during detention (Rule 7);
  - gender-specific health-care upon request (except where urgent intervention is required) (Rule 10);
  - 'individualised, gender-sensitive, trauma-informed and comprehensive mental health care and rehabilitation programmes' for women with mental health care needs (Rule 12);
  - access to specialised substance abuse treatment programmes that take into account prior victimisation and other special needs (Rule 15);
  - the development of alternative screening methods that will replace strip searches and invasive body searches (Rule 20);
  - the right to not to be subject to disciplinary actions that prohibit family contact, especially with children (Rule 23);
  - the right not to have restraints used during childbirth (Rule 24);
  - encouragement and facilitation of family contact, including measures to 'counterbalance disadvantages' faced by women incarcerated far from home (Rule 26);
  - open contact during visits between mothers and children (Rule 28); and
  - gender-appropriate programming and services (Rule 42).
- The Bangkok Rules also require States to organise and promote research on female criminality, including the 'reasons that trigger women's confrontation with the criminal justice system' and on programming designed to reduce recidivism.
  - States are further mandated to publicise this research with the aim of reducing the stigma associated with incarceration and facilitating the social reintegration of female offenders, in order to reduce the negative impact of incarceration on them and their children (Rules 69-70).

*There are two major areas of concern with regard to the DCS and JICS Annual Reports. These are the absence of gender-disaggregated data and the apparent lack of gendered-analysis in the evaluation.*

## **2. DISAGGREGATION OF DATA**

Both criminological research and South African Correctional Services policies have recognised that the needs of male and female offenders, as well as their experiences of incarceration, are very different. As such, it is of critical importance that the data on offenders is disaggregated according to gender and that a gendered analysis features in all Correctional Services policies, policy making and evaluations pertaining to the Correctional Services system.

Female offenders make up a small percentage of incarcerated individuals in South Africa. According to JICS's 2012/2013 Annual Report, which does disaggregate the correctional centre population by sex, 2,409 of the 104,670 sentenced offenders currently in South African Correctional Centres are women

(Figure 3, p. 37). In addition, there are currently 1,081 female remand detainees (JICS Annual Report, Figure 5, p. 38). This brings the total number of incarcerated female offenders to 3,490, yet these inmates are often overlooked in policy and reform efforts in the criminal justice system.

Gender-disaggregated data in DCS's Annual Reports is critical in order to discern the status of women in correctional centres in South Africa. Without the disaggregation of data on the safety and security of inmates, there is no way of knowing how many female inmates were assaulted or experienced violence during their incarceration (see Section 5.2. 'Programme 2: Incarceration' of the DCS Annual Report, p. 52-54). Data on participation in skills development programmes, education programmes, literacy training and production workshops and agricultural programmes are also not disaggregated, making it impossible to know what percentage of female inmates benefit from these programmes (Section 5.3 'Programme 3: Rehabilitation', p. 65-69). Similarly, women's participation in sports, recreation, arts and culture is unspecified (DCS Annual Report, Section 5.3 'Programme 3: Rehabilitation', p. 73). There is also no measure or mention of women's gendered health and hygienic needs in Section 5.4, 'Programme 4: Care' (p. 75-76), which is particularly concerning.

The only mention of incarcerated women in the data provided is on the number of upgraded female facilities and units for mothers with babies (DCS Annual Report, Section 5.2, 'Programme 2: Incarceration', p. 57). The target was to develop and finalise business cases for three female facilities by Gauteng Region (including units for mothers with babies), but no progress was made in terms of the actual achievement of this target.

In the absence of gender-disaggregated data and given that there is virtually no mention of female inmates' gender-specific needs, it is impossible to evaluate whether the minimum standards and guidelines for the conditions and treatment of female inmates are being met.

Whilst the disaggregation by sex of the total number of sentenced and remand inmates in the JICS report is useful, it falls short of providing a nuanced picture of women inmates' needs, and how JICS might help meet them. For instance, the section of the JICS Annual Report (Section 4.1) that addresses complaints dealt with by Independent Correctional Centre Visitors (ICCV) gives no indication of how many of these complaints, and what kinds of complaints, were issued by female inmates. Hence it gives us no indication of how the problems of women in correctional centres differ from those of men and how women use the ICCV system.

### **3. THE NEED FOR A GENDERED ANALYSIS IN DATA AND PROGRAMMES**

The following sections highlight some of the key concerns identified by the female inmates who participated in the GHJRU's study. These concerns speak to the gender-specific needs of female inmates and the ways in which they experience gender inequality in terms of access and opportunities, as compared to male inmates. In order to ensure that minimum standards and guidelines on the treatment of female inmates are met, DCS's evaluations must include a specific analysis of policies, programmes and data that reflects the conditions and needs of incarcerated women.

*The specific concerns relating to incarcerated women highlighted here are organised in accordance with the corresponding sections of the DCS Annual Report.*

## **Section 5.2, 'Programme 2: Incarceration'**

### *Overcrowding*

Overcrowding was a key concern identified by the female participants in our study. In 2004, it was reported that the women's section at Pollsmoor was 129% over capacity and Worcester's was 140% over capacity (JICS 2004, as cited in the GHJRU's *Women in Prison: Health and Mental Health Policy Brief*, p. 2). Some of the most frequently cited problems related to overcrowding include lack of privacy and personal space (Artz et al., p. 54). Overcrowding not only results in women waking at 3am for showers, due to insufficient shower facilities (two per 24-inmate cell) but also exacerbates illnesses. DCS reported exceeding their target to reduce overcrowding with the current percentage of overcrowding at 28.48%, an improvement since 2011/2012's 35.95% (DCS, p. 62). However, because these statistics are not disaggregated according to gender, it is impossible to discern whether there has been any reduction of overcrowding in female correctional and remand detention facilities.

Our research also revealed concerns related to the fact that because there are fewer female correctional facilities, female inmates are more likely to be incarcerated far away from their homes and families (Artz et al., p. 11). Several female inmates in our study reported receiving few visits from family members because of the distance and lack of suitable transport (p. 53). This is particularly concerning in light of the fact that inmates in our study reported that contact with loved ones through visits, letters and telephone calls is their most important form of support (p. 52).

### *Food and Nutrition*

While DCS reported upgrades to 48 kitchens in 2012/2013, there is no way of knowing whether any of these were at female facilities or women's sections of correctional centres. In our research, it was reported that women's sections often receive food from the kitchens located in men's sections. The quality of food, and more importantly nutritional diets, were considered poorer than that received in men's sections of the correctional centres. According to a DCS member, this was due to the fact that the food is prepared in the men's kitchen by male inmates who tended to keep the better quality produce for the male inmates (Artz et al., p. 64).

### *Work Opportunities*

DCS also reports that 48% of eligible offenders had work opportunities (DCS Annual Report, p.62), but again, because this data is not disaggregated according to gender, it is impossible to know what percentage of female offenders have work opportunities. In our study, 84% of women reported that they were working while incarcerated. However, it is difficult to distinguish between work and rehabilitation in the female correctional system. For example, sewing workshops were referred to as both work and rehabilitation by inmates and DCS members (Artz et al., p. 55-56). The types of work reported on varied greatly and included needlework and textiles, food preparation, cleaning, library

work, office work, peer education and counselling, laundry, crèche care, hairdressing and agriculture (*Women in Prison: Work, Education and Vocational Training GHJRU Policy Brief*, p. 3). In terms of work opportunities in correctional centres, female inmates are still subjected to highly gendered regimes, and opportunities for work outside of correctional centres (in agriculture for example) are almost exclusively available to men (*Women in Prison: Work, Education and Vocational Training GHJRU Policy Brief*, p. 4).

Moreover, work opportunities during incarceration should provide inmates with skills and experience that will help them in securing employment upon their release. For example, many of the female inmates in our study were working on sewing denim. While this is an efficient way to manufacture correctional centre uniforms and provides women with the opportunity to engage in productive labour and earn a small income, given the decline of the textile industry in South Africa, it is unlikely that these skills will lead to post-release employment (*Women in Prison: Work, Education and Vocational Training GHJRU Policy Brief*, p.4).

### **Section 5.3, 'Programme 3: Rehabilitation'**

#### *Education and Skills Development*

Female inmates in our study reported benefitting from the formal education programmes available. However, they expressed concern that although both Pollsmoor and Worcester have libraries, opportunities to visit the library are limited to perhaps twice a month when a DCS member is available and willing to accompany them (*Women in Prison: Work, Education and Vocational Training GHJRU Policy Brief*, p. 5). This limits the women's ability to self-educate. While the DCS Annual Report provides statistics on enrolment in literacy training and education programmes (p. 65-66), because the statistics are not disaggregated by gender, it is unclear how many female inmates are benefitting from these programmes.

Like work opportunities, the skills development programmes offered to female inmates are often highly gendered. Women in our study expressed interest in learning a variety of skills including, but not limited to, small business development, financial management and bookkeeping, entrepreneurship, catering, car mechanics, carpentry, bricklaying, photography and interior decorating (*Women in Prison: Work, Education and Vocational Training GHJRU Policy Brief*, p. 4). The women in our study also expressed concern that the pre-release programmes offered were inadequate as they did not take into account women's needs for their release. They expressed interest in learning about technology, how to open a bank account, how to use an ATM, how to get a cell phone contract, what to include in a resume, how to apply for social grants and seek support services, how to secure housing and handle rental contracts and what to expect when (re)entering the job-market.

While the DCS Annual Report provides statistics on the number of inmates enrolled in skills development programmes (p. 67), they fail to provide information on what kind of programmes are being offered and who is participating in them. The importance of appropriate skills development programmes, educational opportunities and work opportunities during incarceration cannot be overstated. This is especially true for female inmates, many of whom come from abusive relationships with partners or family members. It is therefore critical that female inmates develop skills that will allow

them to be financially independent upon their release so as to avoid reinforcing dependence on men and their return to abusive relationships for survival (Artz et al., p. 57).

Our experience of working within the correctional system illustrated that the failure to provide vocational and educational training opportunities for offenders is not due to a general lack of will on the part of DCS management or members, but instead to severely constrained institutional resources, both in terms of sufficient staff to oversee these activities as well as the skills and materials that are required for certain classes and activities. While resource constraints affect all South African inmates and detainees, women seem to be even further disadvantaged as they are afforded even fewer educational and training opportunities than their male counterparts.

#### *Sports, Recreation, Arts and Culture*

The opportunity to participate in sports, recreation and arts and culture activities during incarceration is essential for the well-being of inmates. The DCS Annual Report provides data on the number of inmates who are involved in sports, recreation and arts and culture activities during their incarceration. Again, this data is not disaggregated according to gender (DCS Annual Report, p. 73). Opportunities for sport and exercise were highlighted as an area of concern in our study as participants reported that men's sections were provided with more and better opportunities for physical activity (Artz et al., p. 62). While female inmates at Worcester are permitted to walk in the spacious main courtyard for several hours per day, female inmates at Pollsmoor are only allowed to walk in their courtyard once a day for up to an hour (Artz et al., p. 62). Sports like soccer and netball are only available to female inmates when DCS members have time to supervise these activities, which, according to female inmates, is not very often (Artz et al., p. 62). Moreover, while an external organisation provides a soccer programme for male inmates at Pollsmoor, the parallel programme for female offenders has been suspended (Artz et al., p. 62). These limitations on opportunities for sport and physical activity undoubtedly have negative consequences for the mental and physical health and well-being of female inmates.

#### *Psychological Services*

The DCS Annual Report states that only 24% of the inmates who require psychological services are currently provided with these services (DCS Annual Report, p.73). Female offenders in our study cited the limited accessibility to psychological services as a major concern. They also reported that they were not asked about their mental health during their admission process (Artz et al., p. 47). Women at both correctional centres where the research was conducted reported that counselling and psychological services were severely lacking. It was reported that Pollsmoor has one psychologist for approximately 200 sentenced female offenders and is only available twice a week (Artz et al., p. 50). At Worcester, there is no resident psychologist and it appears that the majority of counselling is done by a social worker, who is responsible for approximately 240 offenders (Artz et al., p. 50). The JICS 2012/2013 Annual Report corroborates concerns about too few psychologists and overburdened nurses and social workers (p. 42). In fact, in the DCS Annual Report, the highest vacancy rate among critical occupations was for psychologist and vocational counsellor posts at 25.6% (DCS Annual Report, p. 95).

The relative unavailability of mental health and psychological services is of particular concern for female inmates. Female inmates have gendered needs relating to their greater likelihood of experiencing childhood and adult sexual and physical violence and trauma. In our study, 67% of women reported experiencing some form of domestic violence and/or rape in their adult life (Artz et al., p. xviii).

#### **Section 5.4, 'Programme 4: Care'**

This section of the DCS Annual Report contains no reference to gender-specific health and hygienic needs. The following concerns were expressed by female offenders in our study:

For the most part, female offenders in our study felt that serious health concerns were dealt with appropriately but that less serious complaints were often not addressed effectively (Artz et al., p. 48). For medical problems, female offenders in our study were referred to an on-site nurse and monitored for a few weeks before being referred to a doctor (Artz et al., p. 48). They also reported difficulty accessing prescription medication and over-the-counter medication (Artz et al., p. 49). The female inmates in our study expressed concern regarding the lack of compassion and sensitivity on the part of nurses and dentists (Artz et al., p. 49).

The women in our study also expressed particular concern about gender-specific and reproductive health care. For example, participants reported that the nurse did not ask any questions pertaining to their reproductive history (Artz et al., p. 47). They also reported that they did not receive annual general medical check-ups, routine pap smears or mammograms (Artz et al., p. 48). Two women in our study reported being handcuffed throughout the entire time that they were giving birth in a state hospital (*Women in Prison: Health and Mental Health Policy Brief*, p. 3). This is in direct contravention of the Bangkok Rules, which state that 'instruments of restraint shall never be used on women during labour, during birth and immediately after birth' (Rule 24).

Our study also revealed a failure to adequately consider women's gendered hygienic needs. For example, the women in our study reported that they are only provided with two sanitary pads per day during menstruation (Artz et al. p. 48). This senseless limit is not only unhygienic but also violates female inmates' dignity. In addition, the women also reported that they were rarely supplied with painkillers for menstrual cramps when they requested them (Artz et al., p. 48).

Given the findings of this study, it may be that the way in which women interact with JICS – and indeed the potential for JICS to improve the situation of female inmates – is very different from the way in which JICS works with the larger male population. For example, the JICS Annual Report notes that the number of complaints by inmates regarding health care remains high and is rising, but does not delineate the proportion of these complaints by gender. As a result, it is unclear whether there are a disproportionate number of complaints made by women, underscoring concerns about gender-specific and reproductive health care, and whether JICS is cognisant of and responsive to these needs.

## 4. RECOMMENDATIONS

For purposes of these recommendations, national and international mandates governing conditions of incarceration for women were used as a baseline to assess the relevant research findings and to provide guidance as to best practice. These national and international mandates include: the South African Constitution; the Correctional Services Act (1998); the White Paper on Corrections in South Africa (2005); the United Nations Standard Minimum Rules for the Treatment of Prisoners (supplemented by the Tokyo Rules for non-custodial measures); and the United Nations Rules for the Treatment of Women Prisoners and Non-Custodial Means for Women Offenders (the “Bangkok Rules”). The rules contained in these documents are collectively referred to herein as the “applicable rules”.

### 4.1 Gender-disaggregated Data

It is critical that DCS and JICS disaggregate their data on inmates by sex, to reflect the demographics, programme enrolment and facility use of female offenders.

### 4.2 Health Care and Psychological Services

In South African correctional centres, following the admission of a new inmate, two screening processes are completed: an admission risk and needs assessment is completed within six hours of admission; and a comprehensive risk and needs assessment and offender profile are completed within 21 days of admission. The latter screening process is used to develop a sentence plan.

The women in our study reported that when, in the context of this screening process, they were asked to record their life histories, they tended to write more about recent events or issues immediately related to their incarceration. Past experiences with violence or trauma, for instance, were not often documented at this stage.

We therefore recommend that:

1. Health screenings should include a physical examination and should be comprehensive enough to determine primary health care needs.
2. Increased attention should be paid to the reproductive health histories of incarcerated women.
3. As we know that there are high levels of past experiences of violence and abuse in the lives of incarcerated women, entry assessments should screen for child and adult sexual and/or physical abuse. This will determine potential psychosocial needs and inform required access to psychological services.
4. Increased accessibility to on-site mental health professionals, on a more frequent and regular basis, should be a priority, given that female offenders cited the limited accessibility to psychological services as a major concern. To this end, a brief ‘mental health needs’ survey should be conducted to establish the needs of women with (a) on-going mental health

problems; and (b) a periodic need for mental health support services to inform the extent to which mental health services should be available.

5. Gender-specific health care screenings, in particular pap-smears, mammograms and gynaecological check-ups, should be offered annually, or in line with the recommended minimum standards.

#### **4.3 Nutrition and Exercise**

International literature has found that incarceration exacerbates a number of medical illnesses or vulnerability to them. This problem occurs as a result of inadequately nutritious food options, as well as limited exercise for incarcerated women. We therefore recommend that:

1. Female inmates should be allowed access to more open spaces than the small courtyards that are presently available (or allowed the same access to exercise facilities, field sports and other sporting activities available to incarcerated men).
2. The availability and frequency of organised sporting activities should be increased. Based on the expressed interest of female inmates, these activities should be scheduled regularly and frequently, instead of occurring on an ad-hoc basis, when supervision is available.
3. Receiving prepared food from the men's sections has proven highly problematic, as female inmates' access to fresh food of a similar grade to that available in men's sections is negatively impacted by the current arrangement. Installing kitchens would improve the quality of food and provide opportunities for skills development and employment. DCS should thus set a long-term goal of installing kitchens in all women's correctional facilities.

#### **4.4 Education, Training and Vocational work**

Education, vocational training and work in correctional facilities are critical for female offenders, especially in South Africa, where women are likely to have suffered gender-based discrimination and violence prior to incarceration.

We therefore recommend that:

1. Education, work and vocational training should be encouraged for every sentenced offender, so long as she is able, such that offenders can see incarceration as a learning experience and not 'lost' time.
2. In light of the Correctional Services Act (s. 41(1)), which provides that education is compulsory for illiterate adults, efforts should be made to extend such education to all eligible offenders. Existing barriers and deterrents to offender participation should be investigated and addressed.
3. A range of work and skills training activities should be made available to female inmates. Work and skills, however, should not be as 'gendered' as they currently are. While some inmates

enjoy vocational pursuits such as sewing and hairdressing, others have emphasised the need to develop skills in less gendered areas, such as financial and business management and DIY.

4. Sentencing plans should balance work, education and rehabilitation. To this end, 'work' should not be considered to be the same as 'rehabilitation'. Many female offenders have deeply traumatic histories and report benefitting from rehabilitative and social support programmes. Rehabilitation should thus seek to address this trauma rather than simply discourage further criminal behaviour through skills development and 'work'. Programmes must be specifically designed *for* women and not adopted or adapted from men's programmes.
5. The current daily wage for 'work' is a disincentive for engaging in productive work and does little towards promoting a broader rehabilitative model that encourages self-respect and personal development. It is also so meagre that saving wages for release or using wages to support children on the outside is simply impossible. Pay-for-work models should therefore consider the extent to which offenders can earn sufficient funds to (a) support children and families on the outside, (b) support further education and training not covered by DCS, and (c) create enough funds to support the offender on release until she secures work on the outside.