Briefing note | 19 June 2020

Input to the joint questionnaire on COVID-19 and human rights

**Penal Reform International (PRI) welcomes the opportunity to inform the Special Rapporteurs’ forthcoming thematic reports to the United Nations Human Rights Council or the General Assembly on the impact of the COVID-19 pandemic on the enjoyment of human rights of people in detention. This submission is based on PRI’s briefing, ‘**[**Coronavirus: Healthcare and human rights of people in prison’**](https://www.penalreform.org/resource/coronavirus-healthcare-and-human-rights-of-people-in/)**, published 16 March 2020, and subsequent research monitoring responses to the global pandemic and their impact on persons deprived of liberty.**

# Right to health

**During the COVID-19 pandemic, the right to health requires authorities to ensure the same standard of healthcare as provided in the community – both in terms of diagnosing and treating persons deprived of liberty who are infected with COVID-19, and proactive action to prevent and contain any outbreak. There is also a dire need to protect and promote mental health and well-being of people detained, particularly during a global pandemic.**

The outbreak of any communicable disease presents particular risks for prisons due to the difficulties in containing a large outbreak in a setting where people live (and work) in such close proximity – in many cases in overcrowded, cramped conditions with little fresh air – and the vulnerability of the prison population. People in detention generally experience poorer health than the rest of the population, often with underlying health conditions. Hygiene standards are often below that found in the community and sometimes security or infrastructural factors reduce opportunities to wash hands or access to hand sanitizer – as explored below.

The provision of healthcare in many prison settings across the world is underfunded, understaffed and of a lower standard than in the wider community. During the COVID-19 pandemic this has manifested itself in some countries where there has been a complete lack of action (and resources) to protect people from the risks of COVID-19. It has been reported that in a number of Latin American countries, including Argentina and Bolivia, as well as in Pakistan and Indonesia, no additional cleaning or disinfectant measures (such as hand sanitizer or soap) were put in place. In several African countries like Kenya, Sierra Leone and the Gambia authorities have only provided soap and water, failing to provide further hygiene equipment. Water supplies have also been inadequate in some countries’ prisons, such as Colombia.

The supply of Personal Protective Equipment (PPE) for staff working in detention facilities and/or the people detained have been in short supply in a number of states. For instance, Malawi and Sierra Leone have reported no changes to search protocols, with prison staff in Sierra Leone required to carry out searches (and thus have skin-to-skin contact and be in close proximity of people they pat down, etc.) with no protective equipment. Inadequate dissemination of information and a general lack of awareness-raising has also been highlighted in both countries.

An integral part of ensuring the highest standard of prison health is coordination with public health. Where there has been close coordination with health authorities, PPE and required equipment has been made available to prison facilities, like in Kazakhstan and Kyrgyzstan where stable supplies of protective equipment, disinfectant and other necessities and supplies are provided to staff and people in prison free of charge. A similar approach was in Jordan, in conjunction with PRI. In Italy the benefits of the health ministry being accountable for prison health have been evident during the coronavirus pandemic. Prison healthcare staff could freely exchange information about outbreaks with specialists from Milan hospitals and ‘really benefited from their expertise.’3

**Mental health**

The COVID-19 pandemic has negatively impacted the mental health of many people in the general population, with one study finding that nearly half (45%) of adults in the United States reported that their mental health has been negatively impacted due to worry and stress over the virus.[[1]](#footnote-2) The situation will be even worse for people in prison as evidence shows they have a disproportionately high rate of poor mental health[[2]](#footnote-3) which will be exacerbated during COVID-19 due to isolation measures, including solitary confinement, and other factors such as decreased or complete lack of contact with the outside world and the usual support programmes and networks being scaled back or suspended. Many prison facilities have suspended work and vocational programmes, among other rehabilitation activities, which provide both a purpose and activity to fill the days of people held in detention. With parole hearings and other justice processes suspended or reduced in many countries there are also increased anxieties for people waiting for a hearing or judgment affecting the duration or outcome of their imprisonment.

As in the community, fear of infection can cause severe stress and anxiety among prison populations. In Italy, when news of transmission of the virus in detention facilities led to riots in numerous prisons, compulsory psychological consultations were set up to help people cope with stress. Prisoners’ committees in each prison also helped to spread important health information, including infection screening checklists and advice to stop exchanging goods. In Kenya, the NGO Faraia continued to give mental health support to people in prison through a remote phone service, and in Ireland, the Prison Service Psychology Serviceprovided a remote service for people in prison which gives a confidential opportunity to talk, express frustration and get important information.

In women’s prisons, moments of extreme anxiety and depression are frequently connected to separation from children. Therefore, cutting off contact to children, particularly time to play and meet in-person, significantly impacts the mental health of women in prison. The Prison Inspector in England and Wales reported that the rate of self-harm among women in prison has increased during the pandemic. While people in prison have a disproportionately high rate of poor mental health, research shows these rates are even higher for women in prison[[3]](#footnote-4) – and are often connected to violence and discrimination threaded through their life stories.

Where there is a cell-style infrastructure, as found in most prisons across Europe, the Americas and Oceania, many systems have effectively enforced a regime of solitary confinement on almost entire prison populations. The UN Nelson Mandela Rules defines solitary confinement as: ‘the confinement of prisoners for 22 hours or more a day without meaningful human contact’ and prohibits prolonged solitary confinement in excess of 15 consecutive days. It is important to note that the Rules apply regardless of the grounds for the *de facto* or explicit use of solitary confinement – any such treatment is prohibited regardless of whether it is imposed in the course of a disciplinary procedure or in the name of safety, security and order in the prison.

There is solid evidence that solitary confinement impacts both the mental and physical health of people subjected to it in the short and longer-term, with the effects increasing the longer it lasts. Common psychological symptoms related to solitary confinement include depression, anxiety, difficulty concentrating, substance abuse and dependence, cognitive disturbances, perceptual distortions, paranoia, psychosis and Post Traumatic Stress Disorder.[[4]](#footnote-5) It is an established risk factor for suicide and self-harm in prisons.

Where lockdown regimes effectively constitute solitary confinement, as in England and Wales where everyone across 117 prisons has been ‘locked up’ for 23 hours a day for almost three months[[5]](#footnote-6) and in women’s prisons in New Zealand,[[6]](#footnote-7) the unduly harsh and damaging effects are likely to be long lasting, well beyond the pandemic. These issues are exacerbated by inadequate or reduced access to mental health services than before the pandemic, as reported in the case of women prisons in Colombia. Across many countries we have seen that programmes to support better mental well-being of women in prison have been suspended as external providers have no access. Some have adapted, like the Kenyan NGO, Faraja Foundation, who have established an e-counselling service offering psychosocial support to people in prison and prison staff as a support tool through the crisis.[[7]](#footnote-8)

# Fair trials and the right to legal counsel

Many countries have suspended all or some criminal proceedings, delaying and denying access to justice, increasing the backlog of cases and sparking fears of a rise in prison numbers when activities resume at full capacity. The judicial system has been halted in Kyrgyzstan and Venezuela, and the Chief Justice of the Gambia instructed the courts to adjourn cases until further notice, with only bail application hearings and urgent matters being heard in chambers. Some countries are holding proceedings online, but with limited availability of facilities. In Colombia, hearings have been suspended or delayed due to insufficient rooms for virtual hearings. One prison in Bogotá, for example, can accommodate three hearings at a time, but there are nearly 800 women awaiting hearings in this prison.

Measures limiting access to prisons and quarantines may in effect prevent people in prison from attending their court hearings, meetings with parole boards or meetings with their legal counsel, which is particularly relevant for people in pre-trial detention. Significant concerns have been raised about fair trial guarantees.

No health measure can justify restrictions to meet with legal counsel. If prison management believes it is necessary that lawyers should not access the facilities, they must at least ensure that lawyers can speak with their clients in an unhindered way online or over the phone. Blanket measures restricting access to courts and legal counsel are inadmissible and effectively keep some individuals who could see their sentence reduced or who could qualify for early release being detained, and therefore at risk of the serious consequences of being in prison during a COVID-19 outbreak. Moreover, pausing or slowing down criminal justice processes has in some cases resulted in more people being detained, increasing levels of overcrowding and pressure on detaining authorities. For example, in Uganda arrests of over 2,000 people for coronavirus-related offences have raised the levels of prison overcrowding as they are held in pre-trial detention, while courts are not at full capacity.

**Protective measures should allow people to attend trials and receive legal counsel. All appropriate measures should be taken to protect anybody from contracting COVID-19 and to ensure criminal justice bodies can continue functioning. Any restrictive measure – if needed at all – should be individualised and based on independent medical findings. Blanket restrictive measures contravene to principles of fair trial and the right to access legal counsel.**

# Detention monitoring and the right to prohibition of torture and ill-treatment

Restricting external access into places of detention during the pandemic has in many countries been extended to members of monitoring bodies. In times of emergency, the ability of independent bodies to monitor developments in detention facilities is essential to prevent excessive use of quarantine, abuse of power, use of torture or ill-treatment. Visits by monitoring bodies can only be limited exceptionally, as set out in Article 14(2) of the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT): ‘Objection to a visit to a particular place of detention may be made only on urgent and compelling grounds of national defence, public safety, natural disaster or serious disorder in the place to be visited that temporarily prevent the carrying out of such a visit’.

The United Nations Subcommittee for the Prevention of Torture has also stated that, in view of COVID-19, ‘there would need to be a particular reason why … a visit ought not to take place at a particular point in time, rather than that such visits ought not to take place at all’.[[8]](#footnote-9) Furthermore, places of quarantine fall within the mandate of monitoring bodies, as they should have access to all areas of places of detention run by the state. Following calls for monitoring bodies to continue to have access to places of detention, albeit with prevention measures in place, various approaches have been adopted.

Faced with a lack of protective equipment and high levels of overcrowding, most National Preventive Mechanisms (NPMs) and other external oversight bodies, including Ombusoffices, have suspended or postponed visits to prisons based on the “do no harm” principle and have sought alternative ways to implement their monitoring mandate. In Portugal, the NPM can receive complaints and in Paraguay, a direct phone line for complaints was established. Some also monitor social media to gather information on specific conditions in prisons, such as in the Philippines, or communicate with released detainees to get very recent information. In some cases, the use of technology has been maximised, such as video conference calls, including with authorities, access to video footage of police detention in the UK, and remote access to specific files and registers in Australia, where they are also considering conducting “virtual” visits to prisons.[[9]](#footnote-10)

NPMs in Italy, Chile and Georgia have continued visiting prisons. In Georgia, only visits to interview individuals are conducted, with regular visits postponed and replaced with distance monitoring. In a two-month period, the NPM met with more than 100 people in prison using existing glass barriers in visiting rooms and other protective measures.[[10]](#footnote-11) In Kenya, independent monitoring authorities are reportedly still allowed to enter prisons, while prisons in the north of Sierra Leone remain open to external visitors, so civil society organisations can carry out monitoring. Kazakhstan has also not suspended visits made by monitoring organizations or NGOs.

In the UK, full inspections have been suspended and replaced with a new system of short scrutiny visits whereby a group of similar establishments (such as immigration removal centres or local prisons) are visited and reported on together in order to give a snapshot of how they are responding to the pandemic and to share any positive practice found.[[11]](#footnote-12) In Kyrgyzstan, visits by monitoring organizations can only be carried out on a limited basis and require special permits which have recently been granted to facilities in two regions but denied in two other regions. In Venezuela, independent monitoring of prisons by external bodies has been overwhelmingly limited, with the Red Cross granted access to only two male prisons on two occasions.

**States should guarantee access to prison for monitoring bodies. While some protective measures are legitimate, there is no evidence indicating that during the COVID-19 pandemic places of detention should not be accessed by monitoring bodies. States should follow the principles laid out in Optional Protocol to the Convention against Torture. Monitoring of specific measures/ regimes due to COVID-19 to ensure they are human rights-compliant are urgently required.**

# Prisons: overcrowded and overused

Prison overcrowding presents a high risk for any situation of outbreaks of communicable diseases. To date, prisons in over 124 countries exceed their maximum occupancy rate. In the ordinary life of a prison, overcrowding leads inter alia to violence, higher rates of death in custody, and lack of proper healthcare provision. In cases of emergency, overcrowding challenges prison management to the extreme. It can lead to abuse and violence by people in prison, including prison staff towards those detained, and it seriously challenges a state’s ability to deliver on its obligation to provide healthcare in cases of health emergencies, such as the outbreak of COVID-19.

**Reducing prison populations**

Many governments have focused on reducing prison populations to prevent the occurrence and consequences of outbreaks of COVID-19 in prisons. This has mainly involved exceptional release mechanisms, including amnesties, pardons, early release schemes and commutations. An estimate by Human Rights Watch suggests that approximately 580,000 detainees from at least 80 countries have been *authorised*for release – constituting about 5 per cent of the 11 million people detained globally.[[12]](#footnote-13)

In many cases, however, action to implement commitments to release people from places of detention has been slow, leaving people in them at risk to COVID-19 particularly where there is overcrowding and a lack of prevention measures and healthcare staff.  A lack of infrastructure and bureaucratic barriers have caused the lack of releases in a number of countries. In the Netherlands, a shortage of electronic monitoring (EM) equipment has limited the number of people that can be released and in Bangladesh, prison releases required coordination between various Ministries but the Parliament was closed due to COVID-19. This caused significant delays until a Supreme Court Ordinance allowed the courts to hold virtual hearings for urgent bail matters and over 20,000 people were released in 10 days.[[13]](#footnote-14)

Publicised negative public opinion has played a role in limiting releases in some states. In Argentina, only 1 per cent of the prison population (500 people) has been released under house arrest from Beunos Aires prisons due to large public protests in response to media reports of planned mass releases of people from prison. In England and Wales, an announcement in April committed to the release of 4,000 people, including pregnant women and women with children living with them in prison, among others, but when the press revealed that an administrative mistake saw six people released in error, the early release scheme was suspended and ultimately abandoned. As of 27 April 2020, only 37 people had been released.

The requirement to post bail to be released under COVID-19 measures have posed a barrier in some cases, for instance in the state of Maharashtra in India, where 17,000 people in pre-trial detention were authorised for release but bail prevented many from benefitting from the measure. Lack of will to carry out authorised releases has been seen, including in Mexico where, as of 25 May 2020, only 2,688 people from federal prisons had been released as part of a new amnesty bill. The NGO, AsílLegal noted that ‘the releases that were raised at the start of the pandemic’ must be ‘urgently resumed’ as they ‘have been forgotten or lethargic by the corresponding authorities’.[[14]](#footnote-15)

Some release mechanisms are conditional. In Greece, for instance, a release mechanism planned that could see the release of 1,500 people imprisoned for minor offences or serving a sentence less than a year will only be triggered if deemed necessary by the authorities.[[15]](#footnote-16) In the US, three in four of the 14,860 people who have already been granted parole in Texas must first finish drug treatment or re-entry classes behind bars, despite calls for them to be able to do that at home due to the spread of COVID-19 in jails and prisons.[[16]](#footnote-17)

**Overuse of pre-trial detention**

Prison populations in some countries have continued to grow, even where releases have taken place. This has occurred due to a concoction of uncoordinated policy and implementation, notably: a limited use of alternatives to imprisonment; greater number of arrests due to crime associated with greater inequalities and poverty alongside new emergency offences; and slower than usual or suspended justice systems creating a backlog of cases. Several countries have included imprisonment as a penalty for people who are arrested for violating COVID-19 related measures, including in India, China, Spain, New Zealand, South Africa, and the UK.[[17]](#footnote-18)

Where remand is commonly used, these cases are increasing prison populations. In Uganda, for instance, 2,142 people have been remanded to prison for COVID-related offences, bringing the remand prison population to the highest number seen in recent years, while only 833 people have been released to-date. Parallel to the release of prisoners in Sri Lanka, by 21 April over 34,500 people had been arrested for violating the curfew orders across the country – an arrest rate of 650 people a day with little-to-no scope for release on bail.[[18]](#footnote-19) Also, in Angola, authorities have released almost 1,900 people from pre-trial detention but police continue to arrest and detain hundreds of people for COVID-related crimes leading to a daily influx, with almost 300 people detained in 24 hours for violating state of emergency rules.[[19]](#footnote-20)

# Human rights of persons serving non-custodial alternatives to imprisonment

Millions of people worldwide are subject to a criminal justice measure or sanction in the community – under ‘probation’, parole or ‘community corrections’. Unlike persons in detention, the impact of COVID-19 on these people (and the personnel who support and supervise them) has received little attention, with the exception of in Europe where there has been some preliminary information shared among probation agencies through the Confederation of European Probation[[20]](#footnote-21) and in the United States. The lack of information about non-custodial alternatives during COVID-19 bears witness to the attention that it is given by authorities and criminal justice systems.

The COVID-19 pandemic has brought an increased use of non-custodial sanctions in a number of countries as part of moves to reduce prison populations. The most common have been suspended prison sentences, expanded use of electronic monitoring, and home arrest – all feasible with social distancing measures in place. The latter two sanctions had ordinarily required ‘lockdown’ at agreed accommodation for certain hours of the day, but with restrictions on movement due to COVID-19 measures the sanctions may take a different – and more severe – form.

The quality of support and supervision through electronic communication brings challenges and reduces opportunities to tackle the root causes of criminal behaviour, particularly when many services and programmes are suspended. In Scotland, interviews with probation officers showed that the decentralised system, and the role of supervisors having social work at the core, has meant that many have continued to support their clients through practical assistance, for example delivering medicines and food packages during the height of the lockdown to their clients. However, in France aside from some mental health support through phone calls, remote supervision and support has been thwarted in many instances by the lack of equipment to work remotely (e.g. laptops) and institutional setup preventing officials from accessing records and information which is all held centrally.

Aside from supervision, conditions that form part of a non-custodial sentence, such as community service work, have been suspended and drug, alcohol or behavioural change programmes have been paused due to lockdowns in many countries. These programmes, alongside practical assistance by probation officers, are essential elements to preventing reoffending and many sanctions require proof of completion or certain number of hours to be achieved to mark the end of the community-based sanction – raising the question as to whether these interruptions in fulfilling court-imposed programmes will prolong the duration of sentences beyond what was initially handed down.

During the coronavirus pandemic increased workload and reduced capacity has been a common challenge among probation and parole agencies. In Canada, the Parole Board of Canada has reported an increased workload during the pandemic, mainly due to their consideration of releases, amounting to an increase of 17 parole reviews per week in the three months since 1 March 2020.[[21]](#footnote-22) In England and Wales, it was reported that phone-based supervision required twice the frequency of contact of previous face-to-face appointments, and this is sometimes supplemented by visual supervision (‘drive-by’).[[22]](#footnote-23)

# Human rights of women in prison

Women in prison have complex health needs with disproportionate rates of underlying health conditions compared to women in the community. Coupled with overcrowded and unhygienic prisons in many parts of the world, this puts women at great risk of contracting COVID-19. High numbers of women enter prisons pregnant or having recently given birth, as drug users and/or with serious physical and mental effects of violence and related trauma.

With more than 700,000 women in prison globally, compared to over 10 million men[[23]](#footnote-24) (and approximately 19,000 children living in prison with their mothers) criminal justice systems are still too often remain designed and run with men in mind. Responses to prevent or address COVID-19 in prisons also mostly overlook the different and unique impacts they may have on women, and measures have in many instances brought greater hardship on women compared to men.

The provision of (free) sanitary items for women is “enshrined” in the UN Bangkok Rules on women prisoners – an essential that is so closely linked to hygiene, as well as the right to dignity – but visiting limitations have meant women have gone without sanitary pads during lockdowns, as these are often provided by external support networks, charities, families etc. who were not able to visit.

Restrictions or bans on visits from family – especially children – during the pandemic can cause particularly high levels of stress and anxiety among women. Positive action has been taken to mitigate the lack of visits through other means of communication in many countries, like in Kazakhstan where there is no limit on video calls for people in prison. However, where there is cost involved, sometimes female facilities get left behind. In the Philippines, for instance, IT facilities are being allocated to male dormitory prisoners, but only one telephone has been made available for more than 1,000 women imprisoned in the Manila City Jail.

The social stigma and discrimination of women in prison, which is disproportionately higher than for men in prison, has meant that suspension of visits has cut off financial support. In Jordan, for example, usually women would be given some money during visits, whereas additional efforts are needed to send money to people in prison, so they have gone without. In women’s facilities a greater threat of sexual violence during the pandemic is exacerbated by decreased security and lower levels of staff.

Some countries’ release mechanisms made provisions for pregnant or breastfeeding women or those with children living in prison with them, like in Mexico. However, beyond this limited segment, many countries have failed to include women adequately in release schemes – despite a significant proportion of female prison populations comprising of non-violent, first-time offenders – including low-level drug or poverty-related crimes, bringing little danger to society and low risks of recidivism.

A gender-specific assessment and response to coronavirus is essential in order to protect the lives of women in criminal justice systems and prevent human rights violations. Any measures to reduce prison populations, protect people in prison from COVID-19 or mitigate the impacts of responses must be *at least* equally applied or accessible to women.[[24]](#footnote-25)

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Penal Reform International (PRI) is a non-governmental organisation working globally to promote criminal justice systems that uphold human rights for all and do no harm. We work to make criminal justice systems nondiscriminatory and protect the rights of disadvantaged people. We run practical human rights programmes and support reforms that make criminal justice fair and effective.

Registered in The Netherlands (registration no 40025979), PRI operates globally with offices in multiple locations.

1. <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>  [↑](#footnote-ref-2)
2. Research suggests that around one in seven prisoners has a serious mental health condition. This compares to one in four people that will be affected by mental or neurological disorders at some point in their lives, according to the World Health Organization.   [↑](#footnote-ref-3)
3. <https://www.penalreform.org/resource/women-in-prison-mental-health-and-well-being/> [↑](#footnote-ref-4)
4. <https://www.dignity.dk/wp-content/uploads/fact-sheet-6-solitary-confinement.pdf> [↑](#footnote-ref-5)
5. <https://www.theguardian.com/commentisfree/2020/may/24/the-guardian-view-on-prisoners-in-lockdown-too-much-solitude> [↑](#footnote-ref-6)
6. <https://www.tvnz.co.nz/one-news/new-zealand/women-auckland-prison-confined-cells-up-29-hours-diary-shows> [↑](#footnote-ref-7)
7. <https://www.humanrightspulse.com/mastercontentblog/the-impact-of-covid-19-on-women-prisoners> [↑](#footnote-ref-8)
8. <https://icva.org.uk/advice-from-thespt-to-the-uk-npm-regarding-compulsory-quarantinefor-coronavirus/> [↑](#footnote-ref-9)
9. <https://icpa.org/wp-content/uploads/2020/04/Expert-Network-Newsletter-Special-Issue-5-1.pdf> [↑](#footnote-ref-10)
10. <https://www.penalreform.org/blog/protecting-human-rights-in-covid-19-detention-monitoring/> [↑](#footnote-ref-11)
11. <https://www.justiceinspectorates.gov.uk/hmiprisons/2020/03/covid-19-update/> [↑](#footnote-ref-12)
12. <https://www.hrw.org/news/2020/05/27/covid-19-prisoner-releases-too-few-too-slow> [↑](#footnote-ref-13)
13. <https://www.penalreform.org/blog/releasing-20000-people-from-prison-in-bangladesh-in/> [↑](#footnote-ref-14)
14. <https://asilegal.org.mx/mapa-penitenciario-covid-19/> [↑](#footnote-ref-15)
15. <https://www.ekathimerini.com/251010/article/ekathimerini/news/plan-for-early-release-of-inmates-to-curb-virus-risk> [↑](#footnote-ref-16)
16. <https://thecrimereport.org/2020/05/28/10000-tx-inmates-granted-parole-cant-leave-prison/> [↑](#footnote-ref-17)
17. <https://bf889554-6857-4cfe-8d55-8770007b8841.filesusr.com/ugd/6c192f_1e8d8e91cfec4098b7b26db9cd296d30.pdf> page 10 [↑](#footnote-ref-18)
18. <https://thewire.in/world/prisoner-releases-across-asia-a-right-move-gone-wrong> [↑](#footnote-ref-19)
19. <https://www.hrw.org/news/2020/05/05/angolas-prisons-ill-equipped-curb-covid-19-spread> [↑](#footnote-ref-20)
20. <https://www.cep-probation.org/covid-19-measures-and-protocols-in-probation/> [↑](#footnote-ref-21)
21. Figures from Parole Board Canada <https://www.canada.ca/en/parole-board/services/coronavirus-covid-19.html> (accessed 15 June 2020) [↑](#footnote-ref-22)
22. <https://www.cep-probation.org/penal-supervision-in-a-pandemic-by-professor-fergus-mcneill/> [↑](#footnote-ref-23)
23. <https://www.penalreform.org/resource/global-prison-trends-2020/> [↑](#footnote-ref-24)
24. For more information, see <https://www.penalreform.org/blog/coronavirus-and-women-in-detention-a-gender-specific/> [↑](#footnote-ref-25)