

## **From East to West: a global exploration of female prison life\***

*Background.* The dramatic rise in the female prison population globally, particularly since the late 20th century, highlighted the inadequacy of traditional prison systems designed for men. This trend calls for a new approach that addresses the distinct experiences and complex needs of female offenders, including those related to mental health, past trauma, and social challenges. This review aims to explore and analyse the experiences of female prisoners worldwide, focusing on understanding the complex aspects of their lives in prisons, the unique challenges they face, and the similarities, overlaps and variations across diverse cultural and institutional contexts. *Methods.* A systematic search of Scopus and Web of Science databases identified relevant qualitative and quantitative studies published in the last 25 years. Thematic analysis was used to identify recurring themes regarding female prisoners' experiences. *Results.* Prisons in developed nations tend to have better living conditions, healthcare access, and rehabilitation programs than those in developing nations. Women in prisons often experience high rates of mental health problems due to various factors, such as prior trauma, social isolation, and stress of incarceration. Positive developments are noted and include gender-responsive programs and focus on reintegration, such as promoting financial literacy, life skills, and a sense of purpose to improve a woman's chances of a successful transition back into society. *Conclusion.* There is a growing international recognition of the need for gender-responsive prison systems and collaboration with community support systems. To improve the quality of life for female inmates worldwide, several key steps are needed. This recommendation involves designing and operating facilities that meet the specific needs of female inmates, including providing access to healthcare, education, and rehabilitation programs, and funding for rehabilitation programs should be increased to invest in programs that help women develop skills, address trauma, and prepare for release.

*Keywords:* Female Incarceration, Gender-responsive Prisons, Global Experiences, Social Rehabilitation, Reintegration

### **Introduction**

Recognising the need for a new approach due to the growing female prison population at the end of the 20th century, research attention shifted to understanding the distinct experiences of female offenders (Bloom et al., 2003). The number of female prisoners has dramatically increased. It has nearly doubled since 2000, outpacing population growth in most regions (Fair & Walmsley, 2022). Some countries have seen particularly significant increases in female prisoners (El Salvador and Guatemala in Central America, Brazil in

---

\* This research was supported by the Science Fund of the Republic of Serbia, Grant No. 7750249, Project title: Assessment and possibilities for improving the quality of prison life of prisoners in the Republic of Serbia: Criminological-penological, psychological, sociological, legal and security aspects (PrisonLIFE).

This paper represents the result of the author's engagement following the Working Plan and Programme of the Institute of Criminological and Sociological Research for the year 2024 (based on contract No. 451-03-66/2024-03/200039) with the Ministry of Science, Technological Development and Innovation.

South America, and Cambodia in Southeast Asia) (Fair & Walmsley, 2022). The number of women in prisons and jails in the United States is at an all-time high, and women's incarceration rates grew faster than men's (Heimer et al., 2023).

Globally, a significant number of women have been incarcerated. Globally, over 740,000 women and girls are imprisoned (Fair & Walmsley, 2022). The United States has the highest (over 200,000), followed by China (estimated at least 145,000). The rate of imprisonment varies greatly. Female incarceration rates vary greatly depending on region. Africa has the fewest female prisoners per capita, at only three per 100,000 people. Asia has a rate of seven female prisoners per 100,000, which increases to nine if China and India (countries with very large populations) are excluded. Europe incarcerates ten women per 100,000, but this drops to seven if Russia is not included. Oceania has a rate of 10 female prisoners per 100,000 population. The Americas has the highest incarceration rate among women (30 per 100,000). However, excluding the United States lowers this number to 14 per 100,000 (Fair & Walmsley, 2022).

However, women are a minority of prisoners (6.9% globally), but this percentage is higher in some regions (e.g., Americas at 8%). New studies explored women's criminal pathways and the prevalence of abuse in their histories. This shift came about due to the significant rise in the female prison population, which highlighted the need to go beyond traditional, male-centred approaches in corrections (Bloom et al., 2003). Despite some efforts to improve conditions and create gender-responsive programs, the overall experience of imprisonment for women remained punitive rather than empowering (Comack, 2018).

The high prevalence of social risk factors, childhood abuse, and experiences of trauma among female offenders contribute to the complex health challenges faced by women in prison (McCann et al., 2019). The lack of gender-specific, comprehensive, accessible, respectful and trauma-informed care in prisons adds to the difficulties women encounter during their incarceration (Liauw et al., 2021; Shlafer et al., 2021; Slotboom et al., 2011). Furthermore, incarcerated women may encounter discrimination, stigma, and a lack of trust, which can impede their reintegration into their families and communities post-release (Alemineh et al., 2022). The challenges of post-imprisonment, including housing, employment, relationships, substance abuse, and mental health issues, further compound the struggles faced by women returning from prison (Muthee, 2020). Additionally, the structural and economic disadvantages experienced by indigent women in prisons highlight the ongoing legacies of apartheid and the need for targeted support (Van Hout & Wessels, 2022).

Moloney et al. (2009) noted that two factors were being neglected when it came to improving prison services for women. They mentioned that the two key issues not getting enough attention at the time were understanding the characteristics and backgrounds of women in prison and recognising the potential link between trauma and women's criminal behaviour and concluded that a "modern approach" to criminal justice for women needed to give much greater weight to these two neglected issues. Female prisoners often have complex needs related to mental health, past abuse, and lack of education. Incarcerated women in Canada often have a history of sexual abuse, substance abuse, and poor overall health (Fellus, 2018). European prison systems generally fall short of addressing these needs, and their healthcare services often lack the capacity to deal with the specific issues

(MacDonald, 2013). Support programs are available, but they are not widespread and may not address the individual needs. Furthermore, many prison staff lack training to identify and respond to these needs, whereas referral to outside support agencies for counselling is limited, especially for pre-sentenced prisoners (MacDonald, 2013).

This literature review aims to address this gap by comprehensively exploring and analysing the experiences of female prisoners globally, focusing on understanding the multifaceted aspects of their lives in detention, the unique challenges they face, and the commonalities and variations across diverse cultural and institutional contexts. To summarise, this review focused on studies that explored the lived experiences of female prisoners in various contexts.

## **Methods**

The databases searched included Scopus and Web of Science, which were chosen for their wide selection of multidisciplinary articles. Search results were expanded using the Connected Papers tool. The search strategy included keywords and MeSH terms related to female incarceration, such as "female prisoners", "women in prison", "incarcerated women", "gender and imprisonment", and "experiences of female offenders". Boolean operators (AND, OR) combined these terms and refined the search results. Studies published in the last 25 years were included. Both qualitative and quantitative studies were considered. After retrieving relevant studies, a standardised data extraction form was used to record key information such as study design, research methods, participant characteristics, and key findings. A thematic analysis approach was employed to identify recurring themes and patterns regarding the experiences of female prisoners across the studies. The research findings are presented and organised thematically and according to world regions.

## **Conditions and Challenges Faced by Female Prisoners in Asia**

China holds the second-largest number of female prisoners (145,000), not including those in pre-trial or administrative detention. The percentage of female prisoners is increasing (reaching 8.6% of the total prison population in 2018, according to Fair and Walmsley (2022)). This high number of female prisoners raises concerns about their well-being (Zhong et al., 2020). A significant portion of the prisoners (almost 66%) of prisoners in a representative sample from Hunan province, China, had at least one-lifetime mental disorder, with major depression being the most common (36.5%). These findings highlight the need for improved mental health services for female prisoners in China.

Thailand has one of the highest female prison population rates. In this country, women and girls make up more than 10% of the prison population (Fair & Walmsley, 2022). Chokprajakchat and Techagaisiyavanit (2019) evaluated two prisons there, finding a commitment to improvement within the system. Both prisons followed minimum international standards and offered rehabilitation programs. The study highlighted the positive role of strong leadership and collaboration with external organisations. Interestingly, some environmentally friendly practices were noted.

In contrast, the focus in Japan seems to be on the rising female prison population (Fair & Walmsley, 2022). However, a report by Human Rights Watch (Kasai & Doi, 2023)

highlights serious human rights abuses faced by women in Japanese prisons, including restraints during pregnancy, solitary confinement, verbal abuse, and limited access to healthcare, including mental health. The high number of women imprisoned for drug offences, combined with limited options for judges, contributes to overcrowding and potentially unnecessary sentences. These findings suggest a need for a more comprehensive approach that addresses the specific needs of female inmates. Gender-specific drug rehabilitation programs could be a crucial step. Studies show that newly imprisoned women often engage in high-risk sexual behaviours and experience higher levels of psychological distress compared to male inmates (Ohnishi et al., 2020; Shimane et al., 2022).

In Indonesia, particularly in Aceh, a predominantly Muslim region, spiritual well-being is important for female prisoners' quality of life (Firzalinda et al., 2020). While no significant connection was found between quality of life and factors like age or education, a strong association emerged between spirituality and well-being. The authors suggest developing and implementing programs that focus on improving spiritual well-being to enhance the quality of life for female inmates in Indonesia.

A study by Ramirez (2023) examined the challenges women imprisoned in the Philippines faced during the COVID-19 pandemic. Using a qualitative approach through interviews with eight female inmates, several difficulties were identified, including weight gain, maintaining personal hygiene, social adjustment to pandemic restrictions, and feelings of depression and boredom. Engaging in diversionary activities and repressive coping were some of the coping mechanisms adopted by these female prisoners, whereas the most helpful coping mechanisms mentioned were spiritual activities and prayer. This lack of adequate facilities and support is further emphasised by a study by Kokab Jabeen (2022), which reported that female prisons in Pakistan lack proper facilities to manage feminine hygiene needs, and this issue worsened during the COVID-19 pandemic. Overall, female prisoners have limited access to healthcare and are more likely to contract diseases like HIV, Hepatitis C, and Tuberculosis compared to male inmates.

In terms of vocational training programs, issues such as the variety of programs accessible to inmates, their willingness to participate, and the challenges faced by prison trainers can impact the effectiveness of such programs for female prison inmates in Sri Lanka (Ekanayake & Pavithra Madhuwanthi, 2021). Ekanayake and Pavithra Madhuwanthi (2021) investigated the challenges faced by vocational training programs for female inmates in Sri Lanka. They identified four key areas of concern reported by trainers delivering these programs. The first theme is focused on the limited program variety, meaning inmates might not have access to a wide range of training options that suit their interests or future job prospects. The second theme is related to inmate participation and motivation to participate or not to participate in the vocational training programs for various reasons. The third theme is recidivism, as some former inmates return to prison after completing vocational training and starting their own businesses. The trainers themselves might face difficulties in delivering the programs effectively, which is recognised as a fourth theme.

Cultural factors play a significant role in shaping female prisoner behaviour. For example, studies in Chinese prisons show that maintaining good relationships (*guanxi*) with guards is important due to cultural values of personal gain and practicality (Liu & Chui,

2018). This focus can influence how female prisoners interact with each other, leading them to act independently rather than forming strong groups with other inmates (prisoner sub-cultures).

In contrast, women in Pakistani prisons face a different set of challenges. The report by Kokab Jabeen (2022) revealed a disturbing prevalence of sexual assault and violence against women in police custody and prisons in Pakistan. Furthermore, many women entering prison in Pakistan have already experienced trauma and are susceptible to mental health issues like depression and anxiety due to their circumstances. Limited access to psychological support further exacerbates these problems.

Due to the very high rate of mental disorders in Chinese prisons, improved identification and intervention programs are crucial (Zhong et al., 2020). Russell et al. (2020) highlighted the value of gender-responsive programs for female inmates in Thailand but emphasised the need to consider other social factors that can affect their lives. Kokab Jabeen (2022) suggests comprehensive gender-specific services in Pakistan, including mental health support, sanitary products, and gender-sensitivity training for prison staff. Additionally, female prisoners should be segregated based on offence type for safety reasons.

Both Iran (Farhoudi et al., 2023) and Pakistan (Kokab Jabeen, 2022) lack adequate healthcare for pregnant women in prison, including prenatal and postnatal care and proper nutrition for mothers and children. Furthermore, a significant number of women in Pakistani prisons have children under the age of five with them, exceeding the legal limit. These children face a lack of proper care and hygiene (Kokab Jabeen, 2022). Skrzypek and Kochal (2008) explored the impact of imprisonment on motherhood in Israel. They identified themes like motherhood as a source of strength, feelings of failure, coping mechanisms, motivation for change, and the desire to redeem motherhood after release. Overall, prison can be traumatic but may also lead to personal growth for mothers. Additionally, prison environments in Israel might benefit from programs that support mothers in maintaining positive relationships with their children (Skrzypek & Kochal, 2008).

### **Nordic Prison Systems and the Female Prisoner Experience**

Scandinavian exceptionalism refers to the idea that Nordic countries (Norway, Sweden, Finland, Denmark, and Iceland) have distinct and well-regarded prison systems. These systems are often described as having lower incarceration rates, more humane conditions, and a strong emphasis on rehabilitation and reintegration compared to other regions (Kolind et al., 2013; Pratt, 2007; Shammas, 2014). In Scandinavian countries, "going to prison is itself the punishment for crime; prison conditions can then approximate to life outside as far as possible, rather than being allowed to degrade and debase all within" (Pratt, 2007, p. 119). This approach prioritises preparing prisoners for release back into society (Schartmueller, 2019). Prisoners in Nordic countries highly value staff behaviour and focus on preparing for release rather than rehabilitative features or controls (Giertsen et al., 2015).

Recently, some authors have challenged the idea of a uniform Scandinavian approach (Ugelvik & Damsa, 2018). In 2013, Norway opened a prison specifically for foreign nationals, raising questions about the concept of 'Scandinavian exceptionalism'. The traditional system remained liberal, humane, rehabilitative, supportive, inclusive and future-

oriented for Norwegians, but a more punitive approach in a more exclusionary alternative system was developed for foreign nationals. Foreign prisoners in Norway may face unique challenges, confirming a potential divergence from the traditional Scandinavian focus on rehabilitation for all prisoners (Ugelvik & Damsa, 2018). These difficulties are discrimination from guards or other inmates, maintaining long-distance relationships due to geographical separation, and constant fear of deportation, adding to psychological stress.

Schartmueller (2019) discussed the challenges of serving life and long-term sentences in Denmark, Finland, and Sweden. As mentioned, these countries prioritise reintegration for all prisoners, regardless of sentence length (definite or indefinite). This observation aligns with their membership in the Council of Europe, which emphasises rehabilitation and reintegration of the prisoner back into society. However, reintegration becomes difficult when the sentence duration is unknown, as in life imprisonment. To address this challenge, all three countries rely on the Normalisation Principle. This principle implies that prison life should resemble life outside as much as possible, including maintaining connections with family, friends, and society. To ease long-term imprisonment, individualised sentence plans, educational and treatment programs, and scheduled prison leaves are implemented to maintain a structured routine and support reintegration. Long-term prisoners are often initially placed in high-security facilities, but as they near release, they might be transferred to lower-security (open) prisons with increased programming closer to release.

However, there were minor differences between countries (Schartmueller, 2019). For instance, Sweden allows prison leave earlier (after four years) than Finland (after eight years). Denmark offers leaves but does not specify a timeframe. Both Finland and Sweden expressed concerns about the lack of sufficient treatment programs specifically designed for life sentences. Finland has a unique program offering supervised release under probation for up to six months before full release. There were mixed views regarding whether prisoners serving life sentences are easier to motivate and work with than those serving shorter sentences. Overall, the goal of reintegration remains a priority, although there are variations in how Denmark, Finland, and Sweden implement these efforts.

It is important to note that therapeutic programs for female prisoners can offer a path to rehabilitation, but these programs can be complex due to potential role confusion and internal conflict for all sides included. A study by Nylander (2015) observed this in a drug-treatment wing of a Swedish women's prison. Prison officers became "co-therapists" while prisoners adopted identities like "conscious addict" and "good group member." This constant shift in roles can be confusing and stressful for the women involved. Additionally, a potential conflict between their traditional "prisoner" identity and the identities encouraged by the drug treatment program can create inner conflict for the female prisoners as they participate in the program.

Weir (2021) challenges the idea that Danish open prisons with self-catering are automatically "humane". While female inmates used cooking to connect with family (building a sense of home) and foster relationships through shared meals (positive aspects), the prison environment itself (high turnover rate) made it difficult to maintain these connections (negative aspect). As concluded, self-catering can be a good practice, but it

shouldn't be the only factor used to judge a prison's humanity. The high inmate turnover in open prisons can be a major stressor and hinder positive social connections.

Smoyer and Minke (2019) explored how incarcerated women in Denmark used a cultural concept called "hygge" to cope with prison life. Hygge refers to creating a cosy and comfortable atmosphere through shared food, warm lighting, and relaxing activities. Women use food and items to create a sense of hygge in their cells, common areas, and during visits. Although these moments of comfort are temporary, they significantly improve their experience of incarceration and their well-being.

### **Female Prisoners across Europe**

While the previous section discussed the concept of Scandinavian exceptionalism, the UK prison system has developed its own initiatives to support female prisoners. One example is the Women's Policy Group, which advocates for improved conditions and programs specifically for women (MacDonald, 2013). Furthermore, McCann et al. (2019) aimed to create a comprehensive set of guidelines and standards to improve the health and well-being of women in prison in England, potentially applicable elsewhere. Their research, combining literature review with expert and formerly incarcerated women's feedback, identified 122 standards across ten key areas related to women's health and well-being in prison, mental health, self-harm and suicide prevention, substance misuse, sexual and reproductive health, ageing, violence and abuse, physical activity, weight management, pregnancy and families, and nutrition. These standards are guided by six core principles. First, they advocate for creating a prison environment that actively promotes both mental and physical health. Second, a trauma-informed approach is crucial, with staff training and practices that minimise re-traumatisation. Third, involving women with experience in the criminal justice system ensures programs address their specific needs. Purposeful activity, time out of the cell, and peer support (principles four and five) promote skill development, stress reduction, and a sense of community. Finally, continuity of care (principle six) ensures healthcare continues upon release, fostering long-term well-being.

Research by Douglas et al. (2009) explored how imprisonment affected the health of women in prison in the UK, focusing on the women's own experiences. Their study using focus groups and interviews found that imprisonment often has negative health impacts, both mental and physical. The initial shock of being incarcerated, separation from family, and sharing living space with women with mental health or drug withdrawal issues all contributed to these issues. Furthermore, poor hygiene in the prison and a lack of control over their own healthcare further contribute to negative health outcomes. Some women even reported coping with prison by smoking more, eating poorly, and relying on medication. However, for some women, prison offered a break from a life of poverty, violence, and substance abuse, leading to perceived improvements in health, a trend later found in maximum-security prisons in the United States (Harner & Riley, 2013).

Bartlett and Hollins (2018) confirm the need for change in England and Wales. Despite a shift in focus towards understanding the vulnerabilities and traumas that women in prison may have, which led to calls for alternatives to incarceration, the number of women in prison and deaths in custody continues to rise. Self-harm is also a major concern, potentially

linked to the gendered experience of prison, including violence, lack of mental health support and addiction treatment, family separation and inadequate staffing. Crewe et al. (2023) emphasise the need for new approaches due to the complexities of staff-prisoner relationships in women's prisons, mainly because power dynamics involve a mix of control and emotional connections. Alternative sentencing, improved prison conditions, and enhanced mental health and addiction services are crucial to addressing the high rates of self-harm and death in custody (Bartlett & Hollins, 2018). Improvements are also needed to ensure pregnant prisoners receive safe, respectful, and high-quality care (Abbott et al., 2023).

The UK example highlights the specific needs and ongoing challenges faced by female prisoners. Building on the case of the UK, a broader look across the EU reveals a distressing situation for female prisoners, including those in Norway. Many have experienced violence and abuse, leading to mental health problems and substance misuse, with inconsistent healthcare services and political will to address their needs (MacDonald, 2013). Estimates vary across Europe, but drug and alcohol misuse is prevalent in the female prison population, ranging from 40% to 75%. Additionally, female prisoners often come from marginalised groups with complex needs impacting mental health, such as a history of violence and abuse, self-harm, homelessness, poor physical and reproductive health, low self-esteem, and problematic relationships. Overcrowding in prisons adds stress and limits access to treatment, programs, and activities. The prison environment can be infantilising and re-traumatising. Issues related to self-image, low self-esteem, fear of failure and lack of independence are prevalent. Many women blame themselves for the violence they experienced, even seeing it as a sign of affection. Trust issues are also common, and depression and PTSD are frequent diagnoses. Furthermore, there is no standardised approach to identifying women with abuse histories upon entering prison. Mental health screenings are often inadequate or non-existent, leaving many women's problems undiagnosed and untreated. Inadequate drug treatment was another issue despite high levels of drug use. Few female prisoners received treatment, as noted by MacDonald (2013). At the time, programs were not designed to meet the specific needs of women, often neglecting the underlying trauma, and female prisoners with shorter sentences or on remand were particularly unlikely to receive treatment.

A study by Slotboom et al. (2011) examined how female inmates in the Netherlands react psychologically to incarceration. The study focused on two sets of factors: importation factors that women bring into prison with them, such as a history of victimisation or drug abuse, and deprivation factors, which include negative aspects of the prison environment, such as treatment by staff and other inmates, or lack of amenities. The study found that all three negative psychological outcomes (depression, irritability, and risk of self-harm) were linked to both sets of factors. However, deprivation factors, particularly the way women were treated by staff and other inmates and the overall prison environment, had a stronger impact on their well-being than their background. Additionally, a history of receiving treatment for psychological problems before incarceration emerged as the most significant predictor of current psychological complaints and post-traumatic stress.

Esposito (2015) investigated the well-being of female inmates in Italian prisons and identified loneliness as a significant stressor affecting their well-being. This study further found that access to activities like work programs, social interaction opportunities, and support networks could help reduce stress and depression among these women and highlighted the need for programs that would equip inmates with skills and opportunities to avoid returning to criminal behaviour upon release (Esposito, 2015).

A survey by Milioni and Geitona (2017) in Greece found that imprisonment has a negative impact on female prisoners' self-reported health, which is closely related to access to healthcare, quality of care, and prison conditions. Over 66% of participants reported moderate or poor health compared to only 23% before incarceration. More than half the women felt their health had deteriorated and experienced poor mental health. Dissatisfaction with access to healthcare, quality of care, and the overall prison environment (accommodation, cleanliness, food) was also prevalent.

While motherhood can be a source of strength, as suggested in the Italian study by Esposito (2015), the prison environment itself can create challenges, particularly for pregnant women. A recent study by Abbott et al. (2023) examined the experiences of pregnant women in prison and prison staff in England with a focus on the quality of midwifery care provided by prison staff. In the UK, it was expected that healthcare for pregnant women would be equivalent to what's available outside prison. Interviews with pregnant female prisoners in the UK revealed feelings of disempowerment due to limited choices in their care, fear of giving birth alone, and a lack of information about their rights. Some women reported positive experiences with continuity of midwifery care, but overall, the care provided often fell short of best practices. Furthermore, some women worried that receiving proper care was conditional on "good behaviour", which could negatively impact their health and the well-being of their babies.

Support programs can help women reintegrate successfully after serving a prison sentence. However, beyond the challenges faced by individual women, the prison system itself can also present obstacles to successful reintegration. While prison professionals in Spain believe in reintegration and support programs (Martín-Solbes et al., 2021), they face barriers such as limited resources, staff shortages, and bureaucratic procedures. These factors can slow down progress and hinder the effectiveness of these programs.

Acale Sánchez (2019) analysed the situation in Spanish prisons and identified an additional challenge: the potential for prison programs to perpetuate gender stereotypes. The main critique focuses on programs centred on childcare and domesticity, which may not address the specific needs of female prisoners. Since there is a link between women who have experienced violence and their subsequent criminal behaviour, Acale Sánchez (2019) argues that prison programs based on traditional gender roles might re-traumatise these inmates. For example, a program focused solely on homemaking skills might not equip a woman who has escaped an abusive relationship with the tools she needs to build a new life for herself.

## **The Situation of Female Prisoners in Serbia**

A review of the situation of female prisoners in Serbia in 2011– 2012 reveals both progress and persistent challenges. While reports from 2011 by Bjeloš acknowledged efforts to improve treatment through staff training and collaboration with civil society organisations, a significant gap remained in the absence of a post-release support system.

Two studies conducted by the Victimology Society of Serbia in the Correctional Institution for Women in Požarevac in the same period aimed to assess the level of respect for female prisoners' rights and the implementation of a gender-sensitive approach (Ćopić et al., 2012; Ćopić & Šaćiri, 2012). Living conditions within Požarevac prison fell short of international standards in several areas. Overcrowding, inadequate sanitation, limited access to healthcare, and a lack of educational and vocational opportunities were major concerns (Ćopić & Šaćiri, 2012). Additionally, the study found evidence of violence and abuse within the prison.

Despite most inmates having jobs (72.6%), their wages were insufficient. Educational gaps were identified, with some women lacking even elementary education. Vocational training opportunities were limited, with most inmates not participating. Healthcare was another area of concern. Although a high percentage of inmates (67%) had chronic illnesses and required regular medication (81%), satisfaction with healthcare was low. Preventive healthcare practices were lacking, with low participation rates in gynaecological and dental check-ups (33% and 46.1%, respectively). Phone calls were the primary way female inmates maintained contact with the outside world (96.5%). Visits and letters were less frequent, often hindered by financial limitations and distance for families. Religious rights were respected for those who identified as believers (90%). While most women were aware of the prison ombudsman (68.7%), few contacted them (87.8%). Inmates felt there were people within the prison to talk to about problems (70.4%), with educators (treatment staff) being the primary source of support, while psychologists were rarely consulted (Ćopić et al., 2012).

Earlier studies from Serbia recommended a multi-pronged approach to reduce the prison population through alternative sanctions, increasing funding for the prison system, and improving educational and vocational training focused on marketable skills (Ćopić et al., 2012; Ćopić & Šaćiri, 2012). Among other things, collaboration with local organisations, better healthcare staffing and equipment with a focus on preventive care, and programs to support female inmates, particularly survivors of violence were mentioned. Additionally, staff training and involvement of external support services (self-help groups) were suggested to promote inmate treatment in prison and rehabilitation.

Earlier, Špadijer-Džinić et al. (2009) investigated the prison deprivations faced by women in prison. The study focused on a prison in Požarevac, Serbia, and interviewed women sentenced to over a year. The researchers assumed that these women's experiences would be similar to those in other prisons for women. They used a questionnaire to measure different types of deprivation and identified six key factors: motherhood, autonomy, individuality, kindness and empathy, fulfilling traditional female roles, and friendships.

These findings suggest that prison life can be particularly challenging for women because it restricts their ability to experience these important aspects of life.

Recently, Batrićević et al. (2023) found that the overall quality of prison life for female inmates in Serbia's Correctional Institution for Women in Požarevac is relatively low. Only a small portion of the participants (around 25%) reported a positive experience. Positive aspects of the quality of prison life of female inmates in Serbia were family contact, prisoner adaptation (prisoners seem to be adjusting somewhat well), and respectful prison climate (relatively positive interactions with staff). On the other hand, the well-being of female prisoners (mental and physical health), bureaucratic legitimacy (fairness, transparency, and efficiency of the prison system), organisation and consistency (clear rules and predictable procedures), and decency (treating prisoners with dignity and respect) showed room for improvement.

Several recommendations emerged from this study (Batrićević et al., 2023). First, interventions that address these weaknesses while strengthening the positive aspects should be prioritised. Secondly, gender-specific rehabilitation programs that consider female prisoners' needs and aspirations should be designed. Thirdly, prison staff training is needed to ensure fair and respectful treatment of prisoners. Next, a less hierarchical prison structure to improve communication and responsiveness should be considered. Finally, combining legal reforms with practical changes like staff training and new prisoner programs is recommended.

Recent study explored how female prisoners in Serbia experience well-being within the prison system, using the Serbian version of the *Measuring Quality of Prison Life* (MQPL) survey (Ilijić et al., 2024; Međedović et al., 2023; Milićević et al., 2024). Overall, female prisoners reported lower overall well-being than other aspects of prison life. They felt most positive about opportunities for personal development and maintaining a sense of control. They were also optimistic about personal change. However, they reported low levels of autonomy, confinement, and expressed dissatisfaction with general well-being. Additionally, they were unsure if the prison system would help them after release. There were several factors related to the perception of well-being in prison. Older female prisoners reported higher well-being. Regarding mental and physical health, no history of drug use or mental health problems was associated with higher well-being. In terms of social connection, receiving visits in prison improved well-being for females. First-time offenders reported higher well-being, while those females without disciplinary actions reported higher well-being. The distance to home had less impact on female well-being compared to males (likely due to only having one prison for women). Females under 30, with long sentences, self-harm history, drug abuse, or lack of family support had lower well-being and higher stress. The study suggested implementing gender-specific programs that focus on fostering social connections for females. Additionally, programs should be tailored to individual needs, considering factors like age and education (Ilijić et al., 2024).

## **A Comparative Look at Female Prisoners: US vs. Canada**

The U.S. penal system has historically been developed with a male-centric focus, leading to a lack of programs tailored to the needs of incarcerated women by the early 2000s. This disparity exists even though the rate of incarceration for women in the United States has been increasing at a pace exceeding that of men since 1981 (Belknap, 2000). In contrast, Canada has balanced punitive measures with rehabilitation efforts, resulting in a more stable incarceration rate, including for women (Webster & Doob, 2007). This imbalanced approach is further highlighted by the convergence of black-white female incarceration rates in the U.S., contrasting with Canada's more stable incarceration rates and lack of racial disparity (Myers et al., 2022). The U.S. penal system's lack of focus on rehabilitation likely contributes to high recidivism rates and the challenges women face upon re-entry into society (Seigafo, 2017).

Female prisoners in the United States face significant challenges in meeting their mental and physical health needs, particularly regarding pregnancy care and trauma-informed services (Shlafer et al., 2021). For instance, pregnant and postpartum women in prison often experience depressive symptoms due to barriers to adequate healthcare, stress, and isolation within the prison environment. Studies show a high rate of depression among pregnant inmates, especially those separated from newborns (Howland et al., 2021). Incarcerated women in Canada face unique concerns related to reproductive health, maternal responsibilities, and even pregnancy while in prison. These issues require gender-responsive support and healthcare services, yet limited access to adequate care, particularly concerning reproductive health and maternal care, remains a significant barrier (Fellus, 2018; Liauw et al., 2021). This shift in focus will include healthcare professionals recognising the potential for the prison itself to be a place that supports healing and recovery (Fellus, 2018).

Covington (1998) identified common challenges faced by drug-addicted women in the U.S. criminal justice system. The study highlights the lack of gender-specific treatment and the need for support systems tailored to women's needs. This is evident in the unaddressed challenges faced by these women, the correlation between drug abuse and incarceration/parole violations, and the traditional focus on men's experiences in addiction recovery. Covington's findings, though published over 25 years ago, align with research demonstrating the effectiveness of gender-responsive substance abuse treatment for certain female offender populations, especially those with a history of abuse (Saxena et al., 2014). A recent U.S. study examined how a history of interpersonal trauma (past traumatic experiences, including captivity, sexual assault, etc.) affects post-traumatic stress and quality of life among female prisoners. Researchers found that those who had experienced captivity before incarceration had the lowest quality of life, suggesting a particularly severe impact on a woman's ability to feel safe and secure in prison (Prost et al., 2022).

Despite challenges in implementing trauma-focused programs (Liebman et al., 2014), positive developments are emerging in prisons in the United States for women. Financial literacy programs (Sanders, 2018) and psycho-social interventions for trauma survivors (Liebman et al., 2014) can improve well-being during incarceration. Additionally, programs that help women find meaning and purpose in life through humanist, spiritual, or religious approaches have shown promise in reducing recidivism rates (Duncan et al., 2018). These

interventions can foster personal growth, resilience, and a sense of connection. Findings from a U.S. state prison study by Prost et al. (2022) recommend trauma-informed approaches tailored to the specific experiences of incarcerated women. Collaboration with community support systems is crucial for addressing past traumas and improving reintegration upon release.

### **Challenges Faced by Female Prisoners in Central and South America**

Women imprisoned in Central and South America face numerous challenges that severely impact their well-being and reintegration prospects. These include poor sanitation, inadequate healthcare, emotional distress, economic hardship (characterised by cash-poor status and social stigma), overcrowding, lack of education, and issues related to reproductive health and family disorganisation. In Central America, female prisoners face additional challenges, such as a lack of legal aid and public support, with additional concerns about abuses from prison personnel. Furthermore, women in Latin America are disproportionately affected by the drug war's targeting of their communities (Azaola, 2014; Dalenogare et al., 2022; Draper, 2020; Enríquez, 2017; M. Leal et al., 2022; M. D. C. Leal et al., 2016; Ramirez, 2023).

The prevalence of suicides among women in South American prisons underscores the severity of their mental health challenges (Fritz et al., 2021). Female prisoners in Brazil, in particular, experience a greater burden of health problems compared to the general population. This trend manifests as a higher prevalence of syphilis, other sexually transmitted diseases, high blood pressure, asthma, and mental health issues. These conditions are likely linked to a history of severe physical violence and unhealthy habits like smoking, drug use, lack of exercise, and poor diet (M. Leal et al., 2022).

Beyond these health concerns, women in Brazil experience loss of contact with family, difficult prison conditions, and lack of support and opportunities for education and employment. This lack of support creates a sense of "double imprisonment", which implies feeling both objectively (physically restricted within the prison walls) and subjectively imprisoned (feeling their rights are disregarded and the prison system offers limited chances for rehabilitation) (Scherer et al., 2020).

The situation for incarcerated mothers in Brazil is particularly concerning. They face human rights violations, especially during childbirth, due to the poor quality of healthcare they receive (M. D. C. Leal et al., 2016). Dalenogare et al. (2022) revealed a cycle of vulnerability for these women and increased anxiety as the deadline approached for their children to leave prison with them. Upon release, social exclusion makes reintegration difficult, and these women often face the same or even greater vulnerabilities as before incarceration, hindering their ability to build a stable life and stay out of crime. Earlier, Enríquez (2017) elaborated on how poverty and inequality create a cycle of hardship for women in Central America.

In Mexico, women in prison face challenges like involuntary transfers to remote island prisons, making it difficult to communicate with families (Azaola, 2014). Mistreatment, humiliation, and abuse by prison personnel are reported, as well. Central American and Mexican prison systems need reform and a cost-benefit analysis of drug policies,

particularly regarding the treatment of women and the impact of these policies on female incarceration rates (Azaola, 2014).

### **Challenges Faced by Female Prisoners in Sub-Saharan Africa**

Female prisoners in Sub-Saharan Africa face numerous neglected health needs, inadequate living conditions, and limited opportunities for rehabilitation. Despite an increase in their numbers, they remain a minority in a male-dominated prison system, and their unique health concerns are often overlooked. Regarding living conditions, women experience the same poor conditions as men, including overcrowding, inadequate nutrition, and unhygienic facilities, which contribute to poor health and the spread of infections. Access to prison-based and community healthcare is either difficult or limited (Van Hout & Mhlanga-Gunda, 2018). Similarly, access to educational resources in Malawian prisons is often monopolised by male inmates, reflecting a larger issue of gender inequality within correctional systems (Kajawo & Johnson, 2024).

The prison environment itself can further limit access to quality healthcare for female prisoners (Mendulo & Chiumia, 2022). In Malawi, female prisoners reported negative experiences with some prison officers and healthcare givers. Additionally, they are at a heightened risk of developing certain forms of cancer and are frequently exposed to gender-based violence, including physical and sexual abuse by prison officers and male prisoners (Mendulo & Chiumia, 2022).

Due to overcrowding and exceeding capacity, prisons in Sub-Saharan Africa force women into cramped and potentially unsafe living conditions, creating substandard conditions that negatively affect their health and well-being in several ways. These inadequate living conditions, coupled with a lack of access to education and programs, create a system that hinders, rather than aids, rehabilitation, ultimately undermining the successful reintegration of these women upon release (Abgoola, 2016; Jeffries et al., 2019; Mendulo & Chiumia, 2022; Van Hout & Mhlanga-Gunda, 2018). For instance, Abgoola (2016) reported the poor living conditions faced by female prisoners in South African correctional facilities. The Department of Correctional Services was facing significant challenges in providing necessities for these women, such as healthcare and access to medical care and facilities, sanitary conditions, and quality food. Furthermore, a lack of educational and recreational resources leading to limited opportunities for learning and positive activities was noted. The long distances between prisons and families make it difficult for women to maintain connections with loved ones and reconnect with their children and other relatives, further hindering reintegration (Abgoola, 2016; Arditti & Few, 2006).

The specific challenges faced by female prisoners in Sub-Saharan Africa vary by country. However, some common issues include poor living conditions, anxiety about family separation, and challenges upon release. In Ethiopia, female prisoners face poor living conditions, anxiety about family separation, emotional distress, financial difficulties, and limited spiritual fulfilment while imprisoned. Upon release, the common challenges include social stigma, lack of trust from the community, and fear of revenge (Alemineh et al., 2022). Women imprisoned in Kenya face similar challenges as those in other African countries,

including victimisation, dysfunctional relationships, low education, poverty, and early motherhood. Barriers to justice, such as limited access to legal aid or unfair court proceedings, further complicate their situations (Jeffries et al., 2019). Dietary deficiencies and malnutrition are also a major concern, particularly in low-income countries like Ethiopia (Wondimu et al., 2023). While factors such as longer prison sentences (over two years) and mild to severe depression were linked to a higher chance of undernutrition, factors such as being female, having financial support from outside, having a job inside the prison that generates income and a more varied diet helped reduce the chance of undernutrition.

The Bangkok Rules, a set of United Nations guidelines for the treatment of women in prison, were recently examined by Van Hout and Wessels (2022) in the first legal realist analysis of women in South African prisons. This study focused on the practical application of laws and policies, considering South Africa's history of racial segregation and its potential influence on implementing the Bangkok Rules. Despite legal frameworks, the study suggests a gap between the standards outlined in the guidelines and the lived experiences of women in South African prisons. Furthermore, the authors emphasise the importance of considering both race and gender when evaluating the application of these rules, acknowledging the diverse experiences of incarcerated women. Ultimately, the study calls for ensuring equal treatment for all women incarcerated in South Africa.

To improve healthcare screening rates and address the overall well-being of incarcerated women in Africa, several recommendations were proposed. A study by Van Hout and Mhlanga-Gunda (2018) highlighted the neglected health needs of women prisoners in Sub-Saharan Africa. To address this, the authors urged increased support from donors, better allocation of resources, prison health and population health policy reform, improved health system monitoring and gender-sensitive prison health services. Similarly, Abgoola (2016) called for increased funding for female correctional facilities to improve healthcare, sanitation, and food quality, provision of educational resources and reading materials for female inmates, development of recreational facilities within prisons, and prioritisation of the overall well-being of female prisoners. To address the specific needs of female ex-prisoners in Kenya, a group of authors suggest that the government should involve churches, media, schools, and NGOs in educating the public to create a more supportive environment for women upon their release from prison (Muthee, 2020). Additionally, improvements in living conditions, prison culture, and healthcare policies are required (Kajawo & Johnson, 2024; Mendulo & Chiumia, 2022).

Since undernutrition is a significant problem in this region, affecting one in five prisoners, especially in developing countries like Ethiopia (Wondimu et al., 2023), it is crucial to ensure access to nutritious food and a balanced diet for prisoners, implement programs to screen for and treat depression among prisoners, and encourage participation in income-generating work within the prison. Alemineh et al. (2022) suggested that the government and NGOs in Ethiopia develop programs to reduce female incarceration rates, raise awareness about domestic violence, promote gender equality, and provide education and job training for incarcerated women.

## **Female Prisoners in Australasia**

Similar to trends in other regions, the number of women in Australian prisons is growing faster than the number of men. While women are still a smaller portion of the total prison population, their numbers are rising significantly (The Health and Welfare of Women in Australia's Prisons, 2020). Women in prison in Australia report poorer physical health compared to the general female population, mainly due to factors like lower socioeconomic background before entering prison. They are more likely to experience mental health problems than both male prisoners and the general female population. Trauma, socioeconomic disadvantage, incarceration environment and intergenerational trauma (Aboriginal and Torres Strait Islander women) are the main contributing factors. Almost half of the female prison entrants reported fair or poor mental health. Over half reported high levels of psychological distress, with a significant portion reporting very high level. Two-thirds had a prior mental health diagnosis, and many were taking medication. Self-harm is also a significant concern, with nearly a third of women reporting a history and 16% experiencing recent thoughts of self-harm. Many female prisoners are mothers and have been primary caregivers for their children before incarceration, and separation from children negatively impacts the mental health of female prisoners. Despite these mental health challenges, most women felt prepared for release and over half had secured their housing.

Wendt and Fraser (2019) presented a compelling case for gender-responsive programs through their evaluation of the Healthy Relationships Program (HRP) offered to women in an Australian prison. This program is particularly important because it was designed with a gender-responsive framework, meaning it considered the specific challenges women in prison face, such as domestic violence, relationship concerns with children, and mental health issues (different from those faced by male inmates). The program helped women learn about healthy relationships and recognise the effects of abuse. This finding underscores the need for tailored interventions for female inmates. Social workers can influence prisons to create safer spaces for program participation, and gender-responsive programs may benefit from an intersectional feminist lens to better understand the unique challenges faced by different women (Wendt & Fraser, 2019). These observations, as exemplified by the Healthy Relationships Program, can guide future programs that help female prisoners build healthy relationships upon release.

Security classifications in prisons, however, might not perfectly reflect how women behave. Collie and Polaschek (2003) raised concerns that New Zealand's prison system might be overestimating the security risk posed by some women, suggesting a need to revisit the classification system to ensure it accurately reflects the security risk posed by female inmates.

## **Conclusion**

The quality of life for female prisoners worldwide varies significantly depending on a range of factors, such as region and individual circumstances. Generally, prisons in developed nations tend to have better living conditions, healthcare access, and rehabilitation programs than those in developing nations. Scandinavian countries, for example, are often cited as having the most humane prison systems, with a focus on rehabilitation and

reintegration. In contrast, prisons in developing countries often face challenges related to overcrowding, inadequate sanitation, poor healthcare, and limited access to rehabilitation programs. Consequences are visible in worse living conditions and higher rates of mental health problems among female prisoners. Individual factors also impact a woman's prison experience. The severity of the offence can influence the conditions of confinement and access to programs, whereas longer sentences can lead to greater isolation and mental health issues. A strong support network of family and friends can help maintain mental well-being during incarceration.

Despite these variations, some common themes emerge. First, the prison environment often fails to provide necessary support for women's reproductive needs, leading to difficulties in accessing appropriate care during pregnancy and postpartum periods.

Regarding physical health, adequate healthcare is often lacking, and women may face difficulties accessing specialised care for reproductive health, chronic conditions, and mental health issues. When it comes to mental health, female prisoners often experience higher rates of mental health problems than both male prisoners and the general population due to various factors, such as prior trauma, social isolation, and the stress of incarceration.

Overcrowding is another significant problem, leading to poor living conditions, limited access to necessities, and increased risk of communicable diseases. Furthermore, many prisons lack adequate rehabilitation programs, making it difficult for women to develop skills and prepare for reintegration into society. Safety concerns are also a major issue, as female prisoners face an increased risk of violence and abuse, including sexual assault.

However, there are positive developments. First, there is a growing international recognition of the need for gender-responsive prison systems. More prisons are implementing gender-specific programs aimed at reducing recidivism and helping women successfully reintegrate into society. Additionally, some countries have improved access to healthcare for female prisoners, including specialised services for women's health issues.

To improve the quality of life for female prisoners worldwide, several key steps are needed. This recommendation involves designing and operating facilities that meet the specific needs of female inmates, including providing access to healthcare, education, and rehabilitation programs. Next, staff should be trained on gender-responsive principles and best practices for working with female prisoners. Also, governments and international organisations should continue to monitor prison conditions and ensure compliance with human rights standards. Finally, funding for rehabilitation programs should be increased to invest in programs that help women develop skills, address trauma, and prepare for release.

## References

- Abbott, L., Scott, T., & Thomas, H. (2023). Experiences of midwifery care in English prisons. *Birth*, 50(1), 244–251. <https://doi.org/10.1111/birt.12692>
- Abgoola, C. (2016). Memories of the 'inside': Prison conditions in South African female correctional facilities. *South African Crime Quarterly*, 56. <https://doi.org/10.17159/2413-3108/2016/i56a43>
- Acale Sánchez, M. (2019). Penal and Custodial Control of Female Criminality in Spain from a Gender Perspective. *Social Sciences*, 8(2), 52. <https://doi.org/10.3390/socsci8020052>

- Aleminih, Y. T., Abegaz, M. D., & Alemu, N. E. (2022). Incarcerated women's lived experience: A study in Dessie and Woldia correctional centers, Ethiopia. *Journal of Criminological Research, Policy and Practice*, 8(1), 89–101. <https://doi.org/10.1108/JCRPP-07-2021-0045>
- Arditti, J. A., & Few, A. L. (2006). Mothers' Reentry into Family Life Following Incarceration. *Criminal Justice Policy Review*, 17(1), 103–123. <https://doi.org/10.1177/0887403405282450>
- Azaola, E. (2014). Women Prisoners: Theory and Reality in Mexico. In M. Deflem (Ed.), *Sociology of Crime, Law and Deviance* (Vol. 19, pp. 121–138). Emerald Group Publishing Limited. <https://doi.org/10.1108/S1521-613620140000019005>
- Bartlett, A., & Hollins, S. (2018). Challenges and Mental Health Needs of Women in Prison. *The British Journal of Psychiatry*. <https://doi.org/10.1192/bjp.2017.42>
- Batrićević, A., Pavićević, O., Čopić, S., & Milićević, M. (2023). Quality of Prison Life of Female Prisoners in Serbia: Key Challenges and Areas of Strength. *Revija Za Kriminalistiko in Kriminologijo*, 74(4), 273–289.
- Belknap, J. (2000). Programming and Health Care Accessibility for Incarcerated Women. In J. James (Ed.), *States of Confinement* (pp. 109–121). Palgrave Macmillan US. [https://doi.org/10.1007/978-1-137-10929-3\\_10](https://doi.org/10.1007/978-1-137-10929-3_10)
- Bjeloš, M. (2011). *Kako žive žene u zatvorima? [How women live in prisons?]* [E-book]. Beogradski centar za bezbednosnu politiku.
- Bloom, B., Owen, B., & Covington, S. (2003). *Gender-Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders* (Issue Overview 201301; p. 146). National Institute of Corrections, NW, Washington, DC 20534, United States.
- Chokprajakchat, S., & Techagaisiyavanit, W. (2019). Women Prisons in North-Eastern Thailand: How Well Do They Meet International Human Rights Standards? *International Journal for Crime, Justice and Social Democracy*, 8(4), 123–136. <https://doi.org/10.5204/ijcjsd.v8i4.1186>
- Collie, R. M., & Polaschek, D. L. L. (2003). Sorting women's risk: New Zealand women prisoners' misconducts and internal security risk. *New Zealand Journal of Psychology*, 32(2), 101–109.
- Comack, E. (2018). *Coming back to jail: Women, trauma, and criminalization*. Fernwood Publishing.
- Čopić, S., & Šaćiri, B. (2012). Women in prison in Serbia: Living conditions for female prisoners in the correctional institution for women in Pozarevac. *Temida*, 15(4), 23–44. <https://doi.org/10.2298/TEM1204023C>
- Čopić, S., Stevković, L., & Šaćiri, B. (2012). The treatment and the realization of the female prisoners' rights in the correctional institution for women in Pozarevac. *Temida*, 15(4), 45–71. <https://doi.org/10.2298/TEM1204045C>
- Covington, S. S. (1998). Women in Prison: Approaches in the Treatment of Our Most Invisible Population. *Women & Therapy*, 21(1), 141–155. [https://doi.org/10.1300/J015v21n01\\_03](https://doi.org/10.1300/J015v21n01_03)
- Crewe, B., Schliehe, A., & Przybylska, D. A. (2023). 'It causes a lot of problems': Relational ambiguities and dynamics between prisoners and staff in a women's prison. *European Journal of Criminology*, 20(3), 925–946. <https://doi.org/10.1177/14773708221140870>
- Dalenogare, G., Maffaccioli, R., Vieira, L. B., & Dotta, R. M. (2022). Mulheres, prisões e liberdade: Experiências de egressas do sistema prisional no Rio Grande do Sul, Brasil. *Ciência & Saúde Coletiva*, 27(12), 4531–4540. <https://doi.org/10.1590/1413-81232022712.11462022>
- Douglas, N., Plugge, E., & Fitzpatrick, R. (2009). The impact of imprisonment on health: What do women prisoners say? *Journal of Epidemiology & Community Health*, 63(9), 749–754. <https://doi.org/10.1136/jech.2008.080713>
- Draper, S. (2020). No estamos todas, faltan las presas! Contemporary Feminist Practices Building Paths toward Prison Abolition. *CLCWeb: Comparative Literature and Culture*, 22(2). <https://doi.org/10.7771/1481-4374.3842>
- Duncan, J., Stansfield, R., Hall, S., & O'Connor, T. (2018). Women's Engagement with Humanist, Spiritual and Religious Meaning-Making in Prison: A Longitudinal Study of Its Impact on Recidivism. *Religions*, 9(6), 171. <https://doi.org/10.3390/rel9060171>

- Ekanayake, E. M. V. O., & Pavithra Madhuwanthi, L. A. (2021). Issues in Vocational Training Programs for the Female Prison Inmates in Sri Lanka: Trainers' Perspectives. *International Journal of Scientific and Research Publications (IJSRP)*, 11(6), 51–59. <https://doi.org/10.29322/IJSRP.11.06.2021.p11409>
- Enríquez, L. J. (2017). Everyday Violence in Central America as Seen Through the Life of One Woman. *Qualitative Sociology*, 40(4), 377–402. <https://doi.org/10.1007/s11133-017-9366-7>
- Espósito, M. (2015). Women in prison: Unhealthy lives and denied well-being between loneliness and seclusion. *Crime, Law and Social Change*, 63(3–4), 137–158. <https://doi.org/10.1007/s10611-015-9561-y>
- Fair, H., & Walmsley, R. (2022). *World Female Imprisonment List (5th edition)* (Core Publications – World Prison Population List). The Institute for Crime & Justice Policy Research; Birkbeck, University of London.
- Farhoudi, B., Shahmohamadi, E., SeyedAlinaghi, S., Rostam Afshar, Z., Mirzapour, P., Nadji, S., Golsoorat Pahlaviani, F., Tashakorian, M., & Hackett, D. (2023). Sexual and reproductive history of female prisoners in Iran: A health care needs analysis. *International Journal of Prisoner Health*, 19(4), 591–598. <https://doi.org/10.1108/IJPH-12-2022-0076>
- Fellus, S. (2018). Prison as a Space to Heal: Women Federal Prisoners in Canada and the Role of the Healthcare Professional. *University of Ottawa Journal of Medicine*. <https://doi.org/10.18192/uojm.v0i0.2209>
- Firzalinda, Arifin, V. N., Hermansyah, Aletta, A., Dharina, & Abdullah, A. (2020). The Assessment of the Quality of Life Among Female Prisoners in Aceh Besar. *Proceedings of the 4th International Symposium on Health Research (ISHR 2019)*. 4th International Symposium on Health Research (ISHR 2019), Bali, Indonesia. <https://doi.org/10.2991/ahsr.k.200215.044>
- Fritz, F. D., Fazel, S., Benavides Salcedo, A., Henry, P., Rivera Arroyo, G., Torales, J., Trujillo Orrego, N., Vásquez, F., & Mundt, A. P. (2021). 1324 prison suicides in 10 countries in South America: Incidence, relative risks, and ecological factors. *Social Psychiatry and Psychiatric Epidemiology*, 56(2), 315–323. <https://doi.org/10.1007/s00127-020-01871-3>
- Giertsens, H., Nylander, P. Å., Frank, V. A., Kolind, T., & Tourunen, J. (2015). Prisoners' experiences of drug treatment and punishment in four Nordic countries. *Nordic Studies on Alcohol and Drugs*, 32(2), 145–164. <https://doi.org/10.1515/nsad-2015-0017>
- Harner, H. M., & Riley, S. (2013). The Impact of Incarceration on Women's Mental Health: Responses From Women in a Maximum-Security Prison. *Qualitative Health Research*, 23(1), 26–42. <https://doi.org/10.1177/1049732312461452>
- Heimer, K., Malone, S. E., & De Coster, S. (2023). Trends in Women's Incarceration Rates in US Prisons and Jails: A Tale of Inequalities. *Annual Review of Criminology*, 6(1), 85–106. <https://doi.org/10.1146/annurev-criminol-030421-041559>
- Howland, M. A., Kotlar, B., Davis, L., & Schlafer, R. J. (2021). Depressive Symptoms among Pregnant and Postpartum Women in Prison. *Journal of Midwifery & Women's Health*, 66(4), 494–502. <https://doi.org/10.1111/jmwh.13239>
- Ilijčić, Lj., Pavićević, O., & Milićević, M. (2024). *Well-Being in Prison: The Case of Serbia*. Institute of Criminological and Sociological Research. <https://doi.org/10.47152/PrisonLIFE.D4.1>
- Jeffries, S., Chuenurah, C., Rao, P., & Park, M. J. Y. (2019). Women's pathways to prison in Kenya: Violence, poverty, familial caretaking and barriers to justice. *Women's Studies International Forum*, 73, 50–61. <https://doi.org/10.1016/j.wsif.2019.02.003>
- Kajawo, S. C. R., & Johnson, L. R. (2024). Why Not Us? Experiences of Incarcerated Women on Education Access in Malawi Prisons. *Advanced Journal of Social Science*, 13(1), 25–39. <https://doi.org/10.21467/ajss.13.1.25-39>
- Kasai, T., & Doi, K. (2023). "They don't treat us like human beings": Abuse of imprisoned women in Japan. Human Rights Watch.
- Kokab Jabeen. (2022). Plight of female prisoners in Pakistan. *Pakistan Postgraduate Medical Journal*, 33(03), 48–49. <https://doi.org/10.51642/ppmj.v33i03.511>

- Kolind, T., Frank, V. A., Lindberg, O., & Tourunen, J. (2013). Prison-based drug treatment in Nordic political discourse: An elastic discursive construct. *European Journal of Criminology*, *10*(6), 659–674. <https://doi.org/10.1177/1477370812471247>
- Leal, M. D. C., Ayres, B. V. D. S., Esteves-Pereira, A. P., Sánchez, A. R., & Larouzé, B. (2016). Nascer na prisão: Gestação e parto atrás das grades no Brasil. *Ciência & Saúde Coletiva*, *21*(7), 2061–2070. <https://doi.org/10.1590/1413-81232015217.02592016>
- Leal, M., Kerr, L., Mota, R. M. S., Pires Neto, R. D. J., Seal, D., & Kendall, C. (2022). Health of female prisoners in Brazil. *Ciência & Saúde Coletiva*, *27*(12), 4521–4529. <https://doi.org/10.1590/1413-812320222712.10222022>
- Liauw, J., Jurgutis, J., Nouvet, E., Dineley, B., Kearney, H., Reaka, N., Fitzpatrick-Lewis, D., Peirson, L., & Kouyoumdjian, F. (2021). Reproductive healthcare in prison: A qualitative study of women's experiences and perspectives in Ontario, Canada. *PLOS ONE*, *16*(5), e0251853. <https://doi.org/10.1371/journal.pone.0251853>
- Liebman, R. E., Burnette, M. L., Raimondi, C., Nichols-Hadeed, C., Merle, P., & Cerulli, C. (2014). Piloting a Psycho-Social Intervention for Incarcerated Women With Trauma Histories: Lessons Learned and Future Recommendations. *International Journal of Offender Therapy and Comparative Criminology*, *58*(8), 894–913. <https://doi.org/10.1177/0306624X13491073>
- Liu, L., & Chui, W. H. (2018). Chinese culture and its influence on female prisoner behavior in the prisoner–guard relationship. *Australian & New Zealand Journal of Criminology*, *51*(1), 117–134. <https://doi.org/10.1177/0004865816679685>
- MacDonald, M. (2013). Women prisoners, mental health, violence and abuse. *International Journal of Law and Psychiatry*, *36*(3–4), 293–303. <https://doi.org/10.1016/j.ijlp.2013.04.014>
- Martín-Solbes, V. M., Añaños, F. T., Molina-Fernández, E., & Burgos-Jiménez, R. J. (2021). The Professional Dimension in Spanish Prison Socio-Educational Action. *Education Sciences*, *11*(10), 585. <https://doi.org/10.3390/educsci11100585>
- McCann, L. J., Peden, J., Phipps, E., Plugge, E., & O'Moore, E. J. (2019). Developing gender-specific evidence-based standards to improve the health and wellbeing of women in prison in England: A literature review and modified eDelphi survey. *International Journal of Prisoner Health*, *16*(1), 17–28. <https://doi.org/10.1108/IJPH-02-2019-0010>
- Mededović, J., Drndarević, N., & Milićević, M. (2023). Integrating standard and network psychometrics to assess the quality of prison life in Serbia. *Journal of Criminology*, *26338076231208769*. <https://doi.org/10.1177/26338076231208769>
- Mendulo, R., & Chiumia, I. K. (2022). The State of Cervical Cancer Screening in Imprisoned Women in Malawi: A Case of Maula Prison. <https://doi.org/10.21203/rs.3.rs-1532953/v1>
- Milićević, M., Ilijić, L., & Vujičić, N. (2024). Cross-cultural adaptation and content validity of the Measuring the Quality of Prison Life survey in Serbia. [Unpublished manuscript].
- Milioni, S. O., & Geitona, M. (2017). The Impact of Incarceration on Greek Female Prisoners' Self-reported Health Status. *Journal of Women's Health Care*, *06*(04). <https://doi.org/10.4172/2167-0420.1000386>
- Moloney, K. P., Van Den Bergh, B. J., & Moller, L. F. (2009). Women in prison: The central issues of gender characteristics and trauma history. *Public Health*, *123*(6), 426–430. <https://doi.org/10.1016/j.puhe.2009.04.002>
- Muthee, J. M. (2020). Coping mechanisms adopted by women ex-offenders in Nyeri County, Kenya. *Bussecon Review of Social Sciences* (2687-2285), *2*(2), 21–30. <https://doi.org/10.36096/brss.v2i2.198>
- Myers, S. L., Sabol, W. J., & Xu, M. (2022). Determinants of Racial Disparities in Female Incarceration Rates, 2000–2018. *The Review of Black Political Economy*, *49*(4), 381–402. <https://doi.org/10.1177/00346446211051078>
- Nylander, P. Å. (2015). Drug treatment in a Swedish women's prison: Relations and identities among prison officers and prisoners. *Probation Journal*, *62*(3), 234–250. <https://doi.org/10.1177/0264550515587973>
- Ohnishi, M., Kawasaki, R., & Nakane, H. (2020). Mental health status among male and female methamphetamine-dependent inmates in Japan. *European Journal of Public Health*, *30*(Supplement\_5), v907–v908.

- Pratt, J. (2007). Scandinavian Exceptionalism in an Era of Penal Excess: Part I: The Nature and Roots of Scandinavian Exceptionalism. *British Journal of Criminology*, 48(2), 119–137. <https://doi.org/10.1093/bjc/azm072>
- Prost, S. G., McDonald, A., Plassmeyer, M., Middleton, J., & Golder, S. (2022). Not All Traumas Are Equal: Post-Traumatic Stress and Quality of Life among Women in Prison. *Women & Criminal Justice*, 32(6), 502–519. <https://doi.org/10.1080/08974454.2020.1871160>
- Ramirez, N. B. (2023). Challenges encountered by the female person deprived of liberty amidst pandemic. *EPRA International Journal of Multidisciplinary Research (IJMR)*, 139–146. <https://doi.org/10.36713/epra15119>
- Russell, T., Jeffries, S., Hayes, H., Thippayamongkoludom, Y., & Chuenurah, C. (2020). A gender-comparative exploration of women's and men's pathways to prison in Thailand. *Australian & New Zealand Journal of Criminology*, 53(4), 536–562. <https://doi.org/10.1177/0004865820954463>
- Sanders, C. K. (2018). Promoting Financial Capability of Incarcerated Women for Community Reentry: A Call to Social Workers. In J. Birkenmaier, M. Sherraden, J. J. Frey, C. Callahan, & A. M. Santiago (Eds.), *Financial Capability and Asset Building with Diverse Populations* (1st ed., pp. 33–53). Routledge. <https://doi.org/10.4324/9781351202312-3>
- Saxena, P., Messina, N. P., & Grella, C. E. (2014). Who Benefits From Gender-Responsive Treatment?: Accounting for Abuse History on Longitudinal Outcomes for Women in Prison. *Criminal Justice and Behavior*, 41(4), 417–432. <https://doi.org/10.1177/0093854813514405>
- Schartmueller, D. (2019). Doing Indefinite Time: Penal Confinement and the Life-Imprisoned Offender in Denmark, Finland, and Sweden. *The Prison Journal*, 99(1), 66–88. <https://doi.org/10.1177/0032885518814727>
- Scherer, Z. A. P., Scherer, E. A., Santos, M. A. D., Souza, J. D., Pillon, S. C., & Scherer, N. P. (2020). Freedom-deprived women: Social representations of prison, violence, and their consequences. *Revista Brasileira de Enfermagem*, 73(3), e20180781. <https://doi.org/10.1590/0034-7167-2018-0781>
- Seigafo, S. (2017). Inmate's Right To Rehabilitation During Incarceration: A Critical Analysis Of The United States Correctional System. <https://doi.org/10.5281/ZENODO.1034656>
- Shammas, V. L. (2014). The pains of freedom: Assessing the ambiguity of Scandinavian penal exceptionalism on Norway's Prison Island. *Punishment & Society*, 16(1), 104–123. <https://doi.org/10.1177/1462474513504799>
- Shimane, T., Takahashi, M., Kobayashi, M., Takagishi, Y., Takeshita, Y., Kondo, A., Omiya, S., Takano, Y., Yamaki, M., & Matsumoto, T. (2022). Gender Differences in the Relationship between Methamphetamine Use and High-risk Sexual Behavior among Prisoners: A Nationwide, Cross-sectional Survey in Japan. *Journal of Psychoactive Drugs*, 54(1), 9–17. <https://doi.org/10.1080/02791072.2021.1918805>
- Shlafer, R., Saunders, J. B., Boraas, C. M., Kozhimannil, K. B., Mazumder, N., & Freese, R. (2021). Maternal and neonatal outcomes among incarcerated women who gave birth in custody. *Birth*, 48(1), 122–131. <https://doi.org/10.1111/birt.12524>
- Skrzypiek, M., & Kochal, R.-B. (2008). “Motherhood Starts in Prison”: The Experience of Motherhood Among Women in Prison. Family Process. <https://doi.org/10.1111/j.1545-5300.2008.00256.x>
- Slotboom, A.-M., Kruttschnitt, C., Bijleveld, C., & Menting, B. (2011). Psychological well-being of incarcerated women in the Netherlands: Importation or deprivation? *Punishment & Society*, 13(2), 176–197. <https://doi.org/10.1177/1462474510396313>
- Smoyer, A. B., & Minke, L. K. (2019). Hygge: Food and the construction of safety among incarcerated women in Denmark. *Appetite*, 141, 104319. <https://doi.org/10.1016/j.appet.2019.104319>
- Špadijer-Džinić, J., Pavićević, O., & Simeunovic-Patic, B. (2009). Žena u zatvoru – Deprivacije zatvoreničkog života. *Sociologija*, 51(3), 225–246. <https://doi.org/10.2298/SOC0903225S>
- The health and welfare of women in Australia's prisons (Cat. no. PHE 281.). (2020). Australian Institute of Health and Welfare.

- Ugelvik, T., & Damsa, D. (2018). The Pains of Crimmigration Imprisonment: Perspectives From a Norwegian All-foreign Prison. *The British Journal of Criminology*, 58(5), 1025–1043. <https://doi.org/10.1093/bjc/azx067>
- Van Hout, M. C., & Mhlanga-Gunda, R. (2018). Contemporary women prisoners health experiences, unique prison health care needs and health care outcomes in sub Saharan Africa: A scoping review of extant literature. *BMC International Health and Human Rights*, 18(1), 31. <https://doi.org/10.1186/s12914-018-0170-6>
- Van Hout, M. C., & Wessels, J. (2022). Human rights and the invisible nature of incarcerated women in post-apartheid South Africa: Prison system progress in adopting the Bangkok Rules. *International Journal of Prisoner Health*, 18(3), 300–315. <https://doi.org/10.1108/IJPH-05-2021-0045>
- Webster, C. M., & Doob, A. N. (2007). Punitive Trends and Stable Imprisonment Rates in Canada. *Crime and Justice*, 36(1), 297–369. <https://doi.org/10.1086/592807>
- Weir, M. (2021). Incarcerated women’s cooking and eating practices in a ‘humane’ Danish open prison. *Nordic Journal of Criminology*, 22(2), 169–184. <https://doi.org/10.1080/2578983X.2021.1982551>
- Wendt, S., & Fraser, H. (2019). Promoting Gender Responsive Support for Women Inmates: A Case Study From Inside a Prison. *International Journal of Prisoner Health*. <https://doi.org/10.1108/ijph-03-2018-0011>
- Wondimu, M., Siyoum, A., Ketema, I., Goshu, A. T., Habte, S., Mehadi, A., & Ayele, B. H. (2023). Undernutrition and associated factors among adult prisoners in Fiche town, central Ethiopia: A facility-based cross-sectional study. *Frontiers in Nutrition*, 10, 1144654. <https://doi.org/10.3389/fnut.2023.1144654>
- Zhong, S., Zhu, X., Chen, Y., Guo, H., Luo, C., Liang, X., Wang, F., Chen, H., Zhou, J., & Wang, X. (2020). High Psychiatric Morbidity and Comorbidity Among Female Prisoners in Hunan, China. *Frontiers in Psychiatry*, 11, 271. <https://doi.org/10.3389/fpsy.2020.00271>