



association pour la prévention de la torture  
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association for the prevention of torture

# Global Report on Women in Prison

Analysis from National  
Preventive Mechanisms





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# Contents

<b>ACKNOWLEDGEMENTS</b> .....	4	<b>GENDER-SPECIFIC NEEDS</b> .....	33
<b>FOREWORD</b> .....	5	Healthcare and hygiene .....	34
<b>INTRODUCTION</b> .....	6	Mental health .....	36
Background and objectives .....	7	Contact with the outside world .....	39
Scope, methodology and structure .....	8	<b>OTHER DETENTION ISSUES</b> .....	41
<b>AT A GLANCE</b> .....	10	Separation and activities .....	42
Numbers .....	10	Prison staff .....	45
Highlighted themes .....	11	<b>WOMEN AT HEIGHTENED RISK</b> .....	46
<b>WOMEN'S IMPRISONMENT</b> .....	13	Women who are pregnant, postpartum, breastfeeding and live with their children in prison .....	47
Overview .....	14	LGBTIQ+ women .....	50
Root causes and pathways to incarceration .....	16	Foreign women .....	54
Alternatives to detention .....	17	Indigenous women and women from diverse ethnic and racial backgrounds .....	56
<b>DETENTION PRACTICES AND SPECIFIC RISKS FOR WOMEN</b> .....	20	Older women .....	58
Body searches .....	21	<b>REFERENCES</b> .....	59
Solitary confinement .....	26	<b>ANNEX - GUIDELINES FOR NPMS</b> .....	61
Use of means of restraint .....	31		



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1. The National Committee for the Prevention of Torture (CNPT) is the governing and coordinating body of the National System for the Prevention of Torture in Argentina, which also comprises the Federal Council of Local Mechanisms, the Local Mechanisms for the Prevention of Torture, public entities and NGOs working for the rights of persons deprived of their liberty.

# Foreword

For the first time, National Preventive Mechanisms (NPMs) from diverse countries and regions have come together, guided by the initiative of the Association for the Prevention of Torture, to produce a thematic collaboration that revisits our collective understanding and transcends national boundaries. This report exemplifies the power of the OPCAT system, demonstrating how ground-level monitoring can inform universal strategies to address systemic issues in places of deprivation of liberty, particularly for women.

Advocacy for gender-responsive justice systems has evolved over centuries, shaped by feminist movements and calls for reform that began gaining traction in the 19th century. Grounded in the post-World War II adoption of the Universal Declaration of Human Rights (UDHR) in 1948, this advocacy was further strengthened by foundational legal instruments like the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1979 and the Convention Against Torture (CAT) in 1984. The establishment of the Subcommittee on Prevention of Torture (SPT) and NPMs under the OPCAT in 2002 later introduced a preventive framework to protect against all forms of torture and ill-treatment. These efforts culminated in the adoption of the Bangkok Rules in 2010, setting comprehensive international standards for the treatment of women deprived of their liberty and the application of gender-sensitive non-custodial measures.

Building on this historical legacy, this report demonstrates how NPMs contribute to global efforts to uphold the human rights of women in detention. It draws from the direct observations and recommendations of monitoring bodies at the national level to offer evidence-based insights grounded in real experiences. By bridging cultural and geographical divides, this report illustrates how challenges faced by women in one context resonate across regions. The discrimination and neglect endured by women in

prisons in Europe find echoes in those experienced in Latin America. By identifying patterns across contexts, the report offers a common framework for action, reaffirming the universality of these issues and the shared responsibility to address them.

Rooted in the preventive mandate of NPMs, this report calls attention to the structural and systemic changes required to address the root causes of women's incarceration, as well as the intersectional vulnerabilities many women face, including those based on age, disability, ethnicity, social class, or gender identity. Its findings challenge us to question established practices and advocate for gender-sensitive reforms that prioritise rehabilitation and equity over punitive approaches.

By moving the lived realities of women in detention from national to international discourse, this report offers not only a diagnostic tool but also a framework for actualising change. Our hopes and intentions are for it to be used by states, policymakers, civil society actors and the international community as a foundation for transforming justice systems to ensure that the rights of women in places of deprivation of liberty are fully realised.



**SUZANNE JABBOUR**  
**CHAIRPERSON, SUBCOMMITTEE**  
**ON PREVENTION OF TORTURE**  
**UNITED NATIONS**

# Introduction



# Background and objectives

As part of its holistic mandate to reduce the risks faced by persons deprived of liberty and to address the root causes of torture and ill-treatment<sup>2</sup>, the APT pays particular attention to the situations of persons who face marginalisation, inequality and intersecting forms of discrimination and are at high risk of torture and ill-treatment when deprived of their liberty.

The APT works closely with NPMs<sup>3</sup> established under the Optional Protocol to the Convention against Torture (OPCAT) to drive changes for women deprived of liberty and to strengthen implementation of the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules)<sup>4</sup> and other relevant standards. This includes, *inter alia*, developing tools to support NPMs undertake gender-sensitive detention monitoring<sup>5</sup>; sharing experiences among NPMs and other experts; and joint advocacy initiatives at the regional and international levels.<sup>6</sup>

This report is the result of our ongoing engagement and collaboration with NPMs. It presents the key findings, recommendations and good practices related to women in prison, based on information gathered by NPMs during their visits to places of detention.

Our goal is to promote an evidence-based debate on the impact of prison on women, highlight key areas of risk, support improved treatment in detention and encourage the use of gender-responsive non-custodial measures. The report also reaffirms the vital role of NPMs to drive change at the national level and inform policy debates at the international and regional levels.

## WOMEN IN PRISON: SYSTEMIC DISCRIMINATION, VIOLENCE AND SPECIFIC RISKS OF ILL-TREATMENT AND TORTURE

Since the adoption of the Bangkok Rules in 2010, significant progress has been made to address the specific risks and needs of women deprived of liberty and to highlight the importance of reducing incarceration. However, the number of women in prison continues to increase disproportionately compared to men.<sup>7</sup> Once in detention, their specific needs are often neglected and systemic discrimination impacts their treatment. This can put women at particular risk of being exposed to practices that may, in certain circumstances, amount to ill-treatment and torture.<sup>8</sup> Women also face multiple and intersecting forms of discrimination and violence based on other grounds, such as age, disability, race or ethnicity, sexual orientation and gender identity.

## UNIQUE ROLE OF NPMs

NPMs have a mandate that provides unrestricted access to places of detention and the ability to conduct private interviews with women detainees, staff, relatives and others. As such, NPMs are uniquely placed to identify gaps, provide recommendations and engage in sustained dialogue with the authorities and other relevant actors. Their goal is to advocate for evidence-based changes in laws, policies and practices, in line with international standards. Information produced by NPMs also informs the development of international policies, standards and jurisprudence.

2. Ill-treatment is an all-encompassing term for cruel, inhuman and degrading treatment or punishment which, like torture, is prohibited under international law.

3. Throughout the document, the APT uses the term “National Preventive Mechanisms (NPMs)” to also include Local Preventive Mechanisms (LPMs).

4. UN General Assembly, Resolution A/RES/65/229, 16 March 2011; see also PRI-TIJ, *Guidance document on the Bangkok Rules*, second edition, 2021.

5. See APT relevant resources at: <https://www.apt.ch/our-priorities/persons-in-situations-of-vulnerability/gender-sensitive-justice>

6. See: [Joint APT-NPMs’ submission to the Inter-American Court of Human Rights \(2021\)](#) and [APT-NPMs’ joint statement on International Women’s Day 2021](#)

7. Helen Fair and Roy Walmsley, *World Female Imprisonment List*, fifth edition, Institute for Crime & Justice Policy Research (ICPR), 2022, [https://www.prisonstudies.org/sites/default/files/resources/downloads/world\\_female\\_imprisonment\\_list\\_5th\\_edition.pdf](https://www.prisonstudies.org/sites/default/files/resources/downloads/world_female_imprisonment_list_5th_edition.pdf); Penal Reform International and Thailand Institute of Justice, *Global Prison Trends 2024*, available at: [https://cdn.penalreform.org/wp-content/uploads/2024/09/PRI\\_Global-prison-trends-report-2024\\_EN.pdf](https://cdn.penalreform.org/wp-content/uploads/2024/09/PRI_Global-prison-trends-report-2024_EN.pdf)

8. *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*, A/HRC/31/57, 5 January 2016, para 13; UN Human Rights Council resolution, *Accelerating efforts to eliminate all forms of violence against women and girls: preventing and responding to all forms of violence against women and girls in criminal justice detention*, A/HRC/RES/53/27, 24 July 2023, Preamble, p.3.

# Scope, methodology and structure

In 2023, the APT invited all established NPMs to contribute to a global report on women in prison. To facilitate the drafting of NPMs' contributions and ensure consistency among all participating institutions, the APT developed guidelines to assist NPMs, clarifying the scope of the report and the information requested, and providing additional resources.

Based on these guidelines, each participating NPM drafted a country report with key findings, recommendations and good practices related to women in prison, based on data they collected from their monitoring work.

This Global Report covers the following 46 countries from Africa, Asia-Pacific, Europe and Latin America:

- + Africa: Burkina Faso; Cabo Verde; Mali; Mauritania; Mauritius; Morocco; Senegal; South Africa; Togo; Tunisia.
- + Asia-Pacific: Australia; Maldives; New Zealand.
- + Europe: Armenia; Austria; Bulgaria; Croatia; Cyprus; Czechia; France; Georgia; Hungary; Iceland; Italy; Lithuania; Luxembourg; North Macedonia; Norway; Romania; Serbia; Slovakia; Slovenia; Spain; Sweden; Switzerland; Ukraine; United Kingdom.
- + Latin America: Argentina<sup>9</sup>, Bolivia; Brazil<sup>10</sup>; Chile; Costa Rica; Honduras; Panama; Paraguay; Uruguay.

The Global Report comprises two sections: the individual country reports<sup>11</sup> drafted by NPMs based on APT's guidelines, which vary in length and content, according to their specific context and monitoring work; and a global analysis which provides an overview of the rich

information contained in the country reports.<sup>12</sup> NPMs were involved in the review process of the following analysis and their respective country reports.

This report looks at selected issues concerning the treatment and conditions of women in prison, both in pre-trial detention and serving a sentence, as well as the root causes and pathways to incarceration and alternatives to detention. It does not pretend to be exhaustive and does not address all aspects of detention. The following issues have been prioritised as requiring specific attention for preventing ill-treatment and torture of women in prison:

- + Detention practices that, by the manner in which they are implemented, can increase the risk of torture and ill-treatment for women: body searches, solitary confinement and the use of means of restraint.<sup>13</sup>
- + Gender-specific needs that, if neglected during detention, and especially when compounded, can amount to ill-treatment. These include, in particular, the distinctive need for women to be separated from men, to access gender-specific hygiene and healthcare, including mental healthcare, and to maintain contact with their families.<sup>14</sup> Other detention issues that are relevant for preventing discrimination and ill-treatment of women in prison, and which were highlighted by many NPMs, include training and working conditions of prison staff and women's access to education, work and recreational activities.<sup>15</sup>
- + Unique experiences of women in special situations of vulnerability, including foreign women, LGBTIQ+ women, women from diverse ethnic and racial

9. As the governing and coordinating body of the National System for the Prevention of Torture, the National Committee for the Prevention of Torture (CNPT) coordinated the country report for Argentina, including the contributions by Local Preventive Mechanisms.

10. Brazil has a National System to Prevent and Combat Torture established under the OPCAT, comprising the National Mechanism to Prevent and Combat Torture and Local Mechanisms at the state level. The National and Local Preventive Mechanisms have contributed separately to this report.

11. <https://www.apr.ch/global-report>

12. Good practices highlighted in this report are only a sample of practices identified by NPMs. They do not pretend to be exhaustive and do not represent all good practices that may exist across the different countries.

13. *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*, A/HRC/31/57, 5 January 2016, paras 21-23.

14. *Ibid.*, paras 19, 25-26, and 32. See also, e.g., European Court of Human Rights, *Korneykova and Korneykov v. Ukraine*, Application No. 56660/12, Judgment, 24 March 2016, where the Court found that the shackling of a woman in the maternity hospital, the inadequate conditions of her detention and the lack of appropriate medical care for the baby amounted to inhuman and degrading treatment.

15. *The approach of the Subcommittee on Prevention of Torture to the concept of prevention of torture and other cruel, inhuman or degrading treatment or punishment under the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, para. 5(d), CAT/OP/12/6, 30 December 2010.



backgrounds, indigenous women, pregnant and nursing women, and women in prison with their children.

- + Alternatives to detention for women in contact with the criminal justice system.

The quantitative data included in this document summarises the available country-specific figures provided by NPMs. Not all countries provided data on all the indicators identified in the report. In almost all cases, the original source is the government

agency responsible for prison administration or official statistics, complemented in some cases by information gathered directly by NPMs, through their monitoring work. All sources are indicated in the country reports. All figures are the latest available at the time of data gathering for the report, which was conducted between July 2023 and October 2024. In some countries, however, the most recent available data refers to 2021 or 2022. Data is as accurate as possible but the APT cannot guarantee the reliability of every figure.

# Numbers<sup>16</sup>



**46**  
**COUNTRIES**

COVERED IN THIS REPORT:  
FROM AFRICA, ASIA PACIFIC, EUROPE  
AND LATIN AMERICA



**5% OF THE TOTAL  
PRISON POPULATION**  
ARE WOMEN



**1 IN 5 PRISONS**  
ARE EXCLUSIVELY FOR WOMEN



**1 IN 3 PRISON STAFF**  
ARE WOMEN



**78,000+**  
**WOMEN IN PRISON**

ACROSS REPORTING COUNTRIES



**1 IN 3**  
WOMEN HELD IN  
**PRE-TRIAL  
DETENTION<sup>17</sup>**



**13% OF WOMEN IN PRISON  
ARE FOREIGNERS<sup>18</sup>**



**700+** WOMEN IN PRISON  
**ARE PREGNANT**



16. Data from the 46 countries covered in this report. More information can be found in the country reports at [www.apr.ch/global-report](http://www.apr.ch/global-report)  
 17. Over 50% of women in prison are in pre-trial detention in Bolivia, Honduras, Iceland, Mali, New Zealand, Paraguay, Senegal and Tunisia. The remand population in New Zealand prisons include both remand-accused (who are awaiting trial) and remand-convicted (who are awaiting sentence).  
 18. Data related to 30 countries that provided this figure, out of the 46 countries covered in this report.

# Highlighted themes

## **PATHWAYS AND ALTERNATIVES TO WOMEN'S INCARCERATION**

### **WHAT WE FOUND**

The rise in women's imprisonment reflects punitive responses to cases involving non-violent, low-grade offences driven by poverty, marginalisation and drug-related acts. While some jurisdictions show increased use of alternatives to detention for women offenders, especially pregnant women and mothers of young children, significant barriers remain, including punitive drug policies, lack of consideration of gender-based factors beyond women's reproductive and caregiver roles, and challenges in accessing suitable housing and legal support.

### **WHAT WE ADVOCATE**

Reform drug laws, decriminalise offences targeting women, such as sex work and abortion, and prioritise gender-responsive alternatives to pre-trial detention and prison sentences, while strengthening social supports to address the socio-economic factors and marginalisation that can lead to offending and imprisonment.

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## **RISKY DETENTION PRACTICES: BODY SEARCHES, SOLITARY CONFINEMENT AND RESTRAINTS**

### **WHAT WE FOUND**

Body searches, solitary confinement and the use of means of restraint are widely conducted, often without individual assessment, exposing women to high risk of abuse or violence and causing particular harm on women in special situations of vulnerability, including pregnant women, women with disabilities and mental health conditions, LGBTIQ+ women, indigenous women, women with histories of sexual and gender-based violence. Current practices frequently lack proper regulation and safeguards, including documentation and effective complaint systems, leading to violations that can amount to ill-treatment.

### **WHAT WE ADVOCATE**

Replace routine body searches, solitary confinement and use of restraints with alternatives, such as body scans (for body searches), preventive measures and conflict resolution approaches. Ensure that these practices are conducted only when necessary and by trained staff, are strictly regulated and effective safeguards are provided. Body cavity searches should be prohibited by law and solitary confinement and restraints should be prohibited on pregnant and postpartum women, and women with disabilities and mental health conditions.

## **GENDER-SPECIFIC NEEDS: HEALTHCARE AND MENTAL HEALTH**

### **WHAT WE FOUND**

Women in prison have high rates of pre-existing and prison-induced mental health conditions, worsened by poor conditions, lack of support, separation from family and an overreliance on security-driven and medicalised responses. They face shortages of medical staff, limited access to gender-specific medical services and insufficient hygiene products. Poor conditions and lack of resources exacerbate their health issues, particularly reproductive and mental health needs.

### **WHAT WE ADVOCATE**

Ensure equivalent healthcare to that available in the community, with gender-sensitive screening, adequate resources, and free hygiene products. Integrate prison health services with public health systems under national health authorities. Prioritise alternatives to detention for women with mental health conditions. Provide comprehensive, trauma-informed care in prisons, with regular assessments, supported by specialised medical staff and mental health training for prison staff.

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## **WOMEN AT HEIGHTENED RISK**

### **WHAT WE FOUND**

Certain women are in special situations of vulnerability and may face heightened risks. They include pregnant women and women living with their young children in prison, foreign women, LGBTIQ+ women, indigenous women, women from diverse ethnic and racial backgrounds and older women. Prisons often lack disaggregated data, adequate risks and needs assessment, sufficient resources, adequate training, and programmes and services that address the specific needs of those women. As a result, those women may experience stigma and discrimination, poor healthcare, and restricted access to services and activities.

### **WHAT WE ADVOCATE**

Prioritise alternatives to imprisonment for women at heightened risk and implement gender-responsive prison policies with an intersectional approach, identifying the specific needs and risks faced by women and taking special measures to address them. Collect and make available reliable data on the realities of women in prison, disaggregated by other intersecting factors to better inform policies and measures to meet their specific needs.

# Women's imprisonment



## KEY RECOMMENDATIONS

- Reform laws that disproportionately criminalise women for offences related to poverty, drug-related activities, specific behaviour such as abortion, same-sex relationships, sex work and sex outside marriage, and take measures to address the structural inequality and discrimination faced by women.
  - Give priority to the use of alternative measures to incarceration, with regard to both pre-trial detention and prison sentences, for the benefit of all women, incorporating a gender perspective that takes into account the specific circumstances women face, such as a history of gender-based violence, socio-economic vulnerability and care responsibilities.
  - Design and implement gender-responsive prison policies with an intersectional approach, addressing the specific risks faced by women and taking special measures according to their characteristics and needs.
  - Collect and make available reliable data on the realities of women in prison, disaggregated by other factors - such as race, ethnicity, health status, age, sexual orientation and gender identity, migration or economic status - to better inform policies and measures to meet their specific needs.
- Bangkok Rules: Preamble, Rules 1, 3, 57-64, 67-70**

## Overview

Prison populations continue to rise globally, although with considerable differences among regions and countries.<sup>19</sup> Following a decrease in 2020 due to releases for the COVID-19 pandemic, the global prison population returned to an upward trend in 2021, with a total of 11.2 million and with about one-third held in pre-trial detention.<sup>20</sup> Available data on women in prison confirm this general trend. Although women account for just 7% of the world's prison population, their numbers have more than doubled since 2000, a disproportionate increase compared with men.<sup>21</sup>

In the 46 countries covered by this report, more than 78,000 women are held in prison, representing an average of 5% of the total prison population (between 1.7% and 8.8%). As women are a small proportion of the total prison population, and prisons have historically been designed based on the needs of men, their specific needs are often overlooked. Many

countries covered in this report have made important efforts to address the specific situation of women in prison, in accordance with the UN Bangkok Rules and other relevant international and regional standards. However, there is still a need for comprehensive gender-responsive policies that address the structural and intersectional discrimination faced by women.

Just one in five prisons where women are held are exclusively dedicated to women. All the others provide separate units within larger prisons, where women may have less access to services than men and their specific needs are often not adequately addressed.

Available data from the countries covered in this report show that only a third of staff working in prisons are women. This percentage is higher if we consider only prisons for women, but it is lower when it comes to security staff.

19. Helen Fair and Roy Walmsley, *World Prison Population List*, 14th edition, Institute for Crime & Justice Policy Research (ICPR), 2024, [www.prisonstudies.org/sites/default/files/resources/downloads/world\\_prison\\_population\\_list\\_14th\\_edition.pdf](http://www.prisonstudies.org/sites/default/files/resources/downloads/world_prison_population_list_14th_edition.pdf)

20. United Nations, *The Sustainable Development Goals Report: Special Edition*, June 2023, p. 45: <https://unstats.un.org/sdgs/report/2023/>

21. Helen Fair and Roy Walmsley, *World Female Imprisonment List*, 5th edition, Institute for Crime & Justice Policy Research, 2022: [https://www.prisonstudies.org/sites/default/files/resources/downloads/world\\_female\\_imprisonment\\_list\\_5th\\_edition.pdf](https://www.prisonstudies.org/sites/default/files/resources/downloads/world_female_imprisonment_list_5th_edition.pdf)

A significant proportion of women in prison are not even sentenced. More than a third of them are awaiting trial. This impacts their treatment and conditions of detention. For instance, they may have limited access to health care and educational or vocational activities. Deprivation of liberty also impacts their families and community, as women are often mothers and/or the primary caretakers for their relatives. In some countries, the number of women serving a sentence in prison is less than those held in pre-trial detention. In **Bolivia, Honduras, Iceland, Mali, New Zealand, Paraguay, Senegal** and **Tunisia**, for example, more than half of women in prison are awaiting trial or sentence. In some contexts,<sup>22</sup> there is no separation between convicted and remand women in prison.

Generating comprehensive, accurate and accessible data on prison systems is a fundamental pre-requisite for effective prison planning and management. Most countries covered in this report collect and make available some prison data disaggregated by gender - for example, regarding the number of women in prison and by legal status (pre-trial detention or serving a sentence). However, in many countries it is still difficult to access official data disaggregated by gender and other intersecting factors, such as age, gender identity and sexual orientation, ethnicity, race, disability, mental health condition, nationality and socio-economic situation. Data is either not collected, collected only at the level of certain individual prisons, or not publicly accessible. Even if disaggregated data is available, for instance regarding foreign or older persons deprived of liberty, it is often not disaggregated by gender.

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22. See, for instance, country reports of Honduras and Paraguay.

# Root causes and pathways to incarceration

The rise in the prison population globally is the result of an increasingly punitive approach and over-use of criminal justice detention, including in response to social and health-related problems. The increase in women's incarceration is no exception to that trend. Women are commonly imprisoned for non-violent, low-grade offences, often driven by factors such as gender-based violence, poverty, economic and social marginalisation and drug consumption.

In many countries covered in this report, especially in Latin America, women are increasingly detained for drug-related offences.<sup>23</sup> In **Bolivia**, for instance, more than 40% of women in prison are deprived of liberty for drug-related offences, often with disproportionate sentences. In that country, women can be sentenced to between 10 and 25 years of imprisonment for possessing small amounts of marijuana if they cannot prove it was for their personal use. In **Brazil**, 65% of women in prison have been sentenced for offences under the Drug Law. In Costa Rica, as of December 2022, 49% of women facing sentences were convicted of drug-related offences. In **Paraguay**, almost half of women deprived of liberty are incarcerated for drug micro-trafficking, highlighting a pressing need to reform drug laws to be fairer and more equitable. In the province of Salta (**Argentina**), 75% of women in prison are prosecuted or convicted for drug offences. In **Uruguay**, legislative reforms in 2020 resulted in harsher sentences for crimes related to minor trafficking of psychoactive substances, by increasing

the minimum penalties for criminal offences, with a strong impact on the number of women deprived of their liberty.

The link between drug trafficking and consumption and imprisonment was highlighted by NPMs in other regions. In **Iceland**, for example, the number of foreign women in prison increased rapidly over the past two years, due in part to a surge in arrests of women drug traffickers at the border. In **Romania**, more than 7% of women in prison were sentenced for crimes related to drug trafficking and illicit consumption.<sup>24</sup>

Women's socio-economic situations are another important factor when considering their pathways to incarceration. Many women are imprisoned for non-violent, petty offences related to poverty. In **Brazil** and **Argentina**, most women in prison have a low level of formal education, not even having completed primary school (44% in Brazil; 44% in federal prisons in Argentina). In **Burkina Faso**, women deprived of their liberty generally come from disadvantaged socio-economic conditions and cannot read or write.<sup>25</sup>

In some countries, women are still incarcerated for offences applied only or disproportionately to them, such as abortion, same-sex relationships, sex outside marriage and sex work. In **Senegal**, the NPM has recommended to decriminalise the voluntary interruption of pregnancy and engagement in sex work.<sup>26</sup>

23. IACHR, *Women deprived of liberty in the Americas*, 2023:

[https://www.oas.org/en/iachr/reports/pdfs/2023/Informe-Mujeres-privadas-libertad\\_ENG.pdf](https://www.oas.org/en/iachr/reports/pdfs/2023/Informe-Mujeres-privadas-libertad_ENG.pdf)

24. See country reports of Iceland and Romania.

25. See country reports of Argentina, Brazil and Burkina Faso.

26. See country report of Senegal.



# Alternatives to detention

In recent years, important efforts have been made to increase the use of alternatives to detention for women in contact with the criminal justice system. It is worth mentioning the development of progressive national legislation and jurisprudence in some countries, which seeks to prioritise alternative measures to pre-trial

detention such as house arrest for pregnant women and women who have young children – and sometimes persons with disabilities – under their responsibility.<sup>27</sup> These developments have helped reduce the number of women in prison in certain countries.

## INCREASED USE OF ALTERNATIVES TO PRE-TRIAL DETENTION AND PRISON SENTENCES FOR WOMEN

### COSTA RICA

#### REDUCTION IN WOMEN'S INCARCERATION FOR DRUG OFFENCES<sup>28</sup>

Until 2013, women who attempted to bring drugs into a prison were sentenced to between eight and 20 years in prison. After the entry into force of the “77 bis” reform of the Law on psychotropic substances (Law 8204) in 2013<sup>29</sup>, women have the possibility to pay for their crime in another way, as long as their action is related to their economic, psychological or social situation, which will be demonstrated by means of a psychosocial study that can be requested by the Public Prosecutor's Office or by the Public Defense.

### BRAZIL

#### INCREASED USE OF HOUSE ARREST AS AN ALTERNATIVE TO PRE-TRIAL DETENTION<sup>30</sup>

Between 2018 and 2023, there was a significant increase in the number of people under house arrest (with or without electronic monitoring) in Brazil, from 9,887 people (of which 1,091 were women) to 201,380 people (of which 19,611 were women). The proportion of women under house arrest during this period rose from 3.08% to 42%. The legislative and case law developments in the last few years have certainly contributed to this dramatic change. In particular, it is worth mentioning the Legal Framework on Early Childhood (Law No. 13,769/2018), which states that pre-trial detention imposed on pregnant women or women who are mothers or responsible for children or people with disabilities will be replaced by house arrest, provided that women have not committed the offence with violence or serious threat to the person and that they have not committed the offence against their child or dependent.

27. See, for instance, country reports of Argentina, Brazil, Chile, Costa Rica, France, Morocco.

28. See country report of Costa Rica.

29. Law 8204, Article 77 bis, *Ley Sobre estupefacientes, sustancias psicotrópicas, drogas de uso no autorizado, actividades conexas, legitimación de capitales y financiamiento al terrorismo* [Law on narcotic drugs, psychotropic substances, drugs of unauthorised use, related activities, money laundering and financing of terrorism], available at: [http://www.pgrweb.go.cr/scij/Busqueda/Normativa/Normas/nrm\\_texto\\_completo.aspx?param1=NRTC&nValor1=1&nValor2=48392&nValor3=93996&strTipM=TC](http://www.pgrweb.go.cr/scij/Busqueda/Normativa/Normas/nrm_texto_completo.aspx?param1=NRTC&nValor1=1&nValor2=48392&nValor3=93996&strTipM=TC)

30. See country report of Brazil (NPM).

In many countries covered in this report, NPMs have been advocating for legislative reforms and the increased use of alternatives to detention.

### URUGUAY

#### **AWARENESS-RAISING CAMPAIGN ON ALTERNATIVES TO IMPRISONMENT FOR WOMEN<sup>31</sup>**

In 2023, the NPM launched a campaign for the promotion of non-custodial measures for women deprived of liberty with their children, recognising that imprisonment is never an adequate response because of harmful effects on children's development. It is necessary to prioritise the mother-child bond through alternative measures, such as assisted home detention, as a possible and necessary option to guarantee the rights of children of women deprived of their liberty. It is also necessary to prioritise the best interests of the child over punishment, because prison is not an appropriate place for children to live.

### ITALY

#### **ADVOCATING FOR LEGISLATIVE REFORMS<sup>32</sup>**

The current Italian penitentiary law specifically provides home detention for pregnant women or mothers with a child under the age of ten living with them. A draft law is under discussion in the Senate that would introduce a discretionary rule regarding the imprisonment of mothers with children up to one year old and pregnant women. The NPM has addressed the issue of alternatives to detention for women in specific conditions of vulnerability in its [observations to the draft law](#) (DDL 1660), considering that the new legislative framework constitutes a setback, moving away from prioritising the best interest of the child in favour of an approach underpinned by security concerns, with a disproportionate and more restrictive application of sanctions.

Despite these encouraging developments, the information gathered for this report highlights challenges, both in the legislative framework related to alternative measures to detention and in their implementation in practice. One of the main problems identified by NPMs, and confirmed by other studies<sup>33</sup>, relates to the lack of a gender perspective in the creation and implementation of alternatives to incarceration. In some countries, there are no specific provisions for women. In most countries covered in this report, the provision of alternative measures for women fails to consider gender-based factors beyond women's reproductive and caregiver roles, such as their history of gender-based violence, socio-economic vulnerability, mental health conditions, and risk to their protection.

### ARGENTINA

#### **ALTERNATIVE MEASURES FOR TRANS WOMEN CONSIDERING INTERSECTING FACTORS OF VULNERABILITY<sup>34</sup>**

In 2020, a Federal Court ruled in favour of a request for house arrest of a young trans woman held in prison, for being in a situation of inadequate protection considering the intersection of factors such as age, gender identity and situation of confinement. The Court considered that the young woman was in a situation of greater vulnerability, as she was systematically subjected to discriminatory acts and psychological violence because of her gender identity, compounded by the lack of adequate accommodation respecting her gender identity. The case was presented by the Office of the Public Defender and supported by the Federal Ombudsman for Prisons (PPN), which is part of the National System to Prevent Torture under the OPCAT.

31. See NPM campaign, [Prisión domiciliaria asistida: una opción posible para garantizar derechos | Institución Nacional de Derechos Humanos y Defensoría del Pueblo](#),

32. See country report of Italy.

33. See, for instance: IACHR, *Women deprived of liberty in the Americas*, 2023 at [https://www.oas.org/en/iachr/reports/pdfs/2023/Informe-Mujeres-privadas-libertad\\_ENG.pdf](https://www.oas.org/en/iachr/reports/pdfs/2023/Informe-Mujeres-privadas-libertad_ENG.pdf); PRI/TIJ, *Global Prison Trends 2024*, at <https://www.penalreform.org/global-prison-trends-2024/>

34. See country report of Argentina.

While some countries covered in this report frequently or increasingly use alternative measures for women in contact with the criminal justice system, in many cases alternatives are still underused and women face specific challenges in accessing them. For instance, in countries with punitive drug policies lacking a gender perspective, no alternative measures are foreseen for drug-related crimes. This has a disproportionate impact on women involved in drug-related activities. Other barriers faced by women relate to the lack of a fixed and suitable domicile for house arrest and home detention, for instance because the only address they have is the place where the crime was committed or because a perpetrator of gender-based violence lives there. Other challenges relate to stigmatisation linked to electronic monitoring devices and the lack of resources to afford legal counsel.

In some countries, NPMs have reported an increased investment in environments more conducive to rehabilitation, although these facilities may not be fully

considered alternatives to prison as they still deprive women of their liberty. In **Australia**, for example, several facilities offer an alternative to the standard prison environment, providing increased autonomy, a greater focus on rehabilitation and build skills pre-release to support women upon re-entering the community. In **Lithuania**, a mother's home outside the women-only prison's premises is available to women. The home is formally an open-type place of detention, where women do not wear ankle bracelets but can be monitored by means of electronic surveillance (outside the detention place) and may go out into the city, work and study. In **Scotland**, two new Community Custody Units have opened to replace Scotland's women's prison. These units hold small numbers of women in a structured therapeutic environment, with a trauma-informed and gender specific approach. Women can build independent skills and a future life without crime through the specialised support provided through strong collaboration with community services and access to the community outside the centres.

# Detention practices and specific risks for women



# Body searches

## KEY RECOMMENDATIONS

- Prison services should move permanently away from routine body searching of women deprived of their liberty and visitors, to searches based on individual assessments and utilising alternative methods such as scans and other technological devices.
- To avoid discretion in the implementation of body searches and reduce the risk of abuse, body searches should be regulated in national legislation, policies or regulations, in compliance with the UN Bangkok Rules and other relevant standards.
- Body searches of women deprived of liberty and visitors should be conducted only by trained staff of the same gender, without the presence of male staff, under appropriate sanitary conditions.
- When strip searches are unavoidable, they should be carried out respecting the dignity and rights of the person being searched, i.e. in two steps to avoid the person being completely naked.
- Proper registers of body searches should be maintained, including the reasons for the search, time and date, the identities of the person searched and the persons conducting the search, and items found during the procedure.
- For their highly invasive nature, body cavity searches should be prohibited by law.
- Prisons should have formal procedures to allow women deprived of liberty and visitors to lodge confidential complaints about degrading and humiliating body searches. Complaints should be systematised and investigated, and an effective remedy be granted.

**Bangkok Rules: Rules 19-21**  
**Nelson Mandela Rules: Rules 50-52**

Body searches increase the risk of humiliation and abuse, particularly when they involve nudity and physical contact. They can take different forms, including pat-downs where the person being searched remains dressed, strip searches involving nudity but without physical contact, and invasive or body cavity searches involving a physical examination of body orifices.

Body searches can be particularly traumatic for women, particularly for those who have experienced sexual violence or other kinds of trauma. Moreover, the intersection between gender and other factors, such as sexual orientation, gender identity and expression, religion, ethnicity and race, can expose certain women to a greater risk of discrimination, abuse and violence during body searches.

Body searches, in particular strip and cavity searches, may amount to ill-treatment, when conducted on humiliating and discriminatory grounds. When conducted for a prohibited purpose or for any reason based on discrimination and leading to severe pain or suffering, they may even amount to torture.<sup>35</sup>

Respect for the dignity of the person must be the foremost priority when conducting body searches in places of detention. Body searches are legitimate only if they follow the principles of legality, necessity and proportionality. This means that body searches should not be applied systematically as a blanket measure to all women deprived of liberty, nor all visitors, but should respond to specific identified risks.<sup>36</sup>

35. *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*, A/HRC/31/57, 5 January 2016, paras 23, 36.

36. Article 10.1 of the International Covenant on Civil and Political Rights states that "All persons deprived of their liberty shall be treated with humanity and with respect for the inherent dignity of the human person". For specific references on body searches, see also: UN Bangkok Rules, Rules 19-21; Nelson Mandela Rules, Rules 50-52.

The routine strip searching of women is incompatible with rule 52.1 of the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), which states that “[i]ntrusive searches, including strip and body cavity searches, should be undertaken only if absolutely necessary”.

The way body searches of women are regulated and implemented in practice varies across the countries covered in this report.

### INADEQUATE LEGAL AND REGULATORY FRAMEWORKS

Most countries have legislation or prison regulations governing body searches, which provide for body searches of women to be conducted by women prison staff, in accordance with the Bangkok Rules. In some contexts, however, body searches are not regulated or are poorly regulated, leaving a margin of discretion to prison staff and thus increasing the risk of abuse. In some instances, beyond the provision related to the gender of staff undertaking the search, legislation and regulations governing body searches in prison are general and do not address the specific situations of women. Where regulations do exist, most NPMs found gaps in their implementation.

### LACK OF SAME-GENDER BODY SEARCHES

It is worth noting that the requirement for body searches to be conducted by staff of the same gender as the person being searched is generally respected in practice in most countries covered in this report. In some contexts, however, NPMs found that male staff are present during body searches of women or that the place and modality for conducting the search does not ensure respect for women’s privacy. For example, NPMs found that the door to the room in which women had to undress was left open or not completely closed so that others, including male staff, could see inside the room. In one correctional institution, a camera monitored body searches of persons deprived of liberty, which could be seen on a monitor at the prison guard’s base, including by male staff.<sup>37</sup>

In one context, the NPM found that the lack of women staff led some prison officers to call on women from outside the prison administration to carry out body searches, in particular members of local associations. This practice entails several risks, as external persons are under no obligation of confidentiality and are not trained, unlike prison officers.<sup>38</sup>

### ROUTINE HUMILIATING PRACTICE

A common concern across different jurisdictions is the use of routine body searches, in particular strip searches, without an individual assessment. Women are systematically searched during their time in prison, sometimes daily, and typically at: admission to or release from a facility, movement between facilities; before and after visits; and before and after moving to different areas of the facility, for example to attend educational or work-related activities. Strip searches may also occur at other times, for example when women are placed in solitary confinement.

Many women in prison have experienced victimisation and trauma, making the practice of strip searching particularly harmful. In some countries, NPMs found that women deprived of liberty considered the procedure of body searches so humiliating and degrading that they refused to be transferred to hospitals, to a court hearing or even to receive visits, to not undergo the search.<sup>39</sup>

Some NPMs also noted the inefficacy of strip searches in detecting contraband entering prisons and consider its negative impact on a person being searched to be disproportionate to its utility. In **Australia**, the Queensland Human Rights Commission ([QHRC](#)) found that strip searches were ‘successful’ in detecting contraband only 0.01-0.015% of the time, and the [Western Australia Office of the Inspector of Custodial Services](#) identified that only one in every 1,500 strip searches yielded a contraband find. Likewise, [Tasmanian Prison Services](#) conducted 841 strip searches of women in a seven-month period, with only three items found.<sup>40</sup>

37. See country report of Austria.

38. See country report of Mali.

39. See, for instance, country report of the Maldives and Switzerland.

40. See country report of Australia.

Findings from NPMs in most countries covered in this report reveal that the way body searches are conducted in practice is extremely humiliating and can infringe on women's dignity and rights. For example, women must sometimes perform squats, frog jumps and cough during searches, are subject to body shaming, or have to fully undress. In some contexts, NPMs also expressed concern for the practice of searches of women's sanitary towels or tampons when they have their periods.<sup>41</sup> The location where body searches are conducted is sometimes inadequate in terms of lighting and hygienic conditions.

### NORWAY

#### FROM ROUTINE BODY SEARCHES TO LESS INTRUSIVE PRACTICE<sup>42</sup>

The practice of routine strip searches without risk assessments has been consistently criticised by the NPM after its prison visits. This led, firstly, to gradual changes in the modalities of how body searches are performed, including for women. Secondly, NPM recommendations were later picked up in the case law of the Norwegian Supreme Court, which in several judgments held that routine strip searches in prison amount to ill-treatment contrary to article 3 of the European Convention on Human Rights (ECHR). The government has issued temporary guidelines to ensure that the use of body searches in the Correctional Service does not violate ECHR article 3. Many high-security prisons have now reportedly introduced 'body scanners' as a less intrusive way to search for contraband in prison.

### CROATIA AND NORTH MACEDONIA TWO-STEP BODY SEARCHES<sup>43</sup>

In **Croatia**, strip searches of women deprived of liberty are carried out by at least two women judicial police officers, without the presence of other persons. When undressing, women first take off the upper part, after which they put on their shoes, and then the lower part. When searching a person and their belongings, technical equipment (e.g. detectors, X-ray devices, mirror systems) may be used.

In **North Macedonia**, upon admission to the institution or when returning from a weekend, women first go through a metal detector to undergo a search that includes external checks/searches of clothing. If the metal detector signals the possible presence of a metal object or the members of the prison police suspect that it is possible that the woman is hiding an illegal object, then a search is carried out that includes removing the clothes, in such a way that the woman does not remove all the clothes at once, but first from half up and then, after dressing, she removes her clothes from half down.

### INVASIVE OR BODY CAVITY SEARCHES

Invasive or body cavity searches are practices where persons are subjected to a physical examination of their body cavities (anus, vagina). As for other types of body searches, invasive searches should be replaced by less intrusive alternative methods. Progressive standards recommend that invasive or body cavity searches be prohibited by law.<sup>44</sup> When these searches are legally authorised, they should only be performed by trained and authorised healthcare professionals other than those responsible for the care of women in prison.

In most countries covered in this report, invasive or body cavity searches are not fully prohibited, but are carried out in exceptional circumstances and,

41. See country report of France.

42. See country report of Norway.

43. See country report of Croatia and North Macedonia.

44. See, for instance, *Report on the visit of the Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment to Brazil*, CAT/OP/BRA/1, 5 July 2012, para. 119; Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment on his mission to Brazil, 26 January 2016, A/HRC/31/57/Add.4, para. 38; Inter-American Commission on Human Rights, *Principles and Best Practices on the Protection of Persons Deprived of Liberty in the Americas*, Resolution 1/08, 13 March 2008, Principle XXI.

often, only by authorised health professionals. In **Mauritius**, for example, invasive body searches are conducted at the hospital and only in cases where there is strong suspicion that prohibited articles may be inside the body of women detainees.<sup>45</sup> In such cases, specialised medical professionals at the hospital conduct an echography and/or X-ray to detect anything suspect, under the supervision of high-ranking prison officers.

In **Norway**, body cavity searches may only be performed under the Execution of Sentences Act (Section 29, third paragraph), after obtaining a medical opinion and may only be carried out by health service personnel.<sup>46</sup>

In other contexts, NPMs have expressed concern that body cavity searches are not regulated in national legislation or regulations, nor subject to any established procedure.

### BODY SEARCHES OF VISITORS

In most countries, women visiting loved ones in prison are also subject to body searches. As with body searches of women deprived of liberty, this practice varies across countries. In some countries, visitors systematically undergo a search when they enter and leave a prison. In some contexts, strip searches are not conducted on visitors, except in cases where there is reasonable suspicion they are in possession of illegal items.

In other countries NPMs have expressed concern for the humiliating and degrading searches that visitors regularly undertake in prison. They have documented cases where visitors had to perform squats during strip searches, were subject to verbal abuse by staff, and had to remove their sanitary towels during their monthly period. In some cases, NPMs also reported that children visiting their parents in prison had to undergo searches, and were forced to change their nappies in front of prison staff.<sup>47</sup>

### BRAZIL, RIO DE JANEIRO ENDING HUMILIATING BODY SEARCHES OF VISITORS<sup>48</sup>

For a long time, at least until 2015, all prison units in Rio de Janeiro carried out body searches on family members. During these searches, family members were forced to undress and squat several times, aggravated by the constant practice of other psychological violence and other serious human rights violations. After an extensive struggle by civil society, the LPM and other institutions, state laws 7,010 and 7,011 were passed in 2015 which prevent this practice in the state's penal and socio-educational establishments. This change only came about after the State Legislative Assembly granted funds for the purchase of body scanners, which ensured that the prison administration only had to guarantee the maintenance of the equipment.

### USE OF ALTERNATIVE METHODS AND REGISTERS

Body imaging technology and other alternative methods that are less intrusive than strip or body cavity searches help promote personal dignity and wellbeing for both women in prison and prison staff. In recent years, the use of body scanners to perform searches has increased in many contexts, reducing the risks of abuse.

However, some countries still do not have scanner devices for conducting body searches in prison. In other contexts, when such devices exist, they are sometimes not used, used as an addition rather than an alternative to body searches, not adequately regulated, or used inappropriately. For example, in the province of Buenos Aires, **Argentina**, the LPM found that, on some occasions, portable scanners were used repeatedly and invasively between the legs, genitals and other parts of the body.

45. See country report of Mauritius.

46. See country report of Norway.

47. See country report of Argentina.

48. See country report of Brazil (State of Rio de Janeiro).



In some countries, body searches are systematically recorded as prescribed by legislation or regulations. Records include the date and time of the search and the identity of the staff performing the search. In some establishments where registers exist, records are not kept regularly and in accordance with the internal regulations. In many other cases, information relating to body searches is not recorded in a specific register. Only information concerning the list of

personal belongings during admission to prison is noted in the detention register, depending on the circumstances.

Other safeguards include the right in law for women deprived of liberty to lodge complaints and invoke judicial remedies in case of serious violation of their dignity.<sup>49</sup>

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49. See, for instance, country report of Italy.

# Solitary confinement

## KEY RECOMMENDATIONS

- Ensure that solitary confinement is strictly regulated, used only in exceptional cases as a last resort, for as short a time as possible (and in no case for more than 15 consecutive days), and is subject to proper authorisation, independent review, appeal, adequate record-keeping and other relevant safeguards.
- Prioritise alternative approaches over solitary confinement for women, including preventive measures, dynamic security strategies, therapeutic interventions, de-escalation measures, and restorative justice practices.
- Prohibit the use of solitary confinement for pregnant and nursing women, women with their young children in prison, and women with disabilities and mental health conditions.
- Prohibit the use of solitary confinement for protective purposes and to prevent self-harm and suicide and consider alternative measures to ensure the safety of women deprived of liberty.
- Conduct regular mental health assessments for women held in solitary confinement.

**Bangkok Rules: Rules 22, 23, 41**  
**Nelson Mandela Rules: Rules 44, 45**

Solitary confinement involves keeping a person alone in a cell for 22 hours or more during a day without meaningful human contact.<sup>50</sup> It may have different names in different contexts, such as 'isolation', 'segregation', or 'secure units'.

Whatever the reason for its use – either as a disciplinary sanction, as a protective, preventive or security measure or for criminal investigations – this practice entails heightened risks for persons deprived of liberty. It affects many of their fundamental rights, mainly associated with the reduced access to information and justice, the lack of communication with the outside world, the precarious access to hygiene and clothing, and the severe and sometimes irreversible harm to their physical and mental health.

It should therefore be used only in exceptional circumstances, be strictly regulated and effective safeguards should be granted to at least mitigate its harmful effects, including limiting its duration to a maximum of 15 consecutive days, whatever the reason for its use.<sup>51</sup> Under certain circumstances, solitary confinement can amount to torture or other cruel, inhuman or degrading treatment or punishment, and is therefore prohibited under international law.<sup>52</sup>

Solitary confinement is particularly harmful for women, as it increases the risk of abuse, aggravates pre-existing mental health conditions and does not address their specific needs. Girls, pregnant and nursing women, women with young children in prison and women with psychosocial disabilities and mental health conditions

50. Nelson Mandela Rules, Rule 44.

51. Nelson Mandela Rules, Rules 44-45.

52. The following practices, in particular, are prohibited as they can amount to amount to torture or other cruel, inhuman or degrading treatment or punishment: indefinite solitary confinement; prolonged solitary confinement (more than 15 consecutive days); placement of a person in a dark or constantly lit cell; corporal punishment or the reduction of a person's diet or drinking water; collective punishment; solitary confinement of children, persons with disabilities, pregnant and breastfeeding women, and women with their children in prison. See Nelson Mandela Rules, Rules 43, 45; Bangkok Rules, Rule 22; Interim report of the Special Rapporteur of the Human Rights Council on torture and other cruel, inhuman or degrading treatment or punishment, A/66/268, 5 August 2011 paras. 70-78; Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, A/HRC/31/57, 5 January 2016, para. 22..

should never be subjected to solitary confinement. This also applies to other forms of extensive deprivation of human contact, even if it is below the 22-hour limit set by the Nelson Mandela Rules. In this regard, NPMs have noted the worrying trend towards defining a normal day for persons deprived of liberty as being locked inside their cell for many hours a day, often without proper safeguards.<sup>53</sup>

## LEGAL AND REGULATORY FRAMEWORK

Many countries covered in this report provide for the use, duration and conditions of solitary confinement in law. This legislation also sets out the associated safeguards, such as: notification of the grounds for solitary confinement; fairness; timeliness and proportionality of the measure; certification under which solitary confinement is carried out and visits by prison staff; medical certification of the state of health of the person to be placed in solitary confinement; judicial supervision of the solitary confinement, and the right to appeal; among others. However, these provisions are often limited to its use as a disciplinary measure. In practice, people can be placed in solitary confinement also for reasons associated with personal security, health or awaiting classification or transfer.

Many countries prohibit the use of solitary confinement for pregnant and nursing women, and women with young children in prison. Some countries also prohibit the use of solitary confinement for women with psychosocial disabilities. In **Georgia**, the law also prohibits this practice for persons over 65 years of age.<sup>54</sup>

### ARGENTINA

#### PROHIBITION OF SOLITARY CONFINEMENT FOR PROTECTIVE PURPOSES<sup>55</sup>

Persons deprived of their liberty cannot be isolated on the grounds of safeguarding their physical integrity. Articles 12 and 13 of the Protocol for the Implementation of the Protection of Persons in Situations of Special Vulnerability<sup>56</sup> prohibits individual and/or collective isolation as a protection measure.

Despite the safeguards in law, NPMs have found that their implementation in practice can raise problems. For instance, even if the law establishes the possibility to appeal the measure of solitary confinement, the risk of violating the right to due process is high, as the court's assessment is usually based on documents submitted by the prison administration. Furthermore, women in prison cannot always afford a lawyer or provide enough witnesses for their case.<sup>57</sup> Solitary confinement is often not properly recorded, or not recorded if it is applied for reasons other than a disciplinary measure. When video surveillance is available during placement in solitary confinement, some NPMs have raised concerns that male officers have access to the system.

In some countries, the use of solitary confinement is still not set out in law or only prescribed in prison regulations or circulars, leaving room for arbitrariness and discretion on the part of the prison administration in the execution of the measure. This also impedes internal supervision and external control.<sup>58</sup>

### COSTA RICA

#### RECORDING THE USE OF SOLITARY CONFINEMENT<sup>59</sup>

A specific register is kept for each person placed in solitary confinement, in compliance with Circular 01-21 of the Prison Police Directorate of the Ministry of Justice and Peace (5 January 2021), issued in response to a recommendation by the NPM. The register consists of a reliable system that allows for a simple and quick verification of how long a person has been in solitary confinement and what treatment and safeguards have been guaranteed. Information includes: date and time, full name of the person deprived of liberty placed in the cell; the reason; by whose order; the person's state of mind and general condition; the delivery of food and whether or not it was accepted; whether or not the person left at call time; delivery of medication; medical release with the name of the officer in custody; and whether the person expressed any kind of pain.

53. See, for instance, country report of Norway.

54. See country report of Georgia.

55. See country report of Argentina.

56. Published in the Official Bulletin N° 500 of 23 April 2013.

57. See country report of Bulgaria.

58. See, for instance, country report of Togo.

59. See country report of Costa Rica.

## GENERALISED PRACTICE

A common trend identified across the different countries relates to the generalised use of solitary confinement on women as a penitentiary response to conflict and behavioural issues, as well as the lack of measures taken by prison services to address the behaviours or circumstances which led to their placement in solitary confinement.

In **New Zealand**, it was reported in 2019 that women in prison were segregated significantly more (73%) than men.<sup>60</sup> Māori and Pacific women were disproportionately segregated in Management and Separates Units used for control and punishment.<sup>61</sup> In **Norway**, during the period 2018–2022, one prison recorded a doubling of women inmates being placed in solitary confinement in their cell (from 36 inmates in 2018 to 77 in 2022).<sup>62</sup> In **Spain**, the NPM found in some of its visits that women suffered a disproportionately higher percentage of isolation, and for longer periods of time, than men.<sup>63</sup>

In this regard, NPMs have found that many cases indicated poor conflict prevention, and threats or violent acts that could have been foreseen. Examples include stress and worry in connection with impending court hearings, frustration over inactivity and a lack of association with other inmates. These situations contributed to further escalation which was then dealt with by placing the inmate in isolation. In some instances, NPMs also noted the lack of proportionality between the alleged facts and the sanction, as well as the lack of detailed records. Only generic reasons were listed in the register, such as not respecting the rules of the institution, disturbing the peace, lack of respect, physical resistance and not observing good conduct.<sup>64</sup>

### ARGENTINA

#### IMPLEMENTATION OF ALTERNATIVE CONFLICT RESOLUTION MEASURES<sup>65</sup>

In the province of Chaco, conflict resolution committees are now being implemented as a common method of dealing with interpersonal conflicts between women in prison and prison staff. In some cases, by way of deterrence or cessation of a confrontation between detainees, the prison health centre is used to temporarily isolate some of them, after which they are returned to the cell sector. Conflict resolution committees have proved to be effective and have provided strong evidence that disciplinary sanctions are rarely necessary except in exceptional circumstances.

Concerns have been raised by some NPMs about the use of solitary confinement for newly arrived women awaiting classification and placement in the respective sectors (**Cabo Verde, Bolivia**), women who are waiting to be transferred to other establishments (**Argentina**), and for preventing suicide and self-harm (**Slovakia**).<sup>66</sup>

In some countries, NPMs reported the use of solitary confinement as a protective measure, where it was alleged that the person faced risks to their life or physical integrity. Problems identified in this regard relate to the lack of proper documentation of the consent of the person, extended periods of time without proper safeguards (**Paraguay**), and its disproportionate use with certain people, such as LGBTIQ+ persons (**Argentina, Brazil**).<sup>67</sup>

60. Sharon Shalev and Te Kāhui Tika Tāngata | Human Rights Commission, *First, Do No Harm: segregation, restraint, and pepper spray use in women's prisons in Aotearoa New Zealand*, 2021: <https://tikatangata.org.nz/our-work/first-do-no-harm-segregation-restraint-and-pepper-spray-use-in-womens-prisons-in-new-zealand>

61. See country report of New Zealand.

62. See country report of Norway.

63. See country report of Spain.

64. See country reports of Argentina and Norway.

65. See country report of Argentina.

66. See country reports of Cabo Verde, Bolivia, Argentina and Slovakia.

67. See country report of Argentina, Brazil report (State of Rio de Janeiro) and country report of Paraguay.

## CONDITIONS OF SOLITARY CONFINEMENT

A common concern raised by NPMs in the countries covered in this report relates to the conditions in which solitary confinement is implemented. These include extended periods of time, sometimes exceeding the maximum period of 15 consecutive days. In many cases, women have limited or no access to visits during their placement in solitary confinement, nor to confidential phone calls, access to outdoor space, nor to recreational, educational or work activities.

The material conditions, as well as hygiene and sanitary facilities of isolation cells are often worse than those available to the broader prison population. In some countries, women placed in solitary confinement cannot purchase food, personal items and other items, other than for basic personal hygiene needs and basic correspondence needs. They are not allowed to make phone calls, to keep cigarettes and tobacco products or to rest on their beds outside the time determined by the prison's internal rules. Sometimes they do not have access to daily shower.<sup>68</sup> In **Argentina**, the NPM reported very worrying situations in which women were held in solitary confinement in very small cells (1m x 1m or 1m x 2m) for 24 hours a day, sometimes for many days, without access to showers or the courtyard.<sup>69</sup>

Another practice observed by NPMs in some countries is the 'collective isolation' of women, where two or more women are held in isolation in the same cell for a period of time, sometimes in very bad conditions. In **Bolivia**, the NPM found a situation where three women were held in the same isolation cell of 1m x 1.5m.<sup>70</sup> In **Panama**, the NPM found in one establishment that the absence of a specific area to house women deprived of liberty serving disciplinary sanctions resulted in joint confinement of sanctioned and non-sanctioned women, limiting the participation of all women in daily activities.<sup>71</sup>

In a few countries, the minority position of women in prison put them at risk of being subject to *de facto* isolation. For example, during a visit carried out in 2023, the NPM of **Iceland** found that the women's unit in one prison was occupied by just one woman, while the men's unit was nearly at full capacity of 18 men.<sup>72</sup> In **Switzerland**, the NPM found that, in various establishments, women were placed in cells separate from those for men, which can reinforce isolation during their stay, with consequences for their mental health. During its visit to Fribourg Central Prison in 2011, the Swiss NPM noted that the small number of women deprived of liberty led to a *de facto* situation of isolation. The NPM recommended considering closing this sector. During its follow-up visit in 2015, the NPM was informed that women were no longer held at the central prison.<sup>73</sup>

## PREGNANT AND NURSING WOMEN, AND WOMEN WITH CHILDREN IN PRISON

Many countries prohibit the use of solitary confinement for girls, pregnant and nursing women, and women with their young children in prison. In some countries, however, there are no specific provisions in this regard, contrary to the UN Bangkok Rules.

Even in countries with such provisions, some NPMs reported cases of pregnant or nursing women, or women with young children in prison held in solitary confinement.<sup>74</sup> Even if the conditions in such cases may be less restrictive, for instance enabling young children to attend school or kindergarten during the day, such situations raise a number of concerns.

## WOMEN WITH PSYCHOSOCIAL DISABILITIES AND MENTAL HEALTH CONDITIONS

There is evidence to suggest that women in prison are at particular risk of experiencing mental health conditions prior to entering prison and during

68. See, for instance, country report of Armenia.

69. See country report of Argentina.

70. See country report of Bolivia.

71. See country report of Panama.

72. See country report of Iceland.

73. See country report of Switzerland.

74. See, for instance, country reports of Chile and Mauritius.

imprisonment, which can heighten the risk of self-harm or suicide.<sup>75</sup> Solitary confinement greatly impacts women suffering from mental health conditions, as they are more likely to be placed in solitary confinement and isolation may aggravate their pre-existing conditions.<sup>76</sup>

Despite the prohibition of solitary confinement for persons with disabilities and mental health conditions established by the Nelson Mandela Rules (Rule 45), NPMs in some countries found that women experiencing withdrawal crisis, who have attempted suicide or self-harm, or have severe mental health conditions are often placed in solitary confinement units and in unsuitable settings. NPMs found that the lack of adequate diagnosis and treatment for women with psychosocial disabilities and mental health conditions

can lead to crises and acts of violence, which in turn result in isolation. This situation also places them in a position of greater vulnerability, suffering stigmatisation and social exclusion, which increases the risk of ill-treatment by prison staff.

Findings across multiple countries show women with very high mental health needs are often held in solitary confinement, while they should be treated in healthcare facilities. Often, the more severe or complex a woman's mental health condition, the longer she is likely to stay in solitary confinement. In **Scotland**, there are no secure mental health beds for women, so women who need them are transferred across the border, far from their families, if there is availability for them at all.<sup>77</sup>

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75. See PRI and TIJ, *Global Prison Trends 2024*: [https://cdn.penalreform.org/wp-content/uploads/2024/09/PRI\\_Global-prison-trends-report-2024\\_EN.pdf](https://cdn.penalreform.org/wp-content/uploads/2024/09/PRI_Global-prison-trends-report-2024_EN.pdf)

76. See, for instance, country report of the Maldives.

77. See country report of the UK.

# Use of means of restraint

## KEY RECOMMENDATIONS

- Means of restraint should be prescribed by law, used only as a last resort, for a limited duration and following an individual risk assessment, following the principles of legality, necessity and proportionality.
- Methods of restraint that are inherently inhuman, degrading or painful, or have such effects, should be prohibited.
- The use of means of restraint should be explicitly prohibited on women during labour, who are giving birth and who have just given birth.
- Promote dialogue and alternative dispute resolution mechanisms based on restorative justice principles.
- Regular training for prison staff should address the use of means of restraint and the use of force and should integrate a gender perspective.
- The use of means of restraint should be properly recorded.

**Bangkok Rule: Rules 24**

**Nelson Mandela Rules: Rules 43(2), 47-49**

Means of restraint are used to restrain or temporarily limit the freedom of movement of a person without injuring them. They can include, for example, handcuffs, straps, straitjackets, or restraining beds. They may only be used in very specific and strictly regulated situations, such as to prevent the risk of escape during transfers, physical assaults on third parties, acts of self-harm or damage to infrastructure.<sup>78</sup> Clear safeguards should be guaranteed whenever means of restraint are used. Furthermore, means of restraint cannot be used for disciplinary purposes.

Methods of restraint that are inherently inhuman, degrading or painful, or have such effects, are prohibited.<sup>79</sup> Moreover, where the use of restraints is legitimate in principle, the manner in which they are applied must not be degrading, humiliating or painful.<sup>80</sup>

The use of means of restraint poses significant risks for women, as they can be degrading or painful, humiliating and stigmatising. It can also entail the risk

of sexual and gender-based violence, as women may be completely immobilised and have less capacity to defend themselves when restrained.

The use of means of restraint is prohibited on women during labour, when giving birth and immediately after birth. When used for punishment or coercion, based on discrimination or to cause severe pain, including by posing serious threats to health, such treatment can amount to torture or ill-treatment.<sup>81</sup>

## LEGAL AND REGULATORY FRAMEWORK

In many countries covered in the report, the use of means of restraint in prison is either prescribed in law or provided in prison regulations or procedures. However, the extent to which they are regulated varies across countries.

In some countries, legislation and/or regulations strictly prescribe their use, including the reasons, type of restraints (physical, mechanical and chemical),

78. Nelson Mandela Rules, Rule 47(2).

79. See: Nelson Mandela Rules, Rule 47(1); Interim report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, A/68/295, 9 August 2023, para. 58.

80. UN ECOSOC, E/CN.4/2004/56, 23 December 2003, para. 45.

81. See: Bangkok Rules, Rule 24; Nelson Mandela Rules, Rule 48(2); Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, A/HRC/31/57, 5 January 2016, para. 21.

modalities and associated safeguards, in accordance with international standards. In some countries, means of restraint are prescribed in law but their use is poorly regulated or not regulated at all, and therefore subject to the discretion and arbitrariness of prison staff. In other countries, regulations on the use of means of restraint do not include a gender perspective and fail to address the specific situation of women in prison.

### THE USE OF RESTRAINTS IN PRACTICE

In many countries, NPMs have expressed concern about the way restraints are used in practice on women deprived of their liberty. Some of these concerns relate to the use of restraints as a routine practice during transfers outside the prison, without an individual risk assessment and with high risks for the safety and security of the women concerned.

In some countries, women are still subjected to restraint for disciplinary purposes, as a way to manage conflict situations. In **Argentina**, the NPM found that in some cases women were restrained in their beds for several days, and were also forced to make the bands used for restraining them.<sup>82</sup>

Given the high rate of mental health conditions among women deprived of liberty and the high risk of self-harm and suicide, NPMs have expressed concern for the lack of preventive measures to address these situations. Instead, prison staff tend to use restraints to stop self-harming behaviour and not as a last resort. In this regard, NPMs have noted the lack of adequate guidance or training to help prison staff deal with

such situations. In some countries, NPMs have also reported a disproportionate use of restraints and force on women compared to men.<sup>83</sup>

Record-keeping of the use of restraints also varies across countries. Some countries have a good record-keeping system while others don't record the use of restraints at all or record it only partially or inadequately.

### PREGNANT AND POSTPARTUM WOMEN

Many countries have laws or detention procedures that prohibit the use of restraints for pregnant women, women in labour, women giving birth and after birth, older persons and persons with disabilities. However, other countries do not have such provisions.

In practice, even in countries with such provisions, NPMs found cases of restraints applied to pregnant women, women in labour, women giving birth and right after birth. They reported several cases where the rights and dignity of women were violated; for instance, when pregnant women are unnecessarily handcuffed during transfers to and from hospitals, restrained during prenatal visits, during labour and also right after giving birth, hindering breastfeeding and mother-child bonding. NPMs also reported cases of women being restrained in the public waiting room of healthcare facilities, women restrained in bed with armed guards (sometimes male staff) inside the room, and women using the restroom at healthcare facilities, where staff had to lower the women's underwear due to handcuffs and waist restraints.<sup>84</sup>

82. See country report of Argentina.

83. See country reports of Norway and Spain.

84. See, for instance, country report of Sweden.



# Gender-specific needs



# Healthcare and hygiene

## KEY RECOMMENDATIONS

- Ensure that health care for women deprived of their liberty is at least equivalent to that available in the community.
- Prison health care services should form an integral part of public health policies and programmes and fall under the primary responsibility of national health authorities.
- Ensure that women undergo a prompt and confidential medical screening and gender-sensitive risk assessment upon admission to prison and on a regular basis during their detention, to determine their specific needs and risks.
- Provide gender-specific and comprehensive health care to women in prison, including
  - access to specialised treatment, preventive services and information.
- Allocate the necessary resources to ensure sufficient specialised medical professionals in prison, in particular women medical staff, to provide for the specific healthcare needs of women deprived of liberty.
- Ensure that women in prison have regular and free-of-charge access to facilities and products to meet their specific hygiene needs, including access to sanitary products and a shower.

**Bangkok Rules: Rules 5-10, 41**

The right to health of people in prison without discrimination is a fundamental right guaranteed in international law, which includes access to health care services, treatment and preventive measures.<sup>85</sup> The level of health care must be at least equivalent to that available in the community. Prison health care services should be integrated into broader public health policies and programmes, under the primary responsibility of health authorities. In addition, given the higher prevalence of co-occurring health problems among people in prison compared to the general population and the specific health care needs of some people deprived of liberty, greater and specific attention should be paid to health in prison.

In practice, while access to health care poses challenges for the entire prison population, women face specific barriers in accessing services that respond to their specific hygiene and health needs. Imprisonment often

exacerbates pre-existing health conditions, due to poor healthcare services and compounded by poor food and hygienic conditions. This, in turn, may hinder women's access to education and work programmes and impact negatively on their rehabilitation.

NPMs found that providing gender-specific healthcare for women in prison presents a range of challenges, even more so when women are held in separate units within larger prisons. In overcrowded prisons with precarious conditions of detention, women may face further difficulties in accessing healthcare services tailored to their specific needs.<sup>86</sup> In some cases, health centres may be located in the men's section of the prison. In **Switzerland**, following interviews with women deprived of liberty, the NPM decided to focus during two years on the response to women's specific health needs. The NPM concluded in its thematic report that the gender-specific needs of

85. Under article 12 of the International Covenant on Economic, Social and Cultural Rights, States have the obligation to respect, protect and fulfil the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. In its General Comment 14 (2000), the Committee on Economic, Social and Cultural Rights has stated that the same article applies also to persons deprived of their liberty. See also: Nelson Mandela Rules, Rules 24-35; *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, A/HRC/38/36, 10 April 2018.

86. See, for instance, Brazil report (State of Rondônia).

women are only taken into account to a limited extent in mixed establishments. The [NPM thematic report on health services in detention](#) has provided a national point of reference and there has been an effort to implement the NPM recommendations. For instance, in some establishments, gender-specific questions have been included in the medical entry forms.

### INITIAL AND REGULAR HEALTH ASSESSMENT

Prompt and confidential medical examinations on admission, and then on a regular basis, are essential to assess the specific healthcare needs of women and determine whether they were subject to any form of violence or abuse. This allows healthcare staff to take the necessary measures to address women's identified risks and needs.

In most countries covered in this report, women undergo a medical screening on entry. In some contexts, however, NPMs observed that the initial medical screening does not provide a comprehensive assessment of all gender-specific aspects, such as different types of diseases, sexual and reproductive health, substance use, mental health conditions and risk of suicide and self-harm. Further, in certain countries, this assessment is only conducted on entry and not on a regular basis, mainly due to shortage of healthcare staff.

### GENDER-SPECIFIC HEALTHCARE: TREATMENT, PREVENTION AND INFORMATION

In some countries, provision of gender-specific healthcare for women in prison is generally regarded as positive. However, in many contexts women do not have access to all required specialised health services or they experience significant delays in accessing them. In some countries, access is provided only in response of complaints by women, and preventive services are not available. The main reason is often the shortage of specialised medical professionals and nursing staff in prison.<sup>87</sup>

Poor healthcare also includes the lack of medication or the delivery of non-relevant medication. Repeated complaints received by NPMs relate to the lack of specific medication or the provision of generic drugs with no regard for the specific situation of women; for example, in relation to menstrual pain, menopause, postpartum depression and premenstrual dysphoric disorder. In some cases, NPMs reported that women had to request judicial authorisation to receive their medication, resulting in delays and affecting their treatment.

Another important component of health care for women in prison is ensuring their access to information. In some countries, NPMs expressed concern about the lack of information provided to women regarding their diagnoses and results of examinations undertaken, either at the time of their admission or during their stay in prison, and regarding the medication they were provided.

### PERSONAL HYGIENE AND SANITARY FACILITIES

Providing hygienic conditions and appropriate sanitary facilities, which take into account the individual needs of women in prison, are essential for establishing a humane environment that ensures respect for women's privacy and dignity. In practice, however, some NPMs found unsuitable sanitary facilities and equipment, as well as limited time and conditions to enable women, for example, to wash daily without restriction and to perform other routine hygiene tasks.<sup>88</sup>

In some contexts, women have limited access to sanitary towels and tampons as well as other products for personal hygiene. Women, for example, are sometimes provided with a limited number of free-of-charge sanitary towels or tampons per month, or may need a medical prescription to get them.<sup>89</sup>

87. See, for instance, country report of Ukraine.

88. See, for instance, country report of Czechia.

89. See, for instance, country report of Tunisia.

# Mental health

## KEY RECOMMENDATIONS

- Prioritise alternatives to detention for women with mental health conditions.
- Women with severe mental health conditions should be treated in specialised healthcare facilities and not be held in prisons.
- Prison systems should collect and make available data about psychosocial disabilities and mental health conditions disaggregated by gender and other factors to better inform policies and address the needs of concerned women.
- Move away from an overreliance on security measures and medicalisation to address mental health conditions in prison, towards a comprehensive, rights-based approach to mental healthcare.
- On-entry and regular assessments should be conducted to determine the mental health risks and needs of women in prison.
- Provide gender-responsive and trauma-informed mental health support to women in prison
- Ensure that women have access to specialised mental health professionals during their time in prison and that prison staff receive comprehensive training enabling them to refer women for treatment and support, as well as intervene in case of crisis or difficulties.

**Bangkok Rules: Rules 6; 12-13, 15, 41**

Persons deprived of their liberty in prison have a higher rate of mental health conditions than the general population.<sup>90</sup> They may experience mental health conditions prior to entering prison, which are often associated with other factors such as poverty, social exclusion, violence and substance use problems. These mental health conditions can increase their risk of coming into contact with the criminal justice system. Prison environments also trigger and worsen mental health conditions.

Women are no exception. Findings from NPMs reveal a high percentage of women detainees with mental health conditions prior to entering prison. They may have experienced sexual violence and other forms of abuse and trauma, or had substance use problems, and therefore have specific needs while in prison.

Women can also be deeply affected by separation from their community and family, in particular their children. They have a strong emotional need for regular contact with their children, and maintaining social contact is essential to their prospects for re-integration upon release. In all but exceptional cases, it is in a child's best interest to maintain direct contact with their mother.<sup>91</sup>

### APPROACH TO MENTAL HEALTHCARE: A NEED FOR PARADIGM SHIFT

In some countries, NPMs expressed concern for the prevalence of a security-based and medicalised paradigm over a comprehensive, rights-based approach to mental healthcare, to respond to substance use problems,<sup>92</sup> or driven by an assumption that persons

90. See WHO Regional Office for Europe, *Prison health: mental health disorders*, 2022, available at: [https://cdn.who.int/media/docs/default-source/librariesprovider2/euro-health-topics/health-determinants/prison-health-mental-health-eng.pdf?sfvrsn=7dc3fc1\\_2&download=true](https://cdn.who.int/media/docs/default-source/librariesprovider2/euro-health-topics/health-determinants/prison-health-mental-health-eng.pdf?sfvrsn=7dc3fc1_2&download=true); Favril, Louis et al., *Mental and physical health morbidity among people in prisons: an umbrella review*, *The Lancet Public Health*, Volume 9, Issue 4, e250 - e260, April 2024, available at: [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(24\)00023-9/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(24)00023-9/fulltext)

91. See, for instance, the country report of New Zealand.

92. See country report of Paraguay.

with psychosocial disabilities and mental health conditions are 'dangerous'.<sup>93</sup> In this context, women may be diagnosed with mental health conditions for being 'angry' or 'anxious', and then subject to coercive practices and involuntary treatment.

However, where women in prison experience poor conditions of detention, lack of activities and rehabilitation programmes, and lack of contact with their families, their mental health conditions could be significantly addressed by improving their life in prison.

### INITIAL AND REGULAR RISK AND NEEDS ASSESSMENT

The implementation of appropriate mental healthcare and support is particularly crucial during the initial phase of incarceration, when women are in a situation of heightened vulnerability. Medical screenings upon admission to prison are conducted in most of the countries covered in this report. However, the way these assessments are carried out, and the extent to which they address mental health conditions, varies from country to country, and even between different prisons within the same country.

In some cases, on-entry medical screenings systematically include a mental health assessment by specialised staff, including the determination of post-traumatic stress disorder, substance use and risk of suicide or self-harm. In other cases, the medical screening upon admission is done by a general practitioner who refers women to specialised examinations if they show signs of mental health conditions.

As women's mental health conditions are often aggravated during their incarceration, it is very important to ensure that the risk and needs assessment is conducted on admission to prison and on a regular basis while in detention.

### MENTAL HEALTH TREATMENT AND PSYCHOLOGICAL SUPPORT

A trend observed by NPMs relates to the high rate of medicalisation of women in prison, through the

administration of psychotropic drugs often without a therapeutic approach.

In many countries covered in the report, there have been important legislative developments in recent years regarding mental health and the development and implementation of specific policies, procedures and programmes to prevent and address mental health conditions in prison, including in relation to the risk of suicide and self-harm and substance use. In other countries, however, there are no such specialised programmes in prison.

#### ARGENTINA SPECIALISED MENTAL HEALTH PROGRAMMES IN PRISON<sup>94</sup>

Over the past few years, several specialised programmes have been developed to address mental health conditions in prison. These programmes include: suicide and self-harm risk assessment and treatment; substance use assessment, treatment and rehabilitation; comprehensive mental healthcare; and interdisciplinary, comprehensive and individualised treatment.

#### CYPRUS MENTAL HEALTH COUNSELLING AND SUPPORT<sup>95</sup>

Primary counselling is provided on an individual level by specialised members of the staff of the Office of Psychosocial Support for Prisoners established under the Department of Prisons. Experiential workshops and lectures are also organised. In addition, the Office networks with other services of the Department, where it can direct persons deprived of their liberty to the competent existing services. The Prison Department employs a Social Welfare Officer who acts as a liaison between persons deprived of their liberty and local social services offices for socio-economic issues concerning themselves and their families. In addition, the Officer prepares relevant reports for the courts, the Prison Department and other relevant bodies, and also participates in relevant

93. See, for instance, country report of Argentina. For more information on this issue, see also WHO-OHCHR, Mental health, human rights and legislation: guidance and practice, 2023

94. See country report of Argentina.

95. See country report of Cyprus.

committees, where decisions are made for the reintegration of persons deprived of their liberty into society.

## MAURITIUS

### MENTAL HEALTH CARE AND SUPPORT<sup>96</sup>

Various types of mental health support and treatment are available for women in prison, such as counselling, group therapy, stress and anger management, and psychological assistance. NGOs also provide mental health support to women detainees, which includes yoga, meditation and stress management. The psychologist and NGOs that provide mental health support to detainees also provide the same support to prison staff. Family members of detainees may also be assisted by NGOs.

## LACK OF SPECIALISED HEALTHCARE PROFESSIONALS AND PRISON STAFF

A common challenge highlighted by many countries is the lack or insufficient number of psychologists, psychiatrists and other healthcare professionals that provide mental health care and support to women in prison. In some contexts, this is a broader challenge faced in the community as well, but magnified in the context of detention. This situation often creates delays for women to access specialised examinations.

## ARGENTINA

### TRAINING OF SPECIALISED PSYCHOLOGISTS<sup>97</sup>

In 2023, in the province of Salta, in the absence of psychological care for women deprived of their liberty, psychological care in private professional clinics was authorised exceptionally through the Court for the Execution of Measures. On this basis, the LPM of Salta signed a collaboration agreement with the Association of Psychologists to advance the creation of a differentiated list of professional psychologists specialised in providing support to persons deprived of their liberty and to strengthen their training.

In many countries, positive efforts have been made to raise awareness and train prison staff on mental health. In some contexts, however, NPMs highlighted the lack of gender-sensitive mental health training for prison guards and other staff working in prison in direct contact with women deprived of liberty. The goal of such training is to raise awareness about mental health conditions, challenge perceptions and stigma associated with mental health conditions, enable staff to refer women for treatment and support, and to intervene constructively in case of crisis or difficulties.

## FRANCE

### MENTAL HEALTH FIRST AID TRAINING<sup>98</sup>

Following the 2021 [Conference on Mental Health and Psychiatry](#), an [interministerial circular](#) was published on 23 February 2022, aimed at rolling out mental health first aid in the civil service. As part of this programme, training is now offered to civil servants, including prison staff, to enable them to acquire basic knowledge of mental health conditions and intervene when faced with a person in crisis or difficulty.

Only a limited number of countries reported the existence of mental health awareness-raising and promotion initiatives among women deprived of liberty and their families.

## SLOVENIA

### JOINING FORCES WITH THE COMMUNITY TO RAISE AWARENESS ON MENTAL HEALTH<sup>99</sup>

The women's prison ZPKZ Ig cooperates with Inštitut Stopinje. In 2023, Inštitut Stopinje, in cooperation with the Sevnica Health Centre, held a lecture entitled Mental Health and Us (In Harmony with Life). The lecture was attended by 21 women detainees, including on remand, and four employees from ZPKZ Ig women's prison. A Mental Health Festival took place in Ljubljana on 18 May 2023. ZPKZ Ig women's prison encouraged women deprived of liberty to participate in the festival, with five of them expressing a desire to participate and granted special exits for this purpose.

96. See country report of Mauritius.

97. See country report of Argentina.

98. See country report of France.

99. See country report of Slovenia.

# Contact with the outside world

## KEY RECOMMENDATIONS

- Ensure that women preserve the relationship with their community and family, especially their children, in particular by:
  - accommodating women in prisons that are close to their homes or to the place where they would like to be released;
  - facilitating frequent family visits in a child-friendly environment, allowing physical contact and enough flexibility to have visits outside school hours, for instance during weekends and in the evening;
  - promoting the mother-child bond and the exercise of parental responsibility, including when women are in pre-trial detention.
- ensuring supplementary phone and video calls, visits by community organisations and other compensatory measures, especially when women are detained far from their homes;
- implementing social programmes and measures aimed at ensuring women's contact with their family and community and guarantee that their children are not left in a situation of neglect and have the necessary support.
- Ensure that women have access to intimate visits on an equal basis with men, regardless of their sexual orientation and gender identity.
- Avoid prohibition of family contact as a disciplinary sanction.

**Bangkok Rules: Rules 23, 43-47**

Relationships with children and family are central to the care and rehabilitation of women deprived of their liberty. Disrupting contact with their children, families and communities can cause additional distress and damage to women's mental wellbeing.

### ARGENTINA

#### STRENGTHENING MOTHER-CHILD BOND THROUGH INTER-INSTITUTIONAL COORDINATION<sup>100</sup>

Following its monitoring visit to the province of Cordoba, the National Committee for the Prevention of Torture of Argentina made recommendations related to suicides among women in prison and the interruption of the mother-child bond. Following the Committee's recommendations, an agreement was implemented between the Provincial Penitentiary Service, the Secretariat for Children and Adolescents and the Superior Court of Justice, to create mechanisms that sustain the bond between women in prison and their children.

In practice, women in prison experience specific - and sometimes - greater difficulties to maintain contact with their families and community. One issue identified across several countries is the geographical barrier, with women often held in prisons that are located far from their homes owing to the limited number of facilities for women. In some contexts, the patriarchal nature of society may result in stronger moral judgements of women imprisoned for criminal offences and they may be abandoned by their families. This may result in less family visits and support for women than for men, lack of contact with their children and, in some cases, the loss of their parental authority due to imprisonment.

Other challenges identified by NPMs relate to the specific arrangements made for women to preserve contact with their community and family, especially with their children. For example, women may not receive visits from their children as visiting hours are rarely offered in the evenings or on weekends.

<sup>100</sup>. See country report of Argentina.

This creates challenges for schoolchildren and family visiting from far away. In some contexts, access to phone or video calls for women is still very limited.

### SERBIA

#### VIDEO CALLS FOR WOMEN WITH CHILDREN<sup>101</sup>

Women serving a sentence with children under 18 years old have access to video calls, in addition to phone calls and regular face-to-face visits. Considering that the Penal Correctional Institution for women in Požarevac is the only prison for women serving a sentence in Serbia, every visit can require considerable financial resources for family members, which not everyone can afford. A video call is a useful substitute in these cases.

In some countries, programmes have been implemented to guarantee women's contact with their family; for instance, through release on a temporary licence to enable women to spend time with their family and through external services to facilitate child visits when both parents are in prison or when the parent who is not in prison does not wish to visit the parent in prison with the child.<sup>102</sup> However, there is a need for increased efforts in this regard.

In some contexts, although conjugal visits are not prohibited or specifically allowed by prison regulations, in practice women are in an unequal position as compared to men when it comes to exercising this right.<sup>103</sup> Authorities may justify this unequal treatment by citing the lack of adequate space for conjugal visits within women's prison. Finally, in some contexts, restriction to family contact is still applied as disciplinary measure, contrary to the provisions under the Nelson Mandela and the Bangkok Rules.

101. See country report of Serbia.

102. See, for instance, country reports of UK and Luxembourg.

103. See, for instance, country report of Burkina Faso and Mauritania.



# Other detention issues



# Separation and activities

## KEY RECOMMENDATIONS

- Women should be held separately from men. In cases where some contact is allowed, strict supervision and women's informed consent are essential.
- Women should be supervised only by female staff. In cases where this is not entirely possible, male staff should be adequately trained and not directly supervising women detainees.
- Women should have equal access to opportunities for work, education, vocational training, sport, creative and cultural activities as men taking into account their specific backgrounds and rehabilitation needs, and not based on gender stereotypes.
- Women must have equal access to open prison regimes as men, considering their gender-specific needs and risks.
- Specific arrangements should be made to enable all women to participate in meaningful activities and programmes.

**Nelson Mandela Rules: Rules 11, 81**  
**Bangkok Rules: Rules 29, 43-47**

## SEPARATION AND SUPERVISION

Separation and supervision of women detainees are key to ensure their protection against any forms of abuse and violence. Authorities' failure to prevent inter-prisoner violence can amount to torture or ill-treatment.<sup>104</sup> In this regard, women should be held separately from men.<sup>105</sup> In some countries, due to the lack of dedicated prisons for women, women are held in separate units within larger prisons, where they may use the same facilities as men, or sometimes they are separated only at night.<sup>106</sup> In some contexts, women are detained in places with the presence of male security officers and prison staff, jeopardising their safety and security.<sup>107</sup>

### SOUTH AFRICA

#### **GENDER-RESPONSIVE CENTRE FOR INCARCERATED WOMEN<sup>108</sup>**

On 12 December 2022, the Department of Correctional Services inaugurated the Gender Responsive Centre for incarcerated women in Atteridgeville, Gauteng, South Africa. This pioneering facility acknowledges the multifaceted factors impacting women's lives in the country, which can include victimisation, violence, gender-based violence, poverty, marginalisation and substance use. The centre aims to address the unique needs of women, in compliance with the Bangkok Rules, ensuring that their period of incarceration fosters rehabilitation, development and successful reintegration upon release.

104. *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*, A/HRC/31/57, 5 January 2016, para. 19.

105. Nelson Mandela Rules, Rule 81

106. See, for instance, country report of Iceland.

107. See country reports of Honduras and Paraguay.

108. See country report of South Africa.

Some prisons allow contact between women and men to foster a degree of normality and enable women to access more programmes; for example, in relation to education or work activities. In these cases, women's informed consent, strict supervision and proper management are essential to protect them from potential abuse and violence. This is particularly relevant in countries with small populations, where the chances of encountering past acquaintances or former partners is high. In one country<sup>109</sup>, for example, a separate women's unit is located in the main building opposite the men's ward, with all detainees having to share most common spaces, such as hallways, a sitting room, the dining hall and the outdoor area. While some women who were interviewed by the NPM did not mind this mixing of genders, others feared harassment and unwanted attention from their fellow inmates.

## UK

### IMPROVED SAFETY, REHABILITATION AND RELEASE FOR WOMEN IN PRISON<sup>110</sup>

Standards at Hydebank Wood Secure College, including Ash House, a stand-alone residential unit for women in prison in Belfast, Northern Ireland, have risen steadily since 2013, as observed during the most [recent inspection](#) by CJI, RQIA and HMIP. There is a small amount of contact between women and men deprived of their liberty, which may not be fully in accordance with international standards on separation in custodial environments. However, since contact is properly supervised and managed, it carries distinct benefits for the women. A Challenging Antisocial Behaviour strategy is also in use at Ash House with a robust standard of investigations into incidents of violence between persons deprived of their liberty. Levels of violence and self-harm have reduced and are lower than in women's prisons in England.

## LIFE IN PRISON: REGIME AND ACTIVITIES

Findings from NPMs across different countries reveal that women are placed at a disadvantage compared to men in relation to opportunities for education, work and recreation, in particular when they are held in separate units within larger prisons. This has a detrimental impact on their rehabilitation. For instance, the Swiss NPM raised concern that, in several mixed facilities, women are locked in their cells for 23 hours each day, with the exception of a daily one-hour walk. It recommended that the time women spend locked in their cells be reduced.<sup>111</sup>

## ROMANIA

### WOMEN'S ACCESS TO ACTIVITIES IN PRISON<sup>112</sup>

At the Ploiesti Women's Penitentiary - Târgșorul Nou, women deprived of liberty participated in sports activities and competitions in 2023, carried out in collaboration with external partners, including the International Online Chess Championship for Prisoners (in which the Ploiesti Women's Penitentiary - Târgșorul Nou team ranked 5th in the world).

At the Gherla Penitentiary, the "Lotus" Therapeutic Center was established in 2016, providing a spectrum of activities and educational, psychological, therapeutic and social assistance programs. These also include activities in the community, workshops with the family, volunteer activities, exhibitions and work activities in which most of the inmates participated.

NPMs also reported a lower rate of employment of women in prison compared to men.<sup>113</sup> In many countries, work opportunities for women are often limited to cleaning, cooking or handicraft while men are more likely to be offered opportunities in sectors such as construction, carpentry or computing. This reinforces gender stereotypes and contributes to ongoing discrimination and segregation in the labour market. Some NPMs also reported that remuneration

109. See country report of Iceland.

110. See country report of UK.

111. See country report of Switzerland.

112. See country report of Romania.

113. See, for instance, country reports of Hungary and Austria.

for these activities carried out by women is lower than that provided to men.

Access to educational and leisure activities is another challenge faced by women in prison. In mixed prisons, for instance, access to school courses for women in prison is considerably restricted, primarily due to the limited number of women in prison, making it challenging to organize educational courses. In some contexts, women's units in mixed prisons do not have separate facilities for education and leisure, resulting in the lack of access to such activities.

### SPAIN

#### COMPREHENSIVE GENDER-RESPONSIVE PRISON POLICY<sup>114</sup>

The prison of Ceuta established specific protocols and programmes with a gender perspective, addressing the needs of women in prison, including with regards to: classification; mental healthcare; social rehabilitation; suicide prevention; substance use; staff training on gender identity and sexual orientation; women's participation in educational and vocational activities; counselling and social, psychological and reproductive support for women victims of gender-based violence, trafficking, sexual exploitation and women involved in sex work. Collaboration with families and NGOs is also fostered by the prison.

### AUSTRIA

#### MINIMUM STANDARDS FOR WOMEN IN CORRECTIONS<sup>115</sup>

In 2016, following-up on NPM's recommendations, the Austrian Federal Ministry of Justice adopted a decree on the "Minimum standards for women in Austrian correctional institutions", setting the standards for the accommodation and treatment of women in remand and in penitentiary institutions. According to these standards, persons deprived of liberty should be screened at the beginning of the detention period to identify appropriate occupations and establish any previous knowledge they might have. Men and women should work together in the prisons' own companies and job rotations should ensure that women get to know various types of occupations.

Another challenge identified by NPMs is limited access to open prison regimes as compared to men, mainly due to the small number of women in prison and the subsequent lack of specific women's prisons with such a regime. In one country, for example, the only open prison accommodating women has limited gender separation, which may deter some women from applying for serving part of their sentence there.

114. See country report of Spain.

115. See country report of Austria.

# Prison staff

## KEY RECOMMENDATIONS

- Increase the number of women prison officers and specialised staff such as social workers, medical staff and psychologists working in facilities where women are deprived of liberty and beyond.
- Ensure that prison staff are regularly trained to address the specific risks faced by women as well as their healthcare and social reintegration needs.
- Provide adequate working conditions for women's prison staff, that ensure safety and respect for their dignity.
- Take measures to ensure that women prison staff have access to senior and management positions, especially in prisons where women are deprived of liberty.

**Bangkok Rules: Rules 29-35**

Prison staff play an essential role in protecting the rights of women in prison. They are in daily contact with women deprived of liberty and have a profound impact on how women experience their detention. It is essential, therefore, that all staff in contact with, and working in facilities where, women are deprived of liberty receive adequate training on a regular basis.

NPMs in many countries stressed the need to increase the number of women staff in prisons where women are held but also more broadly, in particular among prison officers who carry out the operational task of running prisons. Data gathered for this report reveals that, in many countries, women comprise less than half the total prison staff. It is important to note that in women-only prisons and separate units for women

in mixed prisons in some countries, the number of women staff is between 60% and 90%. However, if we consider the total number of prison staff in the wider penitentiary system, the rate is much lower.

Fair treatment of women in prison must extend to staff. Just like any workplace, women should have opportunities equal to men in terms of training and promotion, and they should also feel safe and respected at work. Some NPMs have identified the need for women prison officers to have greater access to promotion opportunities and improved working conditions, which positively impacts their performance in managing prison establishments and therefore the improved treatment of women deprived of liberty in their care.

# Women at heightened risk



# Women who are pregnant, postpartum, breastfeeding and live with their children in prison

## KEY RECOMMENDATIONS

- Prioritise alternatives to imprisonment for pregnant women and those with young children.
  - In limited cases where prison is deemed necessary for pregnant women and women with young children, provide access to nutritional and healthcare services and facilities that minimise the difference with the outside environment to ensure mothers and children's development and safeguard the best interest of the child.
  - Take all necessary measures to ensure that women give birth in healthcare facilities outside prison and allow the presence of the other parent or another person of their choice during childbirth and postpartum.
  - Prohibit the use of means of restraint on women during pregnancy, childbirth and postpartum.
  - Prison officers should not be present during medical examinations and delivery. If staff presence is requested by women deprived of their liberty themselves or by medical staff for security reasons, such staff should be women prison officers.
  - Make all necessary arrangements to enable pregnant women and women with young children in prison to participate in work and other activities that are tailored to their needs and abilities, while providing conditions for child care.
  - Raise awareness among healthcare professionals working in community health services to prevent stigma and abuses against women deprived of their liberty.
- Nelson Mandela Rules: Rule 29**  
**Bangkok Rules: Rules 5-18, 48-52**

Pregnant women and women with young children should not end up in prison and alternatives to incarceration should always be prioritised in those cases. However, in reality, women in many countries are still incarcerated when they are pregnant, postpartum, or breastfeeding and detained together with their young children. The maximum age for children living in prison with their parent ranges from six months to six years. Depending on the country and specific detention facility, women and their children may be subject to different policies and practices.

## LEGAL AND POLICY FRAMEWORK

Some countries have adopted legal and policy frameworks for comprehensive care for pregnant women and mothers of young children in prison. In **Argentina** and **Brazil** (state of Rio de Janeiro), for example, specific laws provide for respectful childbirth care, guaranteeing pregnant women the right to choose the delivery procedure and pain relief, and access information. NPMs and LPMs have advocated for women in prison to be included in such provisions.

## ARGENTINA

### RESPECTFUL CHILDBIRTH CARE AND ACCESS TO VOLUNTARY INTERRUPTION OF PREGNANCY<sup>116</sup>

Since 2004, Argentina has a law on respectful childbirth (Ley Nacional de Parto Humanizado 25.929). In 2020, the Prison Ombudsman's Office and the National Public Defender's Office published the [Good Practice Guide for the care of pregnant women and other pregnant persons deprived of their liberty in the federal penitentiary system](#). In 2022, the first [Guide for the implementation of Respectful Childbirth in the Context of Imprisonment](#) was adopted. The Guide was developed by the Ministry of Health, the Ministry of Justice and Human Rights and the Ministry of Gender and Sexual Diversity Policies of the province of Buenos Aires and non-governmental organisations.

## STATE OF RIO DE JANEIRO, BRAZIL

### GUIDELINES TO PREVENT TORTURE AND ILL-TREATMENT OF WOMEN DEPRIVED OF LIBERTY WHO ARE PREGNANT, GIVING BIRTH AND IN POSTPARTUM<sup>117</sup>

Findings from the State Mechanism to Prevent and Combat Torture of Rio de Janeiro in 2018 regarding severe obstetric violence against women deprived of their liberty led to the opening of a civil enquiry into the situation of pregnant women in prison. The Working Group on Women and Girls Deprived of Liberty of the State Committee to Prevent and Combat Torture, made up of the State Mechanism, the Public Prosecutor's Office, the Public Defender's Office, the Prison Administration Secretariat, the State Health Secretariat and the Municipal Health Secretariat of Rio de Janeiro, began to develop a specific policy for pregnant women and women giving birth and in postpartum, with advice from the Association of Doulas. The policy was published through a joint resolution dealing with the prevention of torture and ill-treatment and presented as "*Guidelines for the prevention of violence and guarantee of rights of pregnant women in prison and women giving birth and in postpartum*".

## SPECIFIC FACILITIES

In some prisons, pregnant women and new mothers are permitted to live in separate mother and baby units. In other settings, there are only a few cells separated from the rest of the prison where mothers and children may experience de facto isolation, which has a detrimental impact on their wellbeing and development. In other countries, there are no separate facilities and pregnant women and women with young children share the same facilities as other women which do not meet their specific needs.<sup>118</sup> In addition, conflicts may arise with cellmates because of the changes that a newborn baby brings, such as crying at night.

## RISKS OF ILL-TREATMENT DURING PREGNANCY, CHILDBIRTH AND POSTPARTUM

During their visits to prison, NPMs identified a number of issues associated with pregnant women. In relation to prenatal and post-natal healthcare, there are barriers to accessing specialised services, which is due to the lack of specialised healthcare professionals in prison, a lack of vehicles and staff for transfers, and a lack of adequate coordination with community healthcare services. Sometimes women have limited information about pregnancy procedures and the results of their examinations. They may also not receive any prenatal courses to prepare for pregnancy, labour, birth and postpartum. The lack of information not only makes it difficult to adequately monitor the health of pregnant women, but also increases their levels of stress and anxiety. In many instances, there are no or very limited facilities specifically for pregnant women or special recreational and sporting activities for them.

Some NPMs reported certain harmful practices during pregnancy, childbirth and postpartum, which are defined as obstetric violence. These include: placement in cells with inadequate conditions; discrimination and humiliating treatment by health professionals; use of handcuffs on women during transfers, medical examinations and even childbirth; lack of presence of the father during childbirth; and the presence of prison officers, including men, during medical examinations and childbirth. NPMs also reported some cases in which women gave birth in prison.

116. See country report of Argentina.

117. See Brazil report (State of Rio de Janeiro).

118. See, for instance, the country report of Armenia.



### **CHILDREN LIVING WITH THEIR MOTHERS IN PRISON**

The possibility for children to live in prison with the mother or primary caregiver is a complex issue with a profound impact on their wellbeing and development. While legislation and practice vary according to each country, the best interest of the child should always guide any decision on whether children can stay in prisons with their parents and on the specific arrangements to be made while in prison.<sup>119</sup>

In some countries, NPMs highlighted the lack of access to work and recreational activities for women living with their young children in prison, given the lack of childcare arrangements to cover the temporary absence of the mother.

In some countries, the specific needs of young children living in prison with their mothers are not fully met. Children may not have access to adequate diet and specialised health care services. Due to the specific characteristics of confinement, these children are often in environments that are harmful to their development, with little or no access to services similar to those in the community and with no access to the outside world. As a result of this isolation, children may lose contact with other members of their family, affecting their development and emotional wellbeing.

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119. Manfred Nowak, UN Global Study on Children Deprived of *Liberty*, 2019, Chapter 10.

# LGBTIQ+ women

## KEY RECOMMENDATIONS

- Prison systems should collect data disaggregated by gender identity and sexual orientation based on the following principles: self-determination, participation, privacy and confidentiality, informed consent, transparency and accountability.
  - Develop and implement prison policies and procedures that address the specific situation of LGBTIQ+ persons deprived of liberty, guided by the principle of self-determination of gender identity.
  - Prevent, investigate and sanction any form of discrimination and violence against LGBTIQ+ persons deprived of liberty.
  - Placement decisions relating to LGBTIQ+ persons should be guided by the principle of self-determination of gender identity and conducted on a case-by-case basis, with the participation of the person involved, based on an individual needs and risk assessments carried out by multidisciplinary teams. The decision should be subject to independent review.
  - Move away from 'protective' isolation of LGBTIQ+ persons and adopt protective measures that do not imply greater restrictions of their rights compared to the general prison population.
  - Respect the principle of equality in health care by ensuring that health care for LGBTIQ+ persons deprived of liberty is at least equivalent to that available in the community.
  - Guarantee continuity of gender-affirming healthcare for trans people, as well as the possibility of starting treatment in detention.
  - Ensure that all prison staff and healthcare professionals working in prison receive training on the rights of LGBTIQ+ persons, in cooperation with organisations with relevant experience and knowledge in this area.
- Yogyakarta Principles and Yogyakarta Principles plus 10 : Principles 3-6,9-10, 16-18, 22,30,33,35**  
**Bangkok Rules : Rule 1**  
**Nelson Mandela Rules : Rule 2**

Predominantly male prison systems characterised by a marked binary division between sexes, expose LGBTIQ+ persons, including women, to a greater risk of discrimination, abuse and ill-treatment. They often experience multiple forms of stigmatisation and marginalisation in society, which is frequently magnified in detention, and face greater challenges in exercising their rights once deprived of their liberty.

## DIFFERENTIATED PRISON POLICIES AND PROGRAMMES

Some countries are giving increased consideration to the experience of LGBTIQ+ persons in detention. This is reflected in the policy framework which increasingly addresses the specific situations of trans, gender diverse and intersex people deprived of liberty.

## ARGENTINA

### SPECIFIC PRISON PROGRAMMES WITH DIFFERENTIATED APPROACHES<sup>120</sup>

In 2016, the Federal Penitentiary Service developed a specific programme to address the treatment needs of trans persons in the context of imprisonment under the Federal Penitentiary Service, which has been modified over the years. The current programme is the *Specific Treatment Programme for Addressing the Needs of LGBTIQ+ persons deprived of their liberty under the Federal Penitentiary Service*. Over the past ten years, the Federal Penitentiary System has made progress in the promotion of good prison practices related to accommodation. In this regard, the provision of accommodation for trans women and travesti<sup>121</sup> in prisons originally designed for cis women, such as the Ezeiza IV Federal Penitentiary Complex, stands out.

## AUSTRALIA

### SPECIFIC POLICIES ACKNOWLEDGING THE UNIQUE EXPERIENCE OF TRANS, GENDER DIVERSE AND INTERSEX PEOPLE IN CUSTODY<sup>122</sup>

[Tasmania](#), [Victoria](#), [New South Wales](#), [Western Australia](#), [Queensland](#), the [Australian Capital Territory](#), [South Australia](#) and the [Northern Territory](#)<sup>123</sup> have policies acknowledging the unique experience of trans, gender diverse and intersex people in custody. They include instructions dedicated specifically to the daily management and placement of trans, gender diverse, and people with innate variations of sex characteristics, including providing instructions on the conduct of body searches. Generally, these policies outline that a detained person should be treated and managed according to their self-determined gender identity and, where a strip search is to be conducted, the officers conducting the search should be of the same gender as the one with which the person identifies.

## URUGUAY

### GENDER UNIT WITHIN THE PRISON SYSTEM<sup>124</sup>

The Ministry of Interior has created a National Directorate for Gender Policies, which is in charge of the Gender and Diversity Department of the National Rehabilitation Institute, whose objective is to mainstream a gender perspective in places of detention. The unit has five members to work in all facilities where women are held, integrating a gender diversity approach, particularly with regard to transgender women. The Unit establishes protocols, provides guidance on the rights of women and LGBTIQ+ persons, conducts risk analyses and seeks to hold an initial interview with each person on admission and follow up on the most complex situations.

Despite the progress made, many countries still lack policies that consider the specific situations of LGBTIQ+ persons deprived of liberty. In countries where specific policies or programmes have been adopted, challenges remain in how they are implemented. For example, there may be inconsistencies in the placement and treatment of LGBTIQ+ persons, in particular trans persons, among the different prisons within the country. In some instances, specific protocols have been developed by certain prisons, but they have not been validated at the national level, so practice varies greatly.

NPMs and LPMs increasingly consider the situation of LGBTIQ+ persons deprived of their liberty, helping to shed light on their specific risks and needs and driving positive changes in their treatment. For example, the Federal Prison Ombudsman (PPN) of **Argentina** has established a programme on LGBT+ persons deprived of liberty, which works specifically with transgender and travesti<sup>125</sup> women deprived of their liberty, noting the differentiated impact that prison has on this population. In 2020-2021, the National Committee for the Prevention of Torture (CNPT) of **Argentina** carried out a survey of prison policies aimed at trans,

120. See country report of Argentina.

121. Term used in the context of Argentina.

122. See country report of Australia.

123. [South Australia and Northern Territory](#)'s internal policies are not publicly available.

124. See country report of Uruguay.

125. Term used in the context of Argentina.

gender-diverse and non-binary persons deprived of liberty, in the framework of compliance with Law No. 26.743 on gender identity. In **Brazil**, in 2023, the NPM, in close collaboration with LPMs and civil society organisations, issued a thematic report based on a nationwide assessment of conditions of detention and treatment of LGBTIQ+ persons deprived of their liberty.<sup>126</sup> In other countries, such as **Paraguay, Serbia** and **Uruguay**, NPMs have conducted thematic visits to monitor the situation of LGBTIQ+ persons deprived of liberty. In **South Africa**, following-up on the court order in the case of Jade September,<sup>127</sup> a transgender woman who had been incarcerated in three separate correctional centres in the Western Cape, the NPM facilitated training for Correctional Services in Gauteng and the Western Cape. The NPM also developed a train-the-trainer manual on engaging LGBTIQ+ persons in places of deprivation of liberty. The manual was developed through focus groups and key person interviews with the Department of Home Affairs, the Department of Social Development, the South African Police Service, the South African National Defence Force, the Department of Correctional Services and the NPM constituent member institutions.

### INVISIBILITY AND HEIGHTENED RISKS OF DISCRIMINATION AND ILL-TREATMENT

In most countries covered in this report, there is a lack of data and information on LGBTIQ+ persons in prison. Often, data disaggregated by gender identity and sexual orientation is not available. When data is available, it is seen as underestimating the true figure. In some cases, data only provides information about trans persons, without disaggregation by gender, and does not reflect the entire LGBTIQ+ community. In this regard, difficulties with collecting disaggregated data by gender, gender identity and sexual orientation have been noted both on the part of prison authorities and LGBTIQ+ persons. Lack of data about LGBTIQ+ persons in prison leads to the invisibility of their needs.

In general, the absence of specific procedures that are respectful of self-determined gender identity leads to

situations of increased violence, or physical, mental or sexual abuse, that could amount to ill-treatment. These risks are higher in the context of nudity and physical contact, which has harmful consequences for the physical and mental health of the people concerned.

NPMs in different countries identified body searches as a practice that can expose LGBTIQ+ persons to significant humiliation, abuse and discrimination. In many countries, searches are still carried out by staff members of the same anatomical sex as the person being searched, irrespective of the sex recorded in the person's civil status or self-determined gender identity. This happens even in contexts with policy frameworks regulating this practice; for instance, because the person does not have official documentation proving formal registration of their gender identity or because the officer undertaking the search does not feel comfortable doing so.

#### ARGENTINA

##### BODY SEARCHES OF TRANS PERSONS<sup>128</sup>

In 2016, the [Guía de procedimiento de visu médico y control y registro de personas trans en alcaidías del SPF](#), was approved and published in the Public Bulletin 596. The guide regulates and establishes human rights standards in the framework of search procedures for trans and travesti<sup>129</sup> persons. The document was the result of a *habeas corpus* filed by the Public Defense Office denouncing the implementation of humiliating searches of trans women placed in Units 28 and 29 of the Federal Penitentiary System. As a result, an inter-institutional roundtable was established to discuss the criteria and standards for the development of the search procedure.

In some countries, NPMs have also expressed concern about other discriminatory treatment suffered by LGBTIQ+ persons, for example: longer isolation periods in their cells; greater restrictions on access to educational and/or work activities; disrespect for their social name in the units; homophobic or

126. National Mechanism to Prevent and Combat Torture (MNPCT) and SOMOS, [Relatório Nacional de Inspeções: População LGBTIQ+ Privada de Liberdade](#), 2023.

127. September v Subramoney NO and Others (EC10/2016) [2019] ZAEQC 4; [2019] 4 All SA 927 (WCC) (23 September 2019).

128. See country report of Argentina.

129. Term used in the context of Argentina.

transphobic name-calling; prohibition to express their gender identity through clothes, hair, make-up, etc.; and difficulties maintaining emotional relationships within the units. With regard to lesbian women, for example, even though they often enjoy a certain degree of social acceptance among the general population of incarcerated women, it is common for them to suffer prohibitions and retaliation from the prison administration for displays of affection in the units.

Another problem identified in some countries is the lack of confidential and effective complaints mechanisms to report situations of abuse and discrimination suffered by LGBTIQ+ persons in prison.

### **PLACEMENT OF LGBTIQ+ PERSONS**

In light of existing international standards and relevant jurisprudence in this area, decisions relating to the placement of LGBTIQ+ persons in prison should be guided by the principle of self-determination of gender identity. Placement decisions should be conducted on a case-by-case basis, with the participation of the person involved, based on individual needs and risk assessments carried out by multidisciplinary teams.

In practice, in many countries covered in this report, the placement of LGBTIQ+ persons is generally based on the anatomical sex or legally recognised gender of the person, without taking into consideration the person's self-determined gender identity, resulting in trans women being held in male units. The decision is largely driven by criteria based on security for other women detainees, separation and segregation. In some cases, LGBTIQ+ persons are placed in specific units for persons in situations of vulnerability, in

inadequate or improvised spaces that do not meet the required conditions, or in isolation for their own protection. These placements have a detrimental impact on their health and wellbeing and limit the exercise of their rights in prison. In some cases, trans women are held in separate cells within male units or in specific LGBTIQ+ wings within mixed prisons. Some NPMs observed that these wings can have the characteristics of male units; trans women are treated as if they were men and all direct care in the wards is carried out by male officers. These situations expose LGBTIQ+ women, in particular trans women, to heightened risks of discrimination and abuse.

### **ACCESS TO HEALTHCARE**

Another issue of concern identified by NPMs across different countries relates to the ability of LGBTIQ+ persons to access health care in prison, from the initial medical screening to the provision of health care services that respond to their specific needs.

In some countries, NPMs reported a high prevalence of HIV/AIDS and other sexually transmitted diseases among LGBTIQ+ persons in prison, as well as mental health conditions and high risk of suicide and self-harm. Prevention programmes, access to information and specialised treatment is often inadequate to meet their specific needs.

Many NPMs also highlighted the specific challenge faced by trans women to access gender-affirming healthcare, including hormone treatment and sex reassignment surgery. Difficulties include a lack of or discontinuity in treatment, irregular delivery of medication, and a lack of follow-up.

# Foreign women

## KEY RECOMMENDATIONS

- Ensure that all foreign women, upon arrival, receive updated and relevant information, in verbal and written form, about their rights and the prison's procedures, and undergo a health and risk assessment in a language they understand.
- Make the necessary arrangements to ensure that foreign women can maintain contact with their family and support networks, and receive consular assistance.
- Take measures to prevent and address discrimination against foreign women and ensure that they can exercise their rights on an equal basis with the rest of prison population.

**Nelson Mandela Rules: Rule 62**  
**Bangkok Rules: Rules 53-54**

Available data shows a relatively high number of foreign women in prison, many of whom are in pre-trial detention and incarcerated for drug-related offences. While the average rate of foreign women in prison in the countries covered in the report is around 13%, this figure is much higher in certain contexts, especially in Europe, in some countries in Latin America and in Asia. In some contexts, more than a half of women in prison are foreigners. It is important to note that only 30 out of 46 countries provided data on foreign women in prison, as the other countries collect and make available data on foreign persons in prison but this is not disaggregated by gender.

Foreign women are in a situation of heightened vulnerability as they are far from their homes and family, they lack strong family or community support, and they may not be familiar with the language, cultures and legal context of the country. This can have serious impacts on their physical and mental health.

Language is one of the main barriers for foreign women in prison, which has implications for many aspects of life in prison. Due to resource constraints, prisons are often not able to ensure adequate interpretation services, which may result in poor assessment upon admission and during detention, with the consequent failure to identify the specific risks and needs of

foreign women. Language barriers may also limit foreign women in understanding prison's rules and regulations, accessing complaint mechanisms, and having clear information on available services. To overcome these barriers, foreign women may rely on fellow detainees who share the same language and can act as interpreters. However, some NPMs have expressed concern about the risk of creating or reinforcing harmful power dynamics between women deprived of liberty.

In some countries, NPMs reported difficulties experienced by foreign women in maintaining contact with their families and support networks. For example, they may not be able to pay for international calls or the telephones available in prison may not allow for these types of calls. Some NPMs also reported challenges experienced by foreign women in accessing healthcare services that address their specific needs.

A frequent problem identified is the limited access to consular assistance for foreign women. In some instances, NPMs found that foreign women could either call their family or communicate with consular officials, resulting in less contact with their families compared to women who were nationals of the country.

Foreign women can also be in disadvantaged as they do not have visitors and people who can bring them

food, hygiene products or medicines not provided by the prison system. They may also find it more difficult to access procedural rights, such as house arrest.

NPMs in some contexts have found cases of discrimination against foreign women, including limited access to activities and services, verbal abuse from fellow detainees and staff, and being unable to access adequate food, according to their religious beliefs or specific dietary requirements.<sup>130</sup>

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130. See, for instance, country report of the Maldives.

# Indigenous women and women from diverse ethnic and racial backgrounds

## KEY RECOMMENDATIONS

- Prioritise the use of alternatives to detention for indigenous women and women from diverse ethnic and racial backgrounds, especially those who are detained for minor offences.
- When detention is unavoidable, provide gender-specific and culturally appropriate prison policies, programmes and services to address the specific needs of indigenous women and women from diverse ethnic and racial backgrounds, in consultation with women in prison and relevant groups, including:
  - support for ongoing contact with their families and communities;
  - access to rehabilitative, educational and vocational programmes, adapted to their needs;
  - policies, practices and staff training programmes which respect their customs, beliefs and practices and are not applied in the same manner to everyone;
  - elimination of discriminatory practices;
  - reintegration and post-release support which addresses the systemic economic and social marginalisation of indigenous women and women from diverse ethnic and racial backgrounds.

**Bangkok Rules: Rules 54-55**

## OVERREPRESENTATION IN PRISON

Limited data is available on the situation of indigenous women and women from diverse ethnic and racial backgrounds in prison. However, available disaggregated data across the countries covered in the report shows that they are overrepresented in prison.

In **Australia**, the NPM reported that Aboriginal and Torres Strait Islander women accounted for almost half (41%) of the total population of women in prison in 2023 and were imprisoned at a rate nearly 20 times greater than non-Aboriginal and Torres Strait Islander women.<sup>131</sup> In **New Zealand**, wāhine Māori (Māori women) are the fastest-growing prison population,

rising from less than 10% in the 1980s to 64% today.<sup>132</sup> In **Uruguay**, the number of women in prison who self-identify as Afro-descendant or black ranges between 24% and 27% of the prison population, at least twice that of the broader community.<sup>133</sup> In **Chile**, the NPM reported a high number of indigenous women in prison in the northern part of the country.<sup>134</sup> In **Brazil**, data shows that 65% of all women in prison are of African descent (black or brown), a significantly higher percentage than that of women of African descent in the general female population (55%).<sup>135</sup> In **Spain**, four in ten women in prison belong to the Roma ethnic group and, according to information provided to the NPM by the General Secretariat

131. See country report of Australia.

132. See country report of New Zealand. See also: Te Kāhui Tika Tangata | Human Rights Commission “Maranga Mai! The impact of colonisation, racism and white supremacy on tangata whenua in Aotearoa New Zealand” (February 2023) available at: <https://tikatangata.org.nz/our-work/maranga-mai>, pp.85 – 93; and Ara Poutama | Department of Corrections “Prison facts and statistics – March 2024” [https://www.corrections.govt.nz/resources/statistics/quarterly\\_prison\\_statistics/prison\\_facts\\_and\\_statistics\\_-\\_march\\_2024](https://www.corrections.govt.nz/resources/statistics/quarterly_prison_statistics/prison_facts_and_statistics_-_march_2024).

133. See country report of Uruguay.

134. See country report of Chile.

135. See country report of Brazil (NPM).



of Penitentiary Institutions in January 2023, Roma women in prison represent 13.8% of the total Roma prison population.<sup>136</sup>

Although there are differences from context to context, the high rate of incarceration among indigenous women and women from diverse ethnic and racial backgrounds can be often explained by the systemic discrimination and marginalisation suffered by these communities, resulting in high levels of poverty and precarious social situations, inter-generational trauma, and significant gaps in opportunities and well-being that lead in some situations to high exposure to alcohol and drug use. Other factors include insufficient access to legal counsel and limited access to information.

As stated by the UN Subcommittee on Prevention of Torture, incarceration of indigenous peoples should be considered the exception and not the rule.<sup>137</sup>

### LACK OF CULTURALLY APPROPRIATE PRISON POLICIES AND PROGRAMMES

Once in detention, indigenous women often face challenges in accessing services and programmes that address their gender-specific and cultural, spiritual and religious needs. Issues raised by NPMs include: limited availability of gender-responsive and intercultural or culturally appropriate rehabilitation, educational and vocational programmes; little or no contact with family and communities and support networks; language barriers; discrimination by other women in prison and prison staff; and lack of specific training for prison staff.

In **New Zealand**, the NPM has also reported that Māori women are disproportionately affected by seclusion and restraint practices.<sup>138</sup> In **Australia**, the NPM expressed concern for the number of Aboriginal deaths in custody, noting in particular that between 1991 and 2023, [49 women died](#) in custody in Australia, and 20 of those were Aboriginal and Torres Strait Islander women.<sup>139</sup>

### AUSTRALIA

#### REFORM OF ABORIGINAL AND TORRES STRAIT ISLANDER HEALTHCARE SERVICES IN CUSTODY<sup>140</sup>

The [death of Veronica Nelson](#), a Gunditjmara, Dja Dja Wurrung, Wiradjuri, and Yorta Yorta woman, at the Dame Phyllis Frost Centre in 2020 received significant public attention. A subsequent Coronial Inquest identified [systemic failings](#) including: discriminatory impact of the Victorian Bail Act on Aboriginal and Torres Strait Islander people, resulting in disproportionate rates of remand custody; denial of equivalent care to that available in the community for people in prison regarding opioid substitution therapy; and lack of timely notification to an Aboriginal Wellbeing Officer after reception to prison, resulting in cultural isolation and a lack of culturally competent or specific care or support. As a result, the [Victorian Government](#) amended the Bail Act, and has begun reform of Aboriginal and Torres Strait Islander healthcare services in custody. A separate, independent Cultural Review of the Adult Custodial Corrections System in Victoria released its [final report](#) in March 2023, which included recommendations on the treatment of Aboriginal and Torres Strait Islander women in prison, and the implementation of OPCAT in the state of Victoria.

136. See country report of Spain.

137. See *Sixth annual report of the Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, CAT/C/50/2, 23 April 2013, para. 88.

138. See country report of New Zealand.

139. See country report of Australia.

140. *Idem*.

# Older women

## KEY RECOMMENDATIONS

- Prioritise the use of alternatives to detention for older women, especially those with complex health conditions, disabilities and in need of palliative care, and reduce the term of imprisonment based on a comprehensive set of eligibility criteria that give due consideration to the age of the person, and their physical and mental health conditions.
- When detention is unavoidable, ensure age-responsive prison environments, including

reasonable accommodation and adequate living conditions, age and gender-sensitive training for prison staff, and age-appropriate activities.

- Provide gender-sensitive and age-specific healthcare and hygiene services to address the specific needs of older women in prison.

**Bangkok Rules: Rules 1, 18**

Life expectancy has increased globally, resulting in a growing number and proportion of older persons in the population.<sup>141</sup> This demographic development is also reflected and accelerated in the prison context. Persons deprived of liberty are not only getting older, but their average physiological age tends to be higher than their chronological age, as prison populations often have poorer health status compared to general populations.<sup>142</sup>

As women are a minority of prison populations worldwide, the number of older women in prison is even lower. Data on older women in prison is not always available. Only 13 out of 46 countries covered by this report provided data on older women in prison. Available data shows that older women across those countries represent an average of 3% of the total number of women in prison. The low number of older women in prison often results in a lack of services and programmes to address their specific

risks and needs. In some countries covered by this report, alternatives to detention are considered for persons deprived of liberty over 70 years old, including women.<sup>143</sup>

Older persons deprived of liberty often have complex medical conditions and physical, psychosocial and intellectual disabilities or sensory impairments. Older women have also specific gynecological, hygiene and other gender-sensitive health-care needs. Failure to address these needs can amount to ill-treatment.<sup>144</sup>

NPMs reported several challenges experienced by older women in prison, including: inadequate conditions of detention and lack of accessibility for women with disabilities and impairments; inadequate opportunities for life-long learning and vocational training; lack of gender-specific and age-appropriate healthcare services; and inadequate training for prison staff.<sup>145</sup>

141. World Health Organisation (WHO), *Ageing and Health Factsheet*, October 2024: <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>

142. See PRI/APT, *Older persons in detention: a framework for preventive monitoring*, 2021, p. 3.

143. See, for instance, country reports of Argentina and Panama.

144. Report of the Independent Expert on the enjoyment of all human rights by older persons on older persons deprived of liberty, A/HRC/51/27, 9 August 2022, para. 45.

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# ANNEX - Guidelines for NPMs

The following guidelines were shared in July 2023 with all NPMs participating in the Global Report on Women in Prison to clarify the type of information required. The objective was to collect information on each participating NPM, as well as statistical data, NPMs' main findings and recommendations on women in prison. The guidelines also invited NPMs to share relevant good practices on the selected issues. The guidelines were shared in English, French, Portuguese and Spanish, and contributions by NPMs were also drafted in one of those four languages.

## PART 1 - GENERAL INFORMATION

### a. Data about women in prison

NPMs were invited to share the following information, if available, including the dates of the statistics and relevant sources, and relevant links.

- + Number of women in prison, both pre-trial and sentenced
- + Percentage of women in prison as compared to the overall prison population
- + Number of prisons for women. If available, please specify number of women-only prisons and women's units in larger prisons.
- + Disaggregated information about women in prison, if available (e.g. pregnant women, women with children in prison; foreign women; women with disabilities, etc.)
- + Percentage of women prison staff, if available.

### b. Information about the NPM

NPMs were invited to share the following information:

- + Name of the institution
- + Type of institution: Ombuds Institution, National Human Rights Commission, multiple body institution, new specialised institution.
- + Legal basis
- + Date of establishment
- + Total number of members and staff, and number of women
- + Website and link to specific report(s) or other specific document(s) produced on the issue

## PART 2 - THEMATIC INFORMATION ABOUT WOMEN IN PRISON

### a. Main recommendations

NPMs were invited to share 3 to 5 main [SMART](#) recommendations they had formulated on women in prison. This would help identifying key common recommendations across all countries covered in the Global Report.

### b. Risks of ill-treatment and specific needs of women in prison

NPMs were invited to share their main findings and recommendations on the detention issues listed below. If all issues were relevant to their context, they were invited to provide information on all of them. If not, they were invited to select at least two issues from the list below. For each of the issues selected, NPMs were also invited to include positive developments and good practices that they may have observed in their work. Key questions are included under each detention issue, to guide the formulation of inputs.

NPMs were invited to include relevant links to their institution's website, reports, etc., as well as to other relevant sources, if available.

- + **Body searches** of women deprived of liberty, but also women visitors if relevant.
  - Are there are indications that body searches of women are conducted systematically, without an individual assessment?
  - Do detention procedures define the circumstances and modalities of body searches of women?
  - Are alternative searching methods available and used in practice?
  - Do detention authorities keep detailed records of body searches?
  - Are women detainees and visitors searched only by women staff and out of sight of men staff?
  - Are invasive body searches strictly forbidden or carried out only in exceptional circumstances, by trained and authorised medical professional?

#### + Solitary confinement, isolation, segregation

- Is the use of solitary confinement strictly regulated and are adequate safeguards put in place?
- Is solitary confinement prohibited – and not used in practice – for girls, pregnant women, nursing women, women detained with young children and women with psycho-social disabilities?
- Are there indications that solitary confinement is routinely and disproportionately used against women or certain categories of women?
- Are there situations where women are placed in solitary confinement for their own protection? If so, what are the modalities and conditions (voluntary, consent, duration?)
- How are the conditions of the cells used for solitary confinement?
- Are detailed records being kept on the use of solitary confinement?

#### + Use of means of restraint

- Do detention procedures regulate the use of means of restraint, physical (e.g. handcuffs, restraint beds) or medical (medical sedation)?
- Are means of restraint prohibited – and not used in practice – for pregnant women, for women during labour, giving birth and after birth?
- Are there indications that means of restraint are used against women or certain categories of women in a disproportionate or discriminatory way?
- Is the use of restraint recorded, including detainees' personal files, registers and CCTV recordings?

#### + Access to mental healthcare

- Does the initial medical screening on first admission to prison include also the determination of mental health care needs, including post-traumatic stress disorder and risk of suicide and self-harm?
- Are mental health care needs of women assessed on a regular basis during imprisonment?
- Is mental health support and treatment available for women in prison?
- Is awareness on mental health raised among women prisoners, family members and prison staff?
- Does training provided to staff working in women's prisons or units include a gender perspective

to be able to identify when women may feel particular distress and respond to women's needs and refer to specialised support?

#### c. Additional country-specific issue on women in prison (optional)

NPMs were invited to share their findings and recommendations on one additional detention issue faced by women in prison that they have observed in their work but is not included among the issues mentioned above.

#### d. Intersectionality

Women deprived of liberty are not a homogenous group. Their experience in detention is shaped by the interaction between gender and other factors such as age, disability, belonging to ethnic minorities or indigenous peoples, religion, sexual orientation and gender identity. Women with multiple identities experience multiple and unique forms of discrimination, and specific risks of torture and ill-treatment.

NPMs were invited to share any quantitative information, if available, and/or any findings and recommendations relating to specific groups of women facing additional and intersecting forms of discrimination and risks of ill-treatment and torture in prison, such as indigenous women, women from diverse ethnic and racial backgrounds, foreign women, trans women, women with disabilities, older women, etc.

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### PART 3 – GENDER-RESPONSIVE ALTERNATIVES TO DETENTION

NPMs were invited to share any relevant information they had on the existence and implementation of alternative measures specifically for women in contact with the criminal justice system, or any discrimination in application of existing alternatives, such as:

- + alternatives to prosecution (such as case dismissal, gender-responsive diversion and treatment programmes and other related alternatives);
- + alternatives to pretrial detention (such as bail, house arrest or supervised release);
- + non-custodial sentences (such as a suspended sentence, deferred sentence, community service or community sentence treatment order).

This information will be used as a basis to identify gaps, good practices and key recommendations to promote the use of alternatives to detention for women in contact with the criminal justice system.

NPMs were also invited to include any relevant engagement, findings and recommendations by their institution on this topic.

## USEFUL RESOURCES

### APT resources

- + [Online course on gender-sensitive detention monitoring](#)
- + [Detention Focus Database](#)
- + [Women in detention: a guide to gender-sensitive monitoring \(APT-PRI\)](#)
- + [Women in detention: body searches. Improving protections in situations of vulnerability](#)

### Other useful resources

- + [Guidance document on the Bangkok Rules. Implementing the United Nations Rules on the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders \(PRI-TIJ\)](#)
- + [Index of Implementation for the UN Bangkok Rules \(PRI-TIJ\)](#)
- + [SPT, Prevention of torture and ill-treatment of women deprived of their liberty \(CAT/OP/27/1\)](#)

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