

# Influence of gender discrimination on the mental health of females inmates: a systematic review

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## ABSTRACT

**Objectives:** This study aims to analyze the different types of gender discrimination faced by female inmates and their impact on their psychological well-being.

**Material and method:** A systematic review was carried out in accordance with the PRISMA guidelines. The search was carried out on the PubMed and Scopus databases using keywords related to gender discrimination, mental health, and the prison context. Filters were applied for language (Spanish and English), publication period (2015-2025), and study type (quantitative, qualitative, or mixed methods).

**Results:** A total of 13 studies were selected (1 longitudinal, 9 cross-sectional, and 3 mixed methods), conducted across diverse geographical and social contexts. The evidence shows that incarcerated women face institutional violence, stigmatization, and structural barriers that limit their access to basic services and rehabilitation programs. These conditions exacerbate disorders such as depression, anxiety, and post-traumatic stress disorder, which are further intensified by histories of gender-based violence and racial discrimination. In addition, family separation and challenges in social reintegration stemming from a lack of education and employment opportunities perpetuate a cycle of exclusion and marginalization. Despite some interventions aimed at reducing these inequalities, the findings indicate that they remain insufficient to address the specific needs of incarcerated women.

**Conclusions:** There is an urgent need to reform prison policies, adopting more inclusive and intersectional approaches that ensure equitable access to psychological care, rehabilitation programs, and effective reintegration strategies. Only by doing so can the cycle of discrimination and vulnerability affecting this population be broken.

**Key words:** prisoners; gender; sexism; mental health; social marginalization.

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## INTRODUCTION

Incarcerated women face many challenges that go beyond the loss of freedom, with a significant impact on their psychological wellbeing<sup>1</sup>. Despite the advances made in promoting and defending human rights, prisons continue to be designed mainly for men, which leads to structural and organisational deficiencies when attending to women's needs. Such shortfalls include excessively limited access to adequate medical care and specific programs<sup>2</sup>.

Female inmates make up a statistically reduced minority in the prison setting, and in most cases are

serving sentences for minor offences such as crimes against assets and the public health. The literature on female criminality points out that prior victimisation is a determining factor that increases the risk of criminal behaviour. This population also presented a higher predisposition towards developing mental health issues, often as a result of previous experiences of domestic violence, physical and sexual abuse during childhood and/or adulthood, along with other types of exploitation<sup>3</sup>.

## Impact on mental health

Imprisonment can aggravate psychological vulnerability amongst female inmates, and can lead to high levels of depression, partly due to social isolation, separation from their families and lack of emotional support. Severe episodes of anxiety have also been observed, including panic attacks, generally triggered by uncertainty about their future, precarious living conditions in prison and traumatic experiences prior to or during imprisonment<sup>4</sup>.

Some studies state that over 50% of incarcerated women suffer from depression, while 22% present symptoms of anxiety<sup>5</sup>. Added to this is the fact that many have been victims of child abuse, sexual abuse and gender violence before being imprisoned, which increases their vulnerability to PTSD during their prison sentence<sup>3</sup>.

The lack of access to specialised psychological support and the shortage of adequate strategies to manage their traumatic experiences may bring about a significant deterioration in their mental health, increasing the risk of self-harming behaviours and even suicide in more extreme cases<sup>6</sup>. Problems of substance abuse that tend to increase after entering prison have also been identified, partly as a result of insufficient medical and psychological care<sup>7</sup>.

## Intersectional discrimination

Gender discrimination in prisons has a deep impact on women's mental health, and has a particular severe effect on racially marginalised groups. Statistics from the USA (gathered from studies completed over a decade ago) show that one out of every 18 Afro-American women face the possibility of imprisonment at some point in the life, a figure that is 2.5 times higher than the one for white women and comparable to the one for white men<sup>8</sup>. Along the same lines, research from the same period and geographical context has shown that women facing intersectional discrimination due to race and gender are particularly vulnerable to a range of stressors, such as victimisation, job insecurity and economic instability<sup>9</sup>. This context of marginalisation and exclusion significantly contributes towards impairment of their long-term mental health.

Another major challenge faced by women in prison is stigmatisation and separation from their family unit. Stigmatisation not only worsens their social exclusion, but also helps in perpetuating a cycle of violence and trauma that has a severe impact on their mental health. This situation is made even worse by the intersectionality of factors such as race

and social class, given that facing multiple forms of discrimination significantly increases the risk of suffering from psychological problems. Furthermore, separation from the immediate family, especially from offspring in the case of mothers, has a more intense effect on women than on men, generating feelings of guilt, anxiety and depression<sup>1</sup>.

Finally, one other notable issue is that of prison overcrowding, which represents an additional obstacle as it impedes rehabilitation programs from being implemented, generates unhealthy living conditions and contributes significantly towards a deterioration in female inmates' psychological wellbeing<sup>10</sup>. While the situation in Colombia is an illustrative one<sup>10</sup>, prison overcrowding is an international issue<sup>11</sup>, with documented effects in different regions and countries. An example is the USA, where prison overcrowding has a negative impact on women, especially those from Latin-American and Afro-American communities<sup>12</sup>, while figures for the UK show an increase in mental disorders and serious incidents such as self-harming amongst incarcerated women<sup>13</sup>.

## Long-term consequences

The lack of attention to the difficulties undergone by women in prison has serious long-term repercussions. A high percentage of this population possesses a very low educational level, which if further aggravated by the limited training they receive during their prison term. This state of affairs also restricted their job opportunities after release, increases the risk of recidivism and makes social rehabilitation more difficult for them, thus affecting their quality of life<sup>2,14</sup>.

Furthermore, the loss of social networks and successive experiences of victimisation, which are significantly more common amongst female inmates than amongst men, can reinforce patterns of criminal ideation as a coping mechanism for adverse situations<sup>15</sup>.

The aim of this systematic review is to analyse the manifestations of gender discrimination faced by incarcerated women and the effects they have on their mental health. To do so, the most prevalent forms of gender discrimination in women's prisons were identified to evaluate their impact on inmates' psychological wellbeing, especially in relation to disorders such as depression, anxiety and PTSD, and the strategies and programs implemented in different prison systems to deal with these inequalities and improve inmates' quality of life were also explored.

## MATERIALS AND METHODS

The systematic reviews were carried out in line with the guidelines of the PRISMA methods, ensuring transparency, completeness and repeatability throughout the process. The search strategy was based on the PICO structure (population, intervention, comparison and outcomes), in which female inmates are taken as the population, intervention considers the impact of gender discrimination on mental health, while comparison used was with women without a background of discrimination and other groups of inmates. The outcomes analysed included anxiety, depression, substance abuse, PTSD, trauma and psychological wellbeing.

The following inclusion criteria were established to select the studies:

- Studies with longitudinal or cross-sectional designs and clinical trials.
  - Research containing female inmates as the target population.
  - Studies that examined gender discrimination in the prison context and its impact on mental health.
  - Studies published between 2015 and 2025 in indexed journals.
  - Studies published in English and Spanish.
- Studies with the following features were excluded:
- Systematic reviews or metaanalyses.
  - With no main focus on incarcerated women or the prison context.
  - Did not consider gender discrimination and its impact on mental health.
  - Articles over ten years old with no updated evidence.

The selection process for the studies consisted of three stages (Figure 1):

1. Systematic search in PubMed and Scopus, using key terms such as “discriminación de género”, “salud mental”, “centros penitenciarios”, “mujeres reclusas”, (gender discrimination, mental health, prisons, incarcerated women) combined with Boolean operators (*AND*, *OR*) (Table 1);
2. Screening of titles and abstracts to determine the relevance of the studies in relation to the aims of the study.
3. Detailed review and analysis of studies that met the inclusion criteria. All the selected articles had

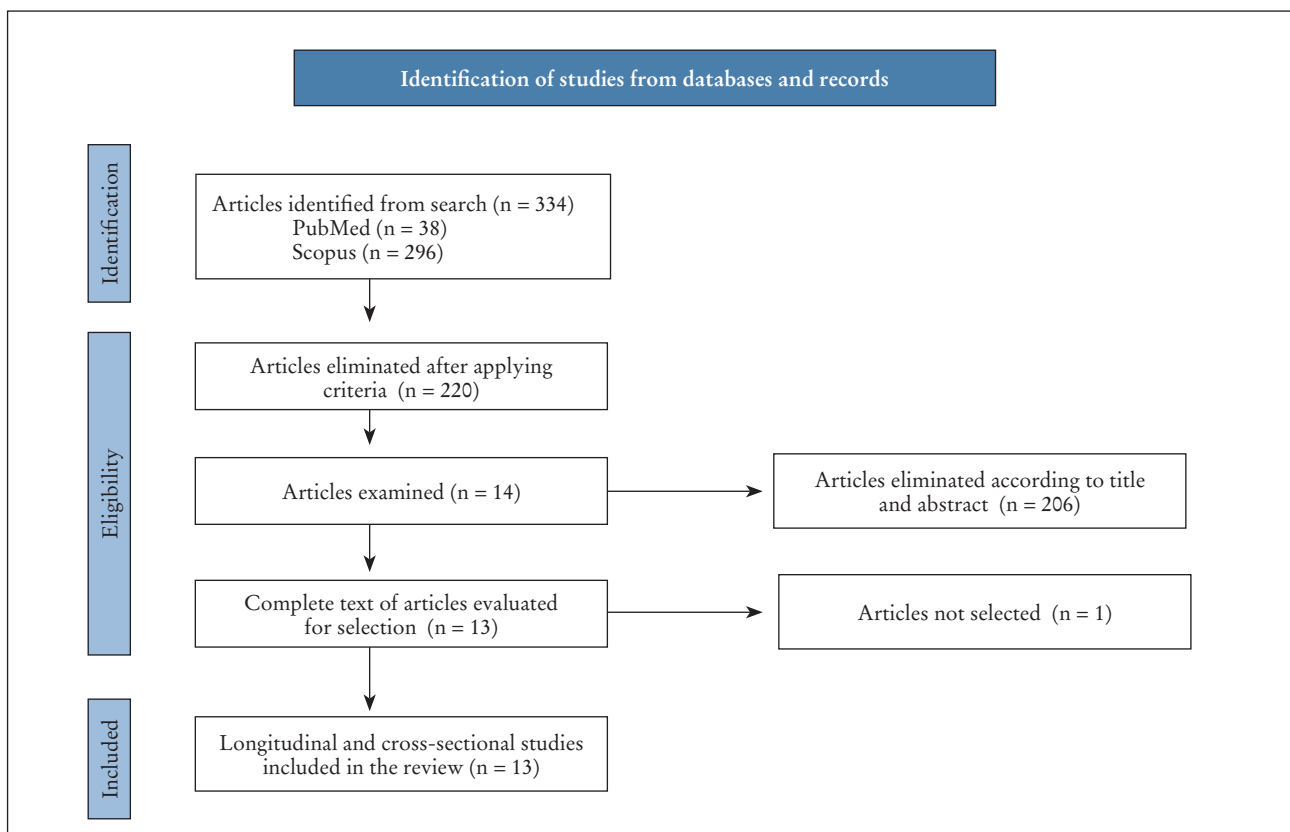


Figure 1. Flow chart of search and selection process.

Table 1. Search strategy.

| Gender factors                                                                                                      |     | Target population                                                                              |     | Results in mental health and social reintegration                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| "gender discrimination" OR<br>"gender-based violence"<br>OR "gender inequality" OR<br>"male-oriented prison system" | AND | "female prisoners" OR<br>"incarcerated women" OR<br>"female offenders" OR<br>"women prisoners" | AND | "mental health" OR "mental<br>health disorders" OR "depression"<br>OR "anxiety" OR "trauma" OR<br>"PTSD"* OR "psychological well-<br>being" OR "psychological effects" OR<br>"reintegration" OR "social reintegration"<br>OR "reentry" OR "resocialization" |

**Note.** PICO strategy (acronym for population, intervention, comparison, outcome) used in the review.

\*PTSD: post-traumatic stress disorder.

undergone a peer review, indexing in high-impact bases and rigorous methodological evaluated, to ensure that the findings were scientifically valid.

## RESULTS

A total of 13 studies were selected, with a total N of 14,366 participants. Depending on the design type, 69.2% of the studies analysed were cross-sectional, 23.1% were mixed-methods cross-sectional and 7.7% were longitudinal. They were published between 2017 and 2025. Furthermore, most of the studies analysed were carried out in the USA (46.2%). The results obtained can be seen below (see Table 2 for more information about the selected articles).

### Characteristics of the female prison population

The studies reviewed match inasmuch as the female inmates share a series of sociodemographic characteristics and previous experiences that have a significant effect on their trajectory within the prison system. Most of the women come from contexts of social and economic vulnerability, characterised by high levels of discrimination, abuse and insecurity. The race and ethnic background were study variables in several studies. In particular, the study by Latham-Mintus *et al.*<sup>16</sup> identified that black women in prison in the USA experienced greater deterioration in their physical and mental health in comparison to white women and men, which suggest a higher exposure to adverse conditions both inside and outside prison. This discrimination can also been in institutional responses to their needs.

Fedock *et al.*<sup>17</sup> brought to light systematic marginalisation in the American prison system, where they found that complaints about sexual abuse presented by black women in prison were less likely

to be investigated in comparison to those presented by white female inmates.

Previous life experiences also play a crucial role in criminalising women. St. Cyr *et al.*<sup>18</sup> found that 91% of women who participated in their study in New Mexico (USA) had been victims of gender violence the year before they were incarcerated.

These findings were similar to the ones encountered by Salisbury *et al.*<sup>19</sup>, who showed that a significant proportion of female inmates in Argentina had undergone physical, sexual or emotional abuse during infancy, which increased the long-term risk of later involvement in criminal activities.

Likewise, Liu *et al.*<sup>20</sup> indicated that 75.5% of women imprisoned in China were victims of child discrimination, which is a factor closely related to aggressive behaviour manifesting in adult life.

As for gender identity, Miranda *et al.*<sup>21</sup> found that incarcerated transgender women in Brazil experienced high levels of violence and discrimination from prison officers and their own cellmates, which often put their physical and mental safety at risk.

However, Quiroga-Carrillo *et al.*<sup>22</sup> found that female inmates in Spain perceived structural discrimination in access to educational programs and activities, regardless of their gender identity. This suggests that gender discrimination within the prison system functions at different levels: more extreme violence directed against transgender women and generalised inequality in access to opportunities for other women in prison.

### Impact on mental health

The structural discrimination that women face during incarceration has a significant impact on their mental health, exacerbating conditions such as anxiety, depression and trauma. A range of studies have identified common risk factors, such as gender

violence, economic insecurity and lack of access to adequate resources, all of which contribute to the impaired psychological wellbeing of this population.

Sunpuwan *et al.*<sup>23</sup> found that 61.7% of female inmates in Thailand presented moderate levels of anxiety and depression, while 17.1% showed severe symptoms.

These findings coincide with the ones reported by St. Cyr *et al.*<sup>18</sup>, which showed that 89% of women prisoners in their study suffered from some type of mental disorder, with a prevalence of anxiety, depression and PTSD.

Other studies, like the one by Fedock *et al.*<sup>17</sup> observed that women who complained of sexual abuse by prison staff faced reprisals and a lack of institutional support, which further impaired their psychological wellbeing.

Along the same lines, Quiroga-Carrillo *et al.*<sup>22</sup> indicated that perceived discrimination with regard to access to prison programmes generated an increased level of stress amongst female inmates, along with increased feelings of exclusion that severely affected their emotional stability.

Erickson *et al.*<sup>24</sup> analysed the situation of female inmates with human immunodeficiency virus in Vancouver (Canada), and concluded that variables such as gender violence, lack of housing and substance abuse negatively affected adherence to antiretroviral treatment, thus compromising their health and survival.

Finally, penitentiary control measures can also have adverse effects on the mental health of female inmates. Jeffries *et al.*<sup>25</sup> evaluated the impact of electronic monitoring of women on parole in Thailand and found that this measure did not facilitate social rehabilitation but actually significantly increased their levels of stress and anxiety, perpetuating feelings of surveillance and social exclusion.

### Effectiveness of interventions

Several studies highlighted the importance of implementing strategies with a focus based on trauma and a gender perspective to improve the mental health and quality of life of women in prison. The interventions were found to be essential for mitigating the adverse effects of imprisonment and facilitating social rehabilitation.

In the area of healthcare, Morse *et al.*<sup>26</sup> assessed the effectiveness of the Women's Initiative Supporting Health Transitions Clinic (WISH-TC) program in the USA, and concluded that it significantly increased the likelihood of women recently released from prison seeking primary healthcare. These findings show that health programs specifically for women can reduce the impact of incarceration and improve their wellbeing.

Along the same lines, Erickson *et al.*<sup>24</sup> observed that antiretroviral treatment adherence amongst female inmates with HIV depended to a great extent on access to health services after incarceration, which

Table 2. Additional information about selected articles.

|   | Authors and year of publication             | Design                  | Sample                                                    | Objective                                                                                       | Key outcomes                                                                                                          | Conclusions                                                                      |
|---|---------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | Erickson <i>et al.</i> , 2024 <sup>24</sup> | Longitudinal (9 years). | N = 336 female inmates with HIV in Canada.                | Analyse how gender violence and lack of housing affect antiretroviral treatment adherence.      | Interviews that included questions about mental health diagnoses, experiences of gender violence and substance abuse. | Specific interventions are needed to improve antiretroviral treatment adherence. |
| 2 | Fedock <i>et al.</i> , 2021 <sup>17</sup>   | Cross-sectional.        | N = 180 female inmates in USA.                            | Examine racial differences in sexual victimisation by prison staff and institutional responses. | Afro-American women reported lower rates of investigation of complaints.                                              | A structural analysis is required to tackle these inequalities.                  |
| 3 | Henry, 2020 <sup>27</sup>                   | Cross-sectional.        | N = 30 recently imprisoned adults (men and women) in USA. | Explore relationship between adverse experiences, mental health and substance abuse.            | 76.7% had a mental health diagnosis; 60% for substance abuse.                                                         | Trauma-based strategies are needed to prevent recidivism.                        |

(continued)

Table 2. Additional information about selected articles (*continuation*).

|    | Authors and year of publication                     | Design                        | Sample                                                                           | Objective                                                                             | Key outcomes                                                                                                | Conclusions                                                               |
|----|-----------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 4  | Jeffries <i>et al.</i> , 2025 <sup>25</sup>         | Cross-sectional.              | N = 43 women on parole with electronic monitoring in Thailand.                   | Analyse the impact of electronic monitoring on reintegration.                         | Increased stress and anxiety, with no reintegrative benefits.                                               | A more gender-sensitive focus on justice is needed.                       |
| 5  | Latham-Mintus <i>et al.</i> , 2023 <sup>16</sup>    | Cross-sectional.              | N = 11.883 elderly ex-prisoners in the USA.                                      | Assess the impact of imprisonment on mental and physical health in old age.           | Greater prevalence of depressive symptoms and physical limitations, especially amongst Afro-American women. | The promotion of health interventions for this population is recommended. |
| 6  | Liu <i>et al.</i> , 2024 <sup>20</sup>              | Cross-sectional.              | N = 411 women in mental health.                                                  | Examine the relationship between child discrimination and aggressive behaviours.      | 75.7% experienced child discrimination, associated with higher aggressiveness.                              | Empathy and social support can moderate aggressiveness.                   |
| 7  | Miranda <i>et al.</i> , 2024 <sup>21</sup>          | Cross-sectional.              | N = 28 (15 professionals and 13 ex-convicts, including 5 transgender) in Brazil. | Analyse the challenges of social reintegration and awareness of prison professionals. | Trans-women experience greater discrimination; lack of policies with gender focus.                          | Prison reforms with intersectional perspective are needed.                |
| 8  | Morse <i>et al.</i> , 2017 <sup>26</sup>            | Cross-sectional.              | N = 100 women recently released from prison in USA.                              | Assess the impact of the WISH-TC program on post-prison primary care.                 | 91.5% had mental health diagnoses; the WISH-TC improved access to primary care.                             | More policies are needed for care after release.                          |
| 9  | Quiroga-Carrillo <i>et al.</i> , 2024 <sup>22</sup> | Mixed-method cross-sectional. | N = 429 (376 female inmates, 53 professionals in) in Spain.                      | Assess perceptions of gender discrimination in Spanish prisons.                       | Inmates and staff perceive discrimination in access to programs and resources.                              | Policies are needed to reduce prison inequalities.                        |
| 10 | Salisbury <i>et al.</i> , 2017 <sup>19</sup>        | Mixed-method cross-sectional. | N = 246 women in Argentine prisons.                                              | Explore the relationship between victimisation and criminalisation amongst women.     | 30.2% of the inmates who had committed violent offences were victims of sexual abuse.                       | Sensitive strategies for assessment and treatment are required.           |
| 11 | Servon <i>et al.</i> , 2021 <sup>28</sup>           | Cross-sectional.              | N = 27 (20 inmates, 7 professionals) in the USA.                                 | Analyse the relationship between poverty, mental health and reintegration.            | Many women without jobs or economic support when they leave prison.                                         | Programs with a financial focus are urgently needed.                      |
| 12 | St. Cyr <i>et al.</i> , 2021 <sup>18</sup>          | Mixed-method cross-sectional. | N = 99 women in rural prison in the USA.                                         | Assess the impact of partner violence and health inequalities amongst inmates.        | 91% experienced partner violence; 89% presented psychological issues.                                       | Need for specific interventions for this population.                      |
| 13 | Sunpuwan <i>et al.</i> , 2024 <sup>23</sup>         | Cross-sectional.              | N = 554 female inmates convicted for drug offences in Thailand.                  | Assess anxiety and depression amongst women in prison.                                | 61.7% with moderate anxiety/depression, 17.1% with serious anxiety/depression.                              | Implementation of mental health programs in prison is urgently needed.    |

**Note.** VIH: Human immunodeficiency virus; WISH-TC: Women's Initiative Supporting Health Transitions Clinic.

highlights the need for strategies that guarantee continuity in medical care.

Henry's<sup>27</sup> study of state prisons in Massachusetts (USA) applied a social and psychological approach and underlined the importance of trauma-based interventions, since they contribute towards preventing revictimization and facilitate effective social reinsertion.

This backs up the findings made by Salisbury *et al.*<sup>19</sup>, who pointed out the need to development evaluation instruments specifically for women, given that the tools currently used do not fully take into account their previous experiences of abuse and victimisation, thus limiting the effectiveness of intervention programs.

As regards the structural factors of rehabilitation, a study by Servon *et al.*<sup>28</sup>, carried out several rehabilitation organisations in Philadelphia (USA), found that economic stability and access to psychological support are key factors in preventing recidivism.

Quiroga-Carrillo *et al.*<sup>22</sup> likewise emphasised the importance of eliminating gender inequalities in accessing psychological support and rehabilitation programs in prison, since barriers like these significantly limit women's opportunities for achieving adequate social reintegration. However, deficits in implementing differentiated approaches in prison supervision measures still exist.

Jeffries *et al.*<sup>25</sup> assessed the effectiveness of electronic monitoring amongst women on parole in Thailand, concluding that this measure did not facilitate reintegration and in fact generated higher levels of stress and anxiety, while also perpetuating social exclusion.

Finally, most of the studies reviewed highlighted the need for reform of prison policies from a gender perspective. Research by Fedock *et al.*<sup>17</sup>, Latham-Mintus *et al.*<sup>16</sup>, St. Cyr *et al.*<sup>18</sup> and others highlight the importance of adopting intersectional approaches that include factors such as ethnicity, gender and sexual identity in prison programs.

Likewise, Miranda *et al.*<sup>21</sup> and Quiroga-Carrillo *et al.*<sup>22</sup> emphasise that there is an urgent need to modify supervision measures after release and ensure equal access to reintegration programs, given that they currently perpetuate social exclusion and discrimination.

In general terms, the evidence suggests that the current punitive model applied in the prison system should be reconsidered, prioritising strategies that foster rehabilitation, access to psychological care and gender equality, the aim being to improve the

living conditions of women in prison and by so doing promote their process of reintegration into society.

## DISCUSSION

The findings of this systematic review confirm that gender discrimination in prisons is a widespread phenomenon that has a significant impact on the mental health of women in prison. Said discrimination manifests in a number of ways, where institutional violence is one of the most common. It has been reported that women who denounce cases of abuse face reprisals, and that racialised and transgender women receive even less favourable treatment. Stigmatisation also contributes to social exclusion, perpetuating marginalisation even after release from prison.

The results show that women in prison present high levels of anxiety, depression and PTSD, due to the lack of access to mental health resources and the impact of previous traumatic experiences. Separation from the family generates feelings of guilt and desperation, especially amongst mothers, which in turn increases psychological problems and the risk of recidivism. Although some reintegration and mental health programs have been implemented, they are by no means sufficient. Strategies such as the WISH-TC program have improved access to medical care after release, but many women still face difficulties with social reintegration. Furthermore, measures such as electronic monitoring have been found to ineffective and increase stress and anxiety amongst women on parole.

This study shows that the prison system perpetuates gender discrimination, affecting the mental health and quality of life of women in prison. Institutional violence, lack of access to health programs and intersectional discrimination aggravate the situation. We found no study that considers these issues in Spain, which reflects the need for research on this subject and make this reality more visible from a scientific and human rights perspective.

There is an urgent need to reform prison policies, incorporating inclusive and intersectional approaches that ensure equal access to psychological care, education and job opportunities. Another recommendation is to develop trauma-based interventions that consider experiences of violence prior to imprisonment.

From a human rights perspective, imprisonment should not intensify women's vulnerability, but rather offer them real opportunities for rehabilitation and

reintegration. Eliminating structural discrimination in prisons is not just a question of social justice, but also an ethical and political undertaking in the construction of more inclusive and egalitarian societies. Future research should focus on assessing the long-term impact of existing interventions and on exploring alternatives to imprisonment that reduce recidivism and offer better opportunities for social reintegration.

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