

# Prison policies and practices generally remain male-centric and often fail to address the gender-specific needs of incarcerated women: A brief overview

By Barry R. Ashpole



Source: Penal Reform International: <https://bit.ly/4jPaDml>

LITERATURE ON THE AGING PRISON POPULATION, including end-of-life care, is largely focused on the male prison population. Not surprising, perhaps, given that the female prison population is a fraction of that of the male prison population. The vast majority of the incarcerated worldwide are men, representing almost 94% of the prison population or 10.8 million prisoners in 2022; during the same year, 700,000 women were held in prison. The female prison population remained relatively stable between 2012 and 2022, staying below 7% during the entire decade.<sup>1</sup> More recent statistics, however, indicate a “troubling” increase in the female prison population.<sup>2</sup> These statistics do not negate the need to address the needs specific to female prison inmates. Prison policies and practices generally remain male-centric and often fail to address the gender-specific needs of incarcerated women.

The ‘United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders’ (the Bangkok Rules) recognises the gender-specific needs of women in criminal justice systems. The Bangkok Rules supplement the ‘United Nations Standard Minimum Rules for the Treatment of Prisoners’ (the Nelson Mandela Rules). The U.K.-based Penal Reform International’s ‘Guidance Document on the Bangkok Rules’ is an excellent resource in reviewing current legislation and developing gender-sensitive policies. It offers practical guidance to legislators, policymakers, prison authorities, probation services, social welfare and prison healthcare services, non-governmental organisations and other relevant stakeholders to help and encourage actions necessary to respond appropriately to the needs of incarcerated women.<sup>3</sup>

## Aging female prison population

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A fairly recent U.K. study reflects a world-wide phenomena, clearly demonstrating that the needs of older women in prison have been under researched and are often unmet. Robinson and colleagues identified six key issues that need to be addressed: 1) health screening; 2) health services and unmet health needs; 3) emotional wellbeing; 4) social and family connections; 5) the need for a professional's forum; and, 6) limited data and research. Participants in the study agreed that this population's needs are not being adequately met.<sup>4</sup>

The findings of a U.S. study echoed the unique healthcare needs of older women prisoners through the perspectives of correctional healthcare providers. Three organizing themes emerged: 1) The meaning of being "older" in the prison setting; 2) The challenges impacting correctional healthcare workers' care delivery; and, 3) The unmet healthcare-related needs. Correctional healthcare workers' insights, the researchers concluded, can provide guidance regarding how to optimize the health of the increasing population of older women prisoners.<sup>5</sup>

## Quality of Healthcare

In particular, incarcerated women's right to health comparable to what is available in the "outside world" is a critical, yet often overlooked, human rights issue. It is imperative that their unique healthcare needs are comprehensively met and that systemic failures are not only highlighted but addressed in a sensitive and humane manner, with a clear acknowledgment of the human rights basis of their rightful claims. To protect the right to health for all, nations and international bodies need to address these disparities, implement gender-responsive policies, and create an equitable system of care.<sup>6</sup>

## End-of-Life Care

Similarly, another U.S. study echoed the need for gender-specific healthcare, but specifically in the context of end-of-life care. The researchers emphasized that health outcomes, including disruption to physical, cognitive and psychosocial development, are exacerbated among older women. Further, women's prisons lack peer caregiving programs that are available in some men's prisons, again highlighting gender inequities (**see sidebar**). The study underscores the critical role of adequate healthcare access to improve quality of life *and death* during incarceration. There is also a dire need for gender-specific care, preventative health-care, and early intervention strategies to address the unique health needs of incarcerated women as they age *and die* in prison. The researchers found few examples of programs or policies providing equitable access to comprehensive healthcare services are available.<sup>7</sup>

### **Ground-up compassion: Supporting peer-led end-of-life care at the Central California Women's Facility**

*ADVANCING CORRECTIONS (U.S.)* | Online – Accessed 21 February 2025 – This paper explores a revolutionary peer-led end-of-life care program at the Central California Women's Facility, initiated by incarcerated women advocating for compassionate care in their community. Aligned with the principles of the United Nations Bangkok Rules,<sup>3</sup> the Comfort Care program seeks to uphold the dignity of incarcerated people and provide meaningful skill development through caregiving roles. Supported by the Humane Prison Hospice Project and a local non-profit hospice organization, this grassroots initiative equips participants with palliative care skills, fosters a culture of empathy and mutual aid, and centers humanity within a challenging environment. **Summary (scroll down to article #13):** <https://bit.ly/438IEcM>

Often overlooked is the decision-making process in end-of-life care. Incarcerated individuals have few personal rights, but one they do retain is the ability to create advance directives for their healthcare. Unfortunately, few incarcerated individuals know that this is the case. A relatively new project led by a Washington State University graduate student is one of the few examples of initiatives to educate more incarcerated people about their options as they approach the end of their lives.<sup>8</sup>

Dying in prison carries tremendous negative stigma. Inmates frequently associate dying in prison with an experience devoid of dignity and peace.<sup>9</sup> As stated, prison policies and practices generally remain male-centric and often fail to address the gender-specific needs of incarcerated women. There clearly needs to be a seismic shift in current thinking. Incarcerated women, as a particularly vulnerable subset within an already vulnerable group, require special attention and compassionate healthcare to safeguard their right to health.

## References

1. 'Global prison population and trends: A focus on rehabilitation,' United Nations Office on Drugs & Crime, 2024. <https://bit.ly/40VMBxh>
2. 'Female prison population growing faster than male, worldwide,' World Prison Brief, Institute for Crime & Justice Policy Research, February 2025. <https://bit.ly/3WYIMYu>
3. 'Guidance Document on the Bangkok Rules,' Penal Reform International, 2021. <https://bit.ly/4jPaDml>
4. Robinson, L., O'Neill, A., Forsyth, K., *et al.* 'Older women in the criminal justice system: A brief report from a nominal group,' *Journal of Forensic Psychiatry & Psychology*, December 2024. <https://bit.ly/3ZG16ow>
5. Barry LC., Adams KB., Zaugg, D., *et al.* 'Healthcare needs of older women prisoners: Perspectives of the healthcare workers who care for them,' *Journal of Women & Aging*, 2020;32(2):183-202. <http://bit.ly/2uNwbsf>
6. Alhasan, R. 'Incarcerated women's right to health: Bridging the gap between policy and reality,' *The Denning Law Journal*, 2024;33(1):371-379. <https://bit.ly/40PKPOb>
7. Big Eagle, T., Shatswell, L., O'Sullivan, K., *et al.* 'A caged death: Efforts to improve quality of life and death for aging incarcerated women,' *Innovation in Aging*, 2024;8(Supplement):992-993. <https://bit.ly/3BQT4kR>
8. Weybright, S. 'New fellowship will help imprisoned women plan for end of life,' *Washington State University Insider*, December 2024. <https://bit.ly/407qWDu>
9. Deaton, D., Aday, R., Wahidin, A. 'The effect of health and penal harm on aging female prisoners' views of dying in prison,' *Omega – Journal of Death & Dying*, 2009;60(1):51-70. <https://bit.ly/4gyaCk5>

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