

Numbers¹⁵



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
DETENTION¹⁶**



**13% OF WOMEN IN PRISON
ARE FOREIGNERS¹⁷**



700+ WOMEN IN PRISON
ARE PREGNANT



15. Data from the 46 countries covered in this report. More information can be found in the country reports at www.apr.ch/global-report
 16. 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).
 17. 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.

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.

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.