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Gendered Incarceration in India: Examining Structural Gaps, Challenges and Rehabilitation of Women Prisoners

Aditi Sharma
LLM Student,
Himachal Pradesh National Law University, Shimla

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Gendered Incarceration in India: Examining Structural Gaps, Challenges and Rehabilitation of Women Prisoners

ABSTRACT

This study critically examines the gendered structures and systemic gaps in women's incarceration in India, revealing how male-centric prison systems inadequately address female prisoners' distinct healthcare needs, mental health issues, exposure to custodial violence, and rights concerning incarcerated mothers and their children. Employing a feminist and intersectional framework, it integrates qualitative data, legal analysis, and comparative international perspectives to argue for trauma-informed, gender-responsive rehabilitation and the expansion of non-custodial measures. The research highlights the necessity for comprehensive reforms in prison infrastructure, healthcare services, legal aid provision, and reintegration policies to restore dignity and agency to incarcerated women and promote their successful social reintegration.

KEYWORDS

Gendered Incarceration, Women Prisoners in India, Structural Gaps, Prison Challenges, Rehabilitation and Reintegration

1. INTRODUCTION

"*Freedom cannot be achieved unless women have been emancipated from all forms of oppression*." — Nelson Mandela.

These profound words from Nelson Mandela emphasise that the liberation of society is intrinsically linked to the emancipation of women, including those confined within prison walls.[1]. Women's incarceration in India starkly highlights how criminal justice systems often overlook the gendered realities shaping women prisoners' experiences. Women are incarcerated not simply as offenders but as individuals who embody intersecting oppressions of gender, caste, class, and trauma—realities that existing male-centric prison policies fail to address adequately.[2]

This research uses a feminist lens to show how India's prison system overlooks the specific needs of incarcerated women. Many face inadequate healthcare, weak mental-health support, custodial abuse, and

[1] Mandela, N., quoted in *Long Walk to Freedom*, Little, Brown and Company, 1994.
[2] Nandy, A., *The Intimate Enemy: Loss and Recovery of Self Under Colonialism*, Oxford University Press, 1995.

neglect of caregiving roles, all worsened by social marginalisation. Gender-neutral policies further erase these realities. Drawing on intersectionality and international models, the study calls for a trauma-aware, gender-responsive justice system that prioritises dignity, rehabilitation, and alternatives to imprisonment to support true empowerment and reintegration.

1.1 Background of Incarceration in India

India's prison system has its origins in the colonial era, established primarily as an instrument of British imperial control and social order. The British introduced formal incarceration practices based on the penal philosophies of punishment and deterrence prevalent in Victorian England, emphasising repression over rehabilitation. Prisons were mainly designed to control political dissent and maintain colonial rule rather than to address criminal justice in a gender- or caste-sensitive manner[3]. Women's incarceration remained marginal and largely invisible, as the system reflected patriarchal and colonial biases that rendered female prisoners' needs secondary to male offenders. After independence, India maintained the colonial prison framework, with the Prisons Act, 1894, still guiding prison administration. This male-centric system inadequately addresses women's distinct needs, leading to their systemic neglect and invisibility. [4]

Currently, India houses approximately 5,06,660 inmates within over 1,300 prisons, with women prisoners numbering around 21,500 as of 2023—a significant increase reflecting changing socio-legal dynamics, but also intensifying the pressure on gender-insensitive facilities. [5] These figures highlight the urgent need to rethink incarceration through a gender-responsive lens, which would promote effective rehabilitation in prisons.

2. THEORETICAL FRAMEWORK

2.1 Theorising Women's Pathways to Incarceration

In the case of women prisoners, the theory in India focuses more on women's criminality rather than their status as prisoners. It emphasises 'causative explanations' over 'contextual explanations. Even in theory, women prisoners were treated as deviant women, and the studies on women prisoners became studies on women and crime. The focus shifted from 'prisoners who are women' to 'women who are criminals.[6]

[3] Baxi, U., *The Crisis of the Indian Legal System*, Vikas Publishing, 1982.
[4] Nandy, supra note 2.
[5] Ministry of Home Affairs, *Prison Statistics India 2025*, Government of India, 2025.
[6] M Kamthan, 'Women Prisoners in India: Tracing Gender Gaps in Theorising Imprisonment' (2018) 6(6)

Aristotle's idea that "equality among the unequal is inequality" highlights how criminology's male-centric bias ignores the unique needs of women prisoners by treating them like men. This undermines their rights, creates blanket laws that miss gender-specific issues, and reinforces the belief that "normal" women don't commit crimes, hindering meaningful, women-centred reforms.

Positivist theories portray women offenders as misfits, suggesting they are biologically and psychologically abnormal, which hinders their reintegration into society. These women are often viewed as patients suffering from inherent disorders, rather than as individuals shaped by social circumstances. Suvarna Cherukari, in her book "Women in Prison- An Insight into Captivity & Crime", quoted Cesare Lombroso (1895), who presented the Positivist theory, which maintained that deviants are less highly evolved than "normal, law-abiding citizens. "This led to a tenuous assumption that a woman exhibiting criminal tendencies is not only an abnormal woman, but she is biologically like a man". [7]

In yet another dominant strain, Otto Pollak employs a Freudian approach to formulate a positivist account of women's criminality. Pollok contends that women are the masterminds of criminal organisations; that they are the instigators of crime rather than the perpetrators. [8] This theory is deeply flawed because it fails to address the actual criminal behaviour of women, instead highlighting the criminal justice system's inability to establish their guilt effectively.

Further, in a study of convicted women inmates in the jails of three states in India: Punjab, Haryana and Himachal Pradesh, Singh (1982) argues that there is a significant relationship between menstruation and crime, borrowing Dalton's (1960) contention and notes that fifty per cent of his respondents were 'menstruating or in premenstrual' while they committed their offences. This could mean that the hormonal changes cause women to commit crimes during this period.[9] This argument is flawed because criminal behaviour cannot be explained by biology alone for either men or women. It also overlooks the value of rehabilitative justice by assuming that punishment cannot lead to meaningful reform.

In India, following early Western sociological explanations of female criminality, Ahuja (1969) conducted one of the first studies on female offenders in the country. He argues that families often undergo strain, which necessitates adjustment. However, sometimes women fail to

[7] uvarna Cherukari, *Women in Prison: An Insight into Captivity and Crime* (Cambridge University Press India Pvt Ltd 2007)
[8] Ibid.
[9] Eamonn Carrabine, 'Discourse, Governmentality and Translation: Towards a Social Theory of Imprisonment' (2000) 4(3) Theoretical Criminology 309–331.

adjust, and this may result in criminality. [10] This theory is problematic and insufficient as it concentrates on women's maladjustment, rather than addressing the deeper issues rooted in family dynamics, cultural norms, and gender structures.

Positivist theorists often label women offenders as irredeemable, overlooking the social, cultural, and familial factors shaping their behaviour. This view rejects rehabilitation and deepens stigma rather than aiding reintegration.

2.2 Patriarchal Structures within the Carceral System

Patricia Uberoi defines patriarchy as a society in which descent and group placement, inheritance, and succession are all harmoniously in the male line. [11]Thus, 'hegemonic patriarchy' can be understood as the dominance of the male authority over the females and with its prolonged exercise, it gains legitimacy and the consent of the female population also. The problem arises when this structure is replicated in other social and political institutions. The State becomes a patriarchal institution that reaffirms the "familial ideology" of patrilineal kinship through law and public policy. Patriarchy and hegemonic masculinity are the cornerstones of society, both inside and outside the prison. [12] Prisons function as patriarchal, hierarchical institutions that serve as instruments of social control and punishment within and beyond the criminal justice system.

2.3 Gendered Social Control in Prisons

Foucault writes that, "The classical age discovered the body as object and target of power. It is easy enough to find signs of the attention paid to the body, to the body that is manipulated, shaped, trained, which obeys, responds, becomes skilful and increases its forces"[13]. Now, the attributes he points out aim to make the body the most docile feature of any prison. The utility was infused into the docility of the bodies, and the mixed effect of both was called "Discipline". Foucault preferred to call it an 'art of the body'[14]. Thus, discipline produces 'docile' and 'subjected' bodies.

Feminists build on Foucault's analysis of disciplinary power to explain how feminine 'docile bodies' are shaped across everyday life. The

[10] *Ibid.*
[11] Patricia Uberoi, *Your Law and My Custom: Legislating the Family in India* (Critical Quest, New Delhi 2009)
[12] Olga Giller, 'Patriarchy on Lockdown: Deliberate Indifference and Male Prison Rape' (2004) 10 *Cardozo Women's Law Journal* 659, 2.
[13] Michel Foucault, *Discipline and Punish: The Birth of the Prison* (Vintage Books, USA 1995) 136.
[14] Ibid; p137

concept of "perpetual surveillance," as embodied by the Panopticon, extends beyond prisons into society at large, serving as a form of social control. Pat Carlen, in her book "Women's Imprisonment: A Study in Social Control", draws upon this Foucauldian framework. In her book, she deals with the socio-biographies of thirty-nine women with criminal convictions in Scotland's only women's prison, Cornton Vale. She raises an interesting question: Is the modern prison really about crime and punishment? She argues that Scottish women most likely to be arrested are those who have stepped out of 'proper' domesticity. "Familiness is one dominant conceptual axis along which the Scottish judicial system conceives women's imprisonment." [15]Such a system enables rigid surveillance in gender-specific ways (emphasising domestic work and family roles through disciplinary mechanisms). In another study on women's imprisonment in England, Wales and Scotland, Carlen and Worrall write about the treatment of women prisoners by the authorities. They argue that the primary purpose of education and training in women's prisons is disciplinary and limited to rudimentary skills, involving domestic cooking, laundering, use of domestic appliances and home decorations. Women inmates are often unfamiliar with skills that can help them find employment after leaving prison. [16]

In India, Justice V.R. Krishna Iyer, although advocating for the rehabilitation of women prisoners, suggests that women should be encouraged to engage in traditionally feminine or stereotypically womanly activities, such as motherhood, crafts, babysitting, domestic service, and good cooking.[17].

Adrian Howe says that "The problem is not simply that the new theorisations of punishment ignore women or threaten them as footnotes to the main event- the punishment of men; they also overlook the question of gender, or better still, the deeply sexed nature of punishment regimes and, by extension, their own analytical frameworks.".[18]Mary Bosworth quotes Elaine Player: "If the problem is conceived not in terms of how women can be fitted in to a system for men, but in terms of how women prisoners can be afforded an equal opportunity to minimise the unintended pains of imprisonment and to maximise their capacity for self-support outside, then the potential for different strategies and methods of organisation presents itself."[19].

[15] Cherukari, *supra* n 2, _.
[16] Carlen, P. and Worrall, A. (2004) Analysing Women's Imprisonment. Cullompton: Willan Publishing.
[17] R D Shankardass (ed), *Punishment and the Prison: Indian and International Perspectives* (Sage Publications, New Delhi 2000) 66.
[18] Adrian Howe, *Punish and Critique: Towards a Feminist Analysis of Penality* (Routledge 1994) 2.
[19] Mary Bosworth, *Engendering Resistance: Agency and Power in Women's Prisons*

Overall, gender differences in prisons are deeply connected to social ideas about masculinity and femininity. Men's prisons focus more on control through power and toughness, while women's prisons emphasise relationships and domesticity. This shows how prisons are not just about punishment but also about enforcing societal gender norms. Eamonn Carrabine writes, "If gender is ever considered in a male prison, it tends to be only discussed in relation to prisoners.[20] This analytical focus on prisoners misses the critical point that gender relations are embedded in institutional settings and are enacted through the translation of discursive definitions of conduct."[21]Gendered stereotypes about men and women influence how prisons operate, often reinforcing existing inequalities and limiting the scope of rehabilitation for prisoners, rather than supporting their broader reintegration into society.

3. CHALLENGES FACED BY FEMALE PRISONERS

The recent increase in female incarceration rates globally has sparked interest in understanding the challenges women inmates face, the types of offences they commit and the impact of incarceration on them and their families. [22] According to a report from the University of London's research centre, the number of women prisoners has increased by 57% over the last two decades[23]. Similarly, according to the "Prison Statistics India Report" of 2022, published by the National Crime Records Bureau, Ministry of Home Affairs, the number of female inmates in India has increased significantly over the last decade, rising from 15,030 in 2010 to 17,830 in 2015 and 23,770 in 2022. This represents a substantial increase of almost 58% from 2010 to 2022. According to the Institute for Criminal Policy Research (via World Prison Brief), as of December 31, 2023, the number of female prisoners in India is 21,510, constituting 4.1% of the total prison population.[24].

Prisons are designed mainly around male inmates, leading to systemic neglect of women's gender-specific emotional, physical, and social needs.[25] The statistical data released by the "United Nations Office on

(Ashgate Publishing Ltd 1999) 60.

[20] Anne Schwan, 'Disciplining Female Bodies: Women's Imprisonment and Foucault' (2011) 12(2) *Feminist Theory* 131, 135.

[21] *supra* 3 , 324.

[22] Kruttschnitt C and Gartner R, "Women's Imprisonment" in Tonry M (ed), *Crime and Justice: A Review of Research*, vol 30 (University of Chicago Press 2003) 1.

[23] Fair H and Walmsley R, *World Female Imprisonment List: Sixth Edition* (Institute for Crime & Justice Policy Research, Birkbeck University of London 2025)

[24] Institute for Crime & Justice Policy Research, "India," *World Prison Brief*, Latest update 2024, https://www.prisonstudies.org/country/india (accessed on [insert date here])

[25] Mehak Rajpal, Indu Bharti Jain, Shweta Dhand, Neelam Rani, Jaswinder and Jaya

Drugs and Crime (UNODC) points to the fact that incarcerated women generally enter prison with their complex pasts of gender-based violence, poverty, caregiving needs and responsibilities, and that they require different responses by prison authorities. [26]

Furthermore, the confluence of gender with caste, class and religion exacerbates vulnerabilities. It underscores the importance of a gendered and intersectional approach to rights assessments. [27] Without gender-responsive programmes that address the roots of women's offending, prisons fail to support their rehabilitation or help them reintegrate into society, increasing the risk of recidivism.

Women in prisons face a wide range of challenges, from overcrowded spaces and a lack of gender-appropriate facilities to poor hygiene conditions and severe physical and mental health concerns. Persistent malnutrition, weak maternal health during pregnancy and childbirth, lack of support or preparation for mothers, and exposure to various forms of abuse further collectively deepen the hardships faced by women in prison.[28]

3.1 Overcrowding and Inadequate Infrastructure

Overcrowding is one of the most pressing issues in India's prison system today. The overpopulation in Indian jails has reached critical levels, with prisons housing more prisoners than their official capacity.[29]. According to the "National Crime Records Bureau" (NCRB), the total number of female prisoners in the year 2021 was 22,918, while the capacity of jails was enough to accommodate only 6,767 prisoners. [30]According to a summary of the NCRB Prison Statistics India 2023, the *occupancy rate for women prisoners* in 2023 is 70 % (i.e., well under capacity for female inmates). [31]For instance, Uttar Pradesh housed 4,809 women prisoners in 2022 against a capacity of only 540; similarly, Bihar had a capacity of 202

Somvanshi, "Gender Behind Bars: A Critical Analysis of the Laws, Policies, and Realities of Women in Indian Prisons," *Journal of Emerging Technologies and Innovative Research* (JETIR) 11(6) (2024).

[26] United Nations Office on Drugs and Crime, *Women and Imprisonment: Statistical Brief 2024* (UNODC 2024).

[27] Association for the Prevention of Torture (APT), *Global Report on Women in Prison: Analysis from National Preventive Mechanisms* (APT, December 2024)

[28] Padmza Mohan Bain, "From Bars to Society: Addressing Gender-Specific Issues and Conditions of Women Inmates in Prison," *International Journal of Law Management & Humanities* 7(3) (2024) 2724–2732.

[29] Rashid Nawaz Khan, "*Prison Reforms in India: A Critical Analysis"* (2025) 4 *International Journal of Human Rights Law Review* 320.

[30] National Crime Records Bureau, *Prison Statistics India 2021* (Executive Summary, Ministry of Home Affairs 2022)

[31] National Crime Records Bureau, *Prison Statistics India 2023* (Ministry of Home Affairs 2025).

but held 2,938 prisoners.[32]

Overcrowding overwhelms resources and harms inmates' physical and mental well-being. Cramped, unhygienic spaces increase the risk of disease, while poor sanitation and limited bedding compromise rehabilitation and humane treatment.
Without proper classification or resources, congestion grows, and constant noise and stress worsen mental health, raising the risk of recidivism.

3.2 Inadequate Gender-Responsive Facilities

The absence of gender-responsive facilities often results in inadequate healthcare, poor sanitation, and limited support for menstruation, pregnancy, and motherhood. Only 15 states and Union Territories in India have exclusive women's prisons, which means that a significant number of female inmates in the country have to adjust to mixed-gender facilities. [33]

In a study conducted in October 2005 of 150 women convicts lodged in Jaipur Central Prison in Rajasthan, highly unsatisfactory conditions were found. A majority of 102 prisoners believed that bathrooms and toilets were insufficient, while 48 thought that they were sufficient. Most prisoners were dissatisfied with the quality of food, bedding, toilets, and bathrooms, although some were not. Prisoners also complained that they were forced to clean the toilets with brick pieces, as the authorities did not provide them with brushes and toilet cleaners for this purpose.[34]

In India, correctional facilities for women remain severely under-resourced compared to international standards. Unlike the United Kingdom, where female inmates have access to individual cells, personal clothing, mother–baby units, telecommunication, and rehabilitation programmes, such gender-responsive provisions are largely absent in Indian prisons. [35]

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[32] Ramachandra A and Ramachandra A, "*Female prisoners face gender bias, are overcrowded, live in polluted conditions and suffer custodial rape*" (14 December 2023) *The Siasat Daily* https://www.siasat.com/female-prisoners-face-gender-bias-are-overcrowded-live-in-polluted-conditions-and-suffer-custodial-rape-2934521/

[33] P Lavanya, "Unique Challenges Faced by Women Prisoners in India: Beyond the Basics," *White Black Legal* (December 2024) https://www.whiteblacklegal.co.in/details/uniquechallenges-faced-by-women-prisoners-in-india-beyond-the-basics-by---p-lavanya

[34] Anupma Kaushik and Kavita Sharma, "Human Rights of Women Prisoners in India: A Case Study of Jaipur Central Prison for Women," *Indian Journal of Gender Studies* 16(2) (2009) 253–271.

[35] Leelamma Devasia & V.V. Devasia, *Female Criminality: Facts, Causes and Cure* (Mittal Publications 1989).

3.3 Poor Sanitation and Menstrual Hygiene Challenges

The lack of specialised medical care, particularly for issues related to menstruation, pregnancy, and postnatal care, exacerbates the challenges for women. The "Prison Statistics India" reported that the majority of female prisoners in India fall in the age groups of 18-30 years (29.4%) and 30-50 years (50.7%), which means that approximately 80% of women in prisons are in the active stages of their menstrual life cycle. [36]

In a case study of Jaipur central prison, it was found that Inadequate attention is paid to their women-specific needs, such as menstruation, pregnancy, childbirth, contact with children, body searches and lack of general privacy.[37] The Committee on Prison Reforms (2003) recommended improving the healthcare system in prisons. [38]However, gender-specific healthcare needs remain largely unmet.

3.4 Inadequate Healthcare and Mental Health Support

The health-care needs and experiences of women who are incarcerated differ substantially from those of men who are incarcerated and from the general population. Women in custody disproportionately have histories of trauma and abuse[39], have a greater burden of mental and physical health conditions compared with men who are incarcerated and compared with women who are not incarcerated[40], and have worse health outcomes and higher rates of mortality after release. In addition to these differences, women can face social and structural barriers to care, such as competing pressures of family responsibilities, fewer economic resources, and stigma.[41] All of which contribute to disparities in access to health-care services and health outcomes. The healthcare support system remains miserable due to several reasons, including insufficient infrastructure, lack of initiative from prison authorities, and funding constraints. Prison officials are not well-trained and lack a basic understanding of the gender-specific needs of women prisoners, making it challenging to address the requirements. [42]

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[36] Supra 3.
[37] Supra note 14.
[38] Committee on Prison Reforms, *Report of the Committee on Prison Reforms* (Ministry of Home Affairs, Government of India 2003).
[39] Bodkin et al., "History of Childhood Abuse in Populations Incarcerated in Canada," *Am J Public Health* 109 (2019) e1–11.
[40] Favril et al., "Mental and Physical Health Morbidity Among People in Prisons: An Umbrella Review," *Lancet Public Health* 9 (2024) e250–60
[41] Binswanger et al., "Gender Differences in Chronic Medical, Psychiatric, and Substance-Dependence Disorders Among Jail Inmates," *Am J Public Health* 100(3) (2010) 476–482
[42] Samra Anwer & Anoop K. Bhartiya, "Women's Health in Indian Prison: Looking Over the Impact of Imprisonment and Access to Health Services of Women Prisoners

The rates of psychological distress and mental health problems are much higher in the case of women in custody, as they are more vulnerable to gender discrimination, neglect, and violence, including physical and sexual abuse.[43]The high prevalence of mental health conditions among people in custody is due to multiple, intersecting factors, including the prevalence of co-occurring mental health and substance use disorders and the criminalisation of mental illness.[44]

In a cross-sectional study done at the central jail of Telangana, the prevalence of psychiatric morbidity according to BPRS scoring was 76.83%. 54.87%showed somatic concerns, 43.90% depressive symptoms, 30.48% anxiety symptoms, and feelings of guilt present in 21.95%.[45] Female prisoners have more psychosocial problems due to multiple social and cultural reasons, along with low-income family support.[46] In many societies, people with mental disorders face marginalisation and stigma across social, economic, and health settings, primarily because of persistent misconceptions about mental illness.

3.5 Sexual abuse and Custodial violence

Sexual abuse and custodial violence against women prisoners in India are pressing human rights concerns that persist despite legal safeguards. For instance, reports have highlighted cases where exploitation and abuse from both prison officials and fellow inmates were inflicted on women prisoners[47]. In some prisons, women have been subjected to forced labour, sexual violence, and coerced strip searches, a violation of their dignity and rights under the Constitution of India (Article 21). In 2017, Manjula Shetye, an inmate at Byculla Jail, tragically lost her life after being beaten by six prison staff, including a jailer, reportedly over minor infractions. She sustained 17 fatal injuries, which were initially dismissed as the result of a fall, but were later confirmed to be from a violent assault.[48]

In addition to the typical kinds of distress both men and women experience in prison, women are more vulnerable to gender

in India," *International Journal of Creative Research Thoughts* 11(1) (2023)

[43] Muktikanta Mohanty, "Behavioural Syndrome of Women Prisoners in India," *The Indian Journal of Political Science* 74(4) (2013)

[44] Supra note 20.

[45] Siddiqui et al., "Mental Health Behind Bars: Psychiatric Morbidity Among Female Prisoners in Telangana, India," *Telangana Journal of Psychiatry* (2025)

[46] Grella et al., "Associations Among Childhood Trauma, Adolescent Problem Behaviors, and Adverse Adult Outcomes in Substance-Abusing Women Offenders," *Psychol Addict Behav* 19 (2005) 43–53

[47] Kothari, S., "Women in Prison: Exploitation and Abuse in Indian Prisons," *Journal of Social Inclusion Studies* 4(1) (2013) 45–59

[48] *Six Byculla Jail Staffers Arrested in Inmate's Death*, Mumbai Mirror (28 June 2017).

discrimination, neglect, violence, and physical and sexual abuse.

3.6 Conditions of Children of Women Prisoners

Treatment of children languishing in jail is a state subject in India. It is administered by the prisons or by welfare agencies. It is a human problem and not necessarily a penal one. The jail environment is certainly not conducive to the development of children's personalities. Socialisation patterns get severely affected due to their stay in prison.[49]

As of 31 December 2022, there were 1,537 women prisoners with 1,764 children living in Indian prisons.[50] The 2024 India Prison Nursery Report, authored by Stuti Shah (CICMN, 2024), highlights that women's prisons in India lack adequate nurseries, creches, and child-friendly infrastructure. As a result, children living with their incarcerated mothers face limited access to proper care, nutrition, and early childhood development opportunities.[51].

3.7 Barriers to Equitable Legal Assistance

According to the National Legal Services Authority's October 2024 report, among 1,330 prisons, 893 legal-aid clinics were functioning, supported by 3,539 jail-visiting lawyers, 1,132 community paralegals, and 1,035 convict paralegals. These clinics received 31,193 applications, representing about 8.5% of the total prison population seeking legal assistance.[52].

The National Commission for Women, in its 2019–20 Annual Report, highlighted that many women prisoners come from "poor socio-economic and educational background," stressing the urgent need for better quality legal aid in prison to ensure justice. [53]

Many women prisoners lack access to legal aid because of poverty, limited family support, and poor coordination between authorities. NHRC jail-monitoring reports also reveal that many prisons have no legal-aid cell, and few inmates actually use the legal help they deserve.[54]

3.8 Structural Limitations in Prison-Based Skill Enhancement Programs

According to a 2023 report by the parliamentary standing committee on

[49] Supra note 23,
[50] Supra 3,
[51] Stuti Shah, *2024 India Prison Nursery Report* (CICMN, 2024).
[52] National Legal Services Authority, *Report on Functioning of the Prison Legal Aid Clinics (October 2024)* (NALSA 2024)
[53] National Commission for Women, *Annual Report 2019–20* (NCW 2020) 55
[54] Flavia Agnes, "Legal aid is hardly available for women prisoners," *IANS* (via Onmanorama, 11 Dec 2020)

home affairs, nearly 65% of the 554,034 prisoners across India are either illiterate or have an education below Class 10. Only 16.2% had been provided with any form of educational opportunity, and a mere 0.6% of the total prison budget was spent on vocational and academic training[55]. In Ahmedabad's Sabarmati Women's Jail, for instance, there is no literacy training available, and the only work opportunity for women is in a sanitary pad manufacturing facility, where they earn far below the minimum wage. A comprehensive aftercare program can help mitigate bad behaviour and facilitate a smooth transition for females in the public eye after release.[56].

3.9 Stigma, Marginalisation and Reintegration Disparities

Many women are incarcerated for crimes related to poverty or socioeconomic vulnerabilities, such as prostitution or petty theft. Upon release, the stigma associated with their time in prison often makes it difficult for them to reintegrate into society, leading to a higher risk of recidivism. [57]

4. LEGAL AND POLICY FRAMEWORKS

4.1 International Legal Provisions and Framework for Women Prisoners

International legal frameworks recognise the unique vulnerabilities of women prisoners and set standards for their protection. Instruments like the UN Bangkok Rules call for gender-sensitive treatment, humane conditions, proper healthcare, and alternatives to incarceration, while also addressing caregiving roles and past trauma to support rehabilitation and reintegration.

United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Bangkok Rules, 2010)

Adopted by the UN General Assembly in 2010, the "United Nations Rules for the Treatment of Women Prisoners "and "Non-custodial Measures for Women Offenders" (Bangkok Rules) are the first international standards specifically tailored to address the unique circumstances and needs of women in the criminal justice system. The Bangkok Rules advocate for rehabilitation programmes that address the root causes of women's incarceration, and emphasise the psychological harm of separation from children and economic ties — urging states to

[55] Parliamentary Standing Committee on Home Affairs, *Report on Prison Reforms, Conditions & Infrastructure* (Rajya Sabha, 2023) 55
[56] Kiran R. Naik, "Women in Prisons India" (Issue 2, June 2019) *IJRAR: International Journal of Research and Analytical Reviews* 178–236
[57] P. Bandyopadhyay, "Women's Rights and Prison Reforms in India," *Journal of Criminal Justice Studies* 30(3) (2017) 190–203

prioritise dignity, reintegration, and gender-sensitive post-release support.[58]

But many states still fail to provide gender-responsive, non-discriminatory *health care* for women in detention. They document systemic violations — including inadequate hygiene, HIV/reproductive health services, trauma-informed mental health care and rehabilitation — based on UN Committee observations from over 39 countries.[59]

United Nations Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules, Revised 2015)

The "United Nations Standard Minimum Rules for the Treatment of Prisoners" (Nelson Mandela Rules, revised 2015), though not explicitly gender-specific, establish fundamental principles for the humane treatment of all prisoners and serve as a universal baseline for prison management. They demand that all prisoners be treated with dignity, provided equal access to health care, and be protected from discrimination and degrading treatment, including on gender grounds.[60]

For women prisoners, these rules are particularly significant as they provide the core standards—such as the prohibition of torture, the right to healthcare, and the necessity of safety and dignity—which national systems must uphold and adapt to meet gender-specific needs. These rules also require separate, safe facilities for women, supervised by female staff, as well as special prenatal and postnatal care.[61]

Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979)

CEDAW (1979), often called the international bill of rights for women, requires states to eliminate discrimination and protect women's rights in all areas. Its Optional Protocol (1999) allows women to bring complaints directly to the CEDAW Committee when national remedies fail. For women prisoners, CEDAW mandates gender-sensitive treatment, protection from abuse, and access to appropriate health care—including reproductive and mental-health services. It also stresses rehabilitation and reintegration programmes tailored to women's needs.[62]

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[58] United Nations, *United Nations Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders (Bangkok Rules)*, GA Res 65/229

[59] Van Hout, M., Fleißner, S. & Stöver, H., "Women's Right to Health in Detention: UN Observations Since the Bangkok Rules," *J Hum Rights Practice* 15(1) (2023) 138–155.

[60] United Nations, *United Nations Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules)*, GA Res 70/175 (2015)

[61] Ibid, Rules 11–12.

[62] *Convention on the Elimination of All Forms of Discrimination Against Women* (UN General Assembly 1979) and *Optional Protocol to CEDAW* (UN General Assembly

European Prison Rules (Revised 2020)

The European Prison Rules (Revised 2020), adopted by the Council of Europe, provide a comprehensive framework for guiding the humane and effective management of prisons across member states. One of the significant advancements in the 2020 revision is the explicit inclusion of gender-specific provisions, recognising the distinct needs and circumstances of women prisoners.[63]

4.2 Legal Provisions and Framework for Women Prisoners in India

India's approach to the legal protection of women prisoners is grounded in constitutional principles, statutory laws, and policy directives aimed at upholding the dignity, rights, and welfare of incarcerated women. While this framework provides essential safeguards, significant challenges remain in ensuring effective implementation and enforcement on the ground.

Constitutional Provisions Protecting Women Prisoners

The Indian Constitution provides essential protections for women prisoners through its guarantees of equality, dignity, and access to justice. Article 14 ensures equal protection under the law, prohibiting discriminatory treatment of women in custody. Article 21, as judicially expanded, protects the right to live with dignity, including access to healthcare and freedom from cruel or degrading treatment—issues especially relevant for women facing sexual abuse, reproductive health needs, and mental-health vulnerabilities. Further, Article 39A mandates free legal aid, crucial for indigent women prisoners who often lack resources or support. Together, these provisions obligate the State to safeguard the dignity, safety, and legal rights of women within the prison system.[64]

Prisons Act, 1894

The Prisons Act, 1894, although a colonial-era legislation, includes specific provisions aimed at safeguarding the fundamental rights and dignity of women prisoners. Section 27 requires the segregation of male and female prisoners, thereby providing a basic layer of privacy and protection for women. Section 15 further stipulates that women prisoners must be supervised exclusively by female staff, an important measure intended to reduce risks of sexual harassment or misconduct. In addition, Section 37 addresses the needs of pregnant women by mandating

1999).

[63] Council of Europe, *European Prison Rules* (Revised 2020), CM Rec(2020)3, Council of Europe, Strasbourg

[64] Constitution of India, Arts. 14, 21, 39A

provisions for medical care during childbirth and for infants born in prison.[65] These protections are narrow and outdated, ignoring women's needs like mental-health care, trauma support, rehabilitation, and safeguards against custodial violence. The Act, therefore, requires significant reform to meet modern human rights standards, including the Bangkok Rules and the dignity and equality guarantees of the Universal Declaration of Human Rights.

Model Prison Manual, 2016

The Model Prison Manual (2016) introduces a rights-based approach to prison governance, aligning with human rights standards, such as the Bangkok Rules. It provides for separate spaces, female supervision, proper healthcare for women—especially pregnant and lactating inmates—and support for children living in prisons. It also emphasises rehabilitation through education, vocational training, counselling, and non-custodial options, along with legal aid and grievance systems. However, its impact varies due to inconsistent implementation across states.[66]

National Policy on Prison Reforms and Correctional Administration, 2007

The National Policy on Prison Reforms and Correctional Administration (2007) promotes a shift from a punitive approach to imprisonment to a rehabilitative, gender-sensitive system of corrections. It recognises that many women prisoners come from vulnerable backgrounds and calls for gender-specific healthcare, non-custodial options for minor offences, and support such as counselling, vocational training, and legal aid. While the policy offers a progressive framework, its impact ultimately depends on adoption and implementation by individual states.[67]

Model Prisons and Correctional Services Act, 2023

The Model Prisons and Correctional Services Act, 2023, replaces the colonial Prisons Act of 1894 with a focus on reformation and rehabilitation rather than punishment. It mandates separate accommodation for women and transgender inmates, protects safety, privacy, and dignity, and provides exceptional care for pregnant women and mothers with children up to age six. The Act also requires gender-sensitive health screenings, accessible healthcare, legal aid, parole, furlough, and rehabilitation programmes. Aiming to modernise prisons through technology and humane treatment, the Act serves as a guiding

[65] *Prisons Act, 1894*.
[66] Ministry of Home Affairs, Model Prison Manual 2016 (Government of India 2022).
[67] Bureau of Police Research & Development (BPRD), National Policy on Prison Reforms and Correctional Administration 2007 (Government of India 2007)

framework; however, its impact depends on its adoption and implementation by individual states.[68]

Committees on Women Prisoners in India

1. All India Jail Manual Committee (1957-1959). This committee made some of the earliest gender-sensitive recommendations, calling for separate spaces and humane treatment for women prisoners, and recognising their distinct needs.[69]

2. Working Group on Prisons (1972). It noted serious issues like overcrowding and poor living conditions and stressed the need for better care, separate facilities, and gender-specific healthcare for women inmates.[70]

3. All India Prison Reforms Committee (Mulla Committee) (1980-1983). Focusing on major prison reforms, it highlighted the challenges faced by women prisoners and recommended separate institutions, easier bail for undertrial women, and stronger protections for women's dignity.[71]

4. National Expert Committee on Women Prisoners (Krishna Iyer Committee) (1986-1987) As the first committee dedicated entirely to women prisoners, it urged searches by women constables, regular medical check-ups by female doctors, access to legal aid and family contact, and better support for children living with their mothers.[72]

5. Standing Committee on Empowerment of Women (2017). It drew attention to overcrowding, custodial violence, and the lack of gender-sensitive training, recommending more women officers and improved healthcare, sanitation, and legal aid in prisons.[73]

6. Ministry of Women and Child Development Report (2018). Based on ground-level inputs and NCRB data, it recommended more substantial support for pregnancy, mental health, legal aid,

[68] Ministry of Home Affairs, *Model Prisons and Correctional Services Act, 2023* (Government of India 2023)
[69] Ministry of Home Affairs, *All India Committee on Jail Reforms (Mulla Committee Report)* (1980–83) Govt of India.
[70] Ministry of Home Affairs, *Working Group on Prisons Report* (1972) (Government of India)
[71] Ministry of Home Affairs, *All India Prison Reforms Committee Report* (1980-1983) (Government of India)
[72] Ministry of Home Affairs, *National Expert Committee on Women Prisoners Report* (1987) (Government of India)
[73] Parliamentary Research Service (PRS) India, *Standing Committee on Empowerment of Women Report* (2017)

reintegration, and childcare. It called for more women-only prisons and better living conditions.[74]

5. COMPARATIVE POLICY FRAMEWORKS AND REHABILITATION

The incarceration of women represents a critical dimension of criminal justice systems that remains insufficiently addressed in comparative legal scholarship. Women prisoners experience unique vulnerabilities shaped by gender, intersecting identities, trauma histories, and systemic marginalization.[75] While male-dominated prison reform discourse has dominated policy-making globally, gender-responsive approaches remain fragmented and under-resourced.[76]

5.1 Gender-Responsive Health and Mental Health Care

Gender-Specific Health Challenges

Women prisoners enter carceral systems carrying complex health burdens often unaddressed in prior community-based settings. Research indicates that female inmates present with higher prevalence rates of mental health disorders, infectious diseases, trauma-related conditions, and reproductive health complications compared to their non-incarcerated counterparts and, in specific contexts, to male prisoners.[77].

In India, the problem is especially acute. NHRC findings highlight significant gaps in mental-health screening and a continued shortage of trained mental-health personnel in prisons.[78] CHRI has similarly reported severe deficits in psychiatrists and psychologists, particularly in women's prisons.[79] Studies further show that many incarcerated women have histories of domestic violence, sexual abuse, and trauma, yet trauma-informed care remains largely absent. [80]Recent national data underline these concerns: only 1.6–1.7% of prisoners are officially recorded as having mental illnesses, and as of 2022, merely nine women

[74] Ministry of Women and Child Development, *Report on Women in Prisons* (2018) (Government of India)
[75] McLeod, K.E. et al., "Health Conditions Among Women in Prisons: A Systematic Review," *The Lancet Public Health*, vol. 13, no. 6, 2025, pp. e292–e302
[76] United Nations Office on Drugs and Crime, *Gender in the Criminal Justice System*, UNODC Global Prison Challenges Programme, 2020.
[77] Hatton, D.C. et al., "Prisoners' Perspectives of Health Problems and Healthcare," *Journal of Correctional Health Care*, vol. 12, no. 2, 2006, pp. 73–88.
[78]National Human Rights Commission, *Advisory on Mitigating Deliberate Self-Harm and Suicide Attempts in Prisons*, NHRC, New Delhi, 2023.
[79] Commonwealth Human Rights Initiative, *Women in Prison: India – Second Status Report*, CHRI, New Delhi, 2020.
[80] Goyal, S. and Bala, N., "Mental Health of Female Inmates in India: A Review," *International Journal of Criminal Justice Sciences*, vol. 14, no. 2, 2019.

psychiatrists or psychologists were employed across the entire prison system.[81]

Comparative Models: International Best Practices

The United Kingdom's gender-responsive healthcare framework, as articulated through the policies of Her Majesty's Prison and Probation Service (HMPPS), mandates reception health screening for all female prisoners, mental health assessments by qualified professionals, and continuity of care for pre-existing conditions.[82].

Australia's approach similarly emphasizes gender-sensitive health assessments and trauma-informed care. The Victorian prison system has implemented mandatory screening protocols for intimate partner violence, sexual assault history, mental health vulnerabilities, trauma-informed programming, such as the 'Stepping Stones' program developed in collaboration with Aboriginal Elders and women's safety services, allowing individualized care planning.[83].

Nordic countries, particularly Norway and Sweden, emphasise integrated and gender-responsive health services for incarcerated women. In Norway, a rehabilitation-based system ensures universal access to healthcare, with studies showing that 75% of incarcerated women have psychiatric disorders compared to 59% of men, and dual disorders are far more common among women (38% vs. 24%). Person-centred and culturally competent practices further improve treatment engagement among women with co-occurring SUDs and mental-health conditions.[84]

These models emphasise early assessments, trauma-informed care by female staff, on-site mental-health support, continuity of treatment, and strong confidentiality safeguards that help women feel safe enough to disclose their vulnerabilities.

Recommendations for India

India's women's prison healthcare needs urgent reform: the Prison Manual should mandate mental-health screening by trained female psychiatrists or psychologists at reception, as current laws only provide

[81] National Crime Records Bureau, *Prison Statistics India 2023*, Ministry of Home Affairs, Government of India.
[82] Her Majesty's Prison and Probation Service, *Female Offender Policy Framework: Gender-Responsive Approach*, UK Ministry of Justice, London, 2022.
[83] Gower, M. et al., "Gender Responsivity in the Assessment and Treatment of Offenders," *Psychiatry, Psychology and Law*, 2023.
[84] Svendsen, V.G. et al., "Mortality in Women with a History of Incarceration in Norway: A 20-Year National Cohort Study," *International Journal of Epidemiology*, 2024.

general provisions. [85]And leave the implementation of mental-status exams to state prisons. Formal trauma-informed care remains absent, although the MHA Women's Division Advisory Committee recommends counsellor-led interventions and staff training, and limited initiatives, such as Odisha's Project KIRAN, provide partial support.[86]

5.2 Intersectionality-Informed Prison Management and Reforms

Theoretical Framework and Practical Implications

Intersectionality—the analytical framework recognizing how systems of oppression based on gender, caste, class, age, disability, and religion intersect and compound—offers powerful insights for prison reform. An intersectional lens reveals that prison policies addressing "women" as a monolithic category obscure the vastly different vulnerabilities experienced by Dalit women, Muslim women, older women, women with disabilities, and

Recent intersectional criminology shows that marginalised groups—such as older women needing mobility support and chronic-care management—often remain institutionally invisible. Gueta (2020) likewise demonstrates how poverty, racism, and housing insecurity shape many women's health long before incarceration, exposing how uniform prison policies overlook these overlapping vulnerabilities.[87]

In the Indian context, intersectionality is particularly salient. Women prisoners include Dalit women subjected to caste-based discrimination, tribal women facing displacement-driven criminalisation, Muslim women imprisoned under preventive detention laws, and transgender women excluded from mainstream women's facilities.[88]

Policy Applications: Inclusive Prison Management

Women's prison reform should focus on participatory policy, tailored programming, and staff training. Consultation must include incarcerated women, following the UK *Corston Inquiry* (2007) model, to give them a voice.[89].Programs must be tailored to women's diverse realities—for example, child-focused support for mothers, accessible services for women with disabilities, and culturally informed approaches for

[85] Ministry of Home Affairs, *Model Prison Manual 2016*, Government of India.
[86] Ministry of Home Affairs, *Women's Division Advisory Committee Report*, Government of India, 2022.
[87] Gueta, K., "Exploring the Promise of Intersectionality for Promoting Health Equity Among Justice-Involved Women," *Frontiers in Public Health*, vol. 8, 2020, pp. 1–13,
[88] Human Rights Watch, *Detained and Denied: Trans and Gender Non-Conforming Persons in Indian Prisons*, HRW, New York, 2023.
[89] Baroness Corston, *A Review of Women with Particular Vulnerabilities in the Criminal Justice System* ("Corston Report"), UK Home Office, March 2007

marginalised groups. To make these reforms meaningful, prison staff need continuous, mandatory training on intersectionality, bias, discrimination, and trauma-informed practice, with these expectations built directly into their performance reviews.

5.3 Rehabilitation, Education, and Vocational Training Initiatives

Rehabilitation through education and vocational training demonstrates robust evidence for reducing recidivism, enhancing employment prospects, and restoring dignity for incarcerated women.[90]. Nordic prisons, particularly those in Norway and Sweden, regard education and vocational training as fundamental rights rather than privileges. Guided by the principle of normalisation, they ensure that women do not forfeit learning or work opportunities simply because they are incarcerated, helping them maintain dignity and prepare for life after release.

The UK's gender-responsive rehabilitation framework prioritizes programs addressing women's pathways to crime. Since many women offenders have experienced poverty, abuse, substance dependence, and limited education, rehabilitation must address these root causes through trauma-informed education, substance abuse treatment, and skills training, enabling economic independence. [91]Evidence indicates that women who complete vocational training in custody demonstrate 35-40% lower reoffending rates compared to those without such programming.[92]

Context-Specific Innovations for India

India's prison rehabilitation framework requires expansion and differentiation by gender. The existing model, oriented toward maintenance and security, offers limited educational and vocational opportunities, particularly for female prisoners. Recommendations include that Prisons should serve as women-centered skill development hubs, providing training in handicrafts, digital literacy, hospitality, healthcare, and agriculture, with formal certification through institutions like NIOS.[93] Women should have access to primary, secondary, and vocational education—including undergraduate courses through platforms like IGNOU—supported by trauma-informed curricula,

[90] Wilson, D.B. et al., "A Meta-Analysis of Education, Vocational and Work Programs for Adult Offenders," *Journal of Research in Crime and Delinquency*, vol. 37, no. 3, 2000, pp. 347–368.
[91] Baroness Corston, *A Review of Women with Particular Vulnerabilities in the Criminal Justice System* ("Corston Report"), UK Home Office, March 2007
[92] UK Ministry of Justice, *Outcomes of Vocational Training Programs in Women's Prisons: A Five-Year Analysis*, MOJ Statistics Department, London, 2022.
[93] National Institute of Open Schooling, *Skill Certification Programs for Prison-Based Learners*, NIOS, New Delhi, 2023.

flexible schedules, and childcare assistance to account for disrupted learning histories.

5.4 Alternatives to Incarceration and Community-Based Programs

Effectiveness of Non-Custodial Measures

Comparative evidence demonstrates that community-based alternatives to incarceration substantially reduce recidivism, maintain family and social bonds, and prove far more cost-effective than custodial sentences.[94]. The UK Women's Centre Model—a community-based alternative that operates as a "one-stop-shop," integrating healthcare, mental health support, childcare, legal aid, and employment assistance—costs 12 to 42 times less than imprisonment while achieving superior recidivism reduction.[95]. Such centers address women's pathways to crime holistically, recognizing that criminalized conduct often reflects unmet needs rather than inherent criminality.

Research on alternatives to incarceration for women involved in drug-related offences demonstrates that decriminalization, depenalization, and diversion programs—coupled with treatment and social support—reduce unnecessary imprisonment while addressing underlying substance use disorders. Australia's Drug Court programs similarly show that community-based therapeutic jurisprudence approaches reduce reoffending more effectively than punitive custody.[96]

Policy Recommendations for India

India's criminal justice system could be strengthened through the implementation of gender-responsive non-custodial alternatives. Drawing on the Ministry of Women and Child Development's 2018 report on women in prisons, legislative reform under the Bharatiya Nyaya Sanhita (BNS) should create a presumption in favour of bail for women with childcare, health, or primary-earning responsibilities.[97] Women's support centres, modelled on the UK Women's Centre, could provide legal aid, mental-health counselling, childcare, and vocational training.[98] Restorative justice initiatives should be piloted. In Akbar Ali

[94] Petersilia, J., *When Prisoners Come Home: Parole and Prisoner Reentry*, Oxford University Press, Oxford, 2003.
[95] Women's Budget Group (UK), *The Women's Centre Model: The Financial Case for Alternatives to Prison*, WBG Publications, London, 2024.
[96] Tomlinson, M.L., "Drug Courts and Problem-Solving Justice: The Evolution of Mental Health Court Jurisprudence," *International Journal for Court Administration*, vol. 9, no. 2, 2016, pp. 43–52.
[97] Ministry of Women and Child Development, *Women in Prison – India, WCD Report*, 2018.
[98] Women's Budget Group (UK), *The Women's Centre Model: The Financial Case for Alternatives to Prison*, WBG Publications, London, 2024.

v. State, the Delhi High Court accepted a community service undertaking in conjunction with the quashing of the FIR, illustrating the potential of non-custodial approaches to addressing criminal offences.[99]

Critical Reflections and Comprehensive Analysis

A comparative review of international practices shows that meaningful reform must begin with a firm commitment to gender-responsive policymaking. When prisons ignore gender, they reproduce long-standing neglect of women's distinct needs. Gender-responsiveness must therefore shape every aspect of correction, including security classification and programme design, as well as healthcare, staff training, and infrastructure. At the same time, reform cannot focus solely on gender. Women's experiences in custody are shaped by intersecting identities such as caste, class, religion, disability, age, and sexual orientation. Recognising these intersectional realities is essential for creating beneficial policies.

There is now broad international recognition that imprisonment should not be the default response for women. Many countries prioritise community-based alternatives, which are often more effective and humane. This shift depends on legislative reform, judicial sensitisation, and stronger community-correction systems. It is also grounded in the understanding that many women enter the justice system through trauma, abuse, poverty, and discrimination—making trauma-informed approaches essential. For India, real progress requires moving beyond the outdated 130-year-old Prison Act and embedding gender sensitivity and intersectional thinking throughout the criminal justice process.[100]

6. SUGGESTIONS AND CONCLUSION

6.1 Suggestions for Reforming Women's Incarceration in India

1. Redesign Prison Infrastructure with Gender Sensitivity: Develop facilities that cater specifically to women's needs, including adequate sanitation, menstrual hygiene management, maternity care, and private spaces, ensuring safety and dignity. This foundational step acknowledges that prisons designed for men cannot adequately serve women.[101]

[99] *Akbar Ali v. State*, Delhi High Court, 2024.
[100] United Nations, *Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders* (Bangkok Rules), UN Office on Drugs and Crime, New York, 2010.
[101] Amnesty International. (2020). *Gender-Specific Issues in Prisons: A Global Perspective*. Amnesty International Reports.

2. Strengthen Comprehensive Healthcare Services: Implement healthcare programs addressing both physical and mental health issues unique to women prisoners, including trauma-informed psychological support, reproductive health care, and accessible medical facilities staffed with trained personnel.[102]

3. Adopt Gender-Transformative Rehabilitation Programs: Replace patriarchal, stereotype-reinforcing programs with empowerment-focused initiatives offering education, vocational training, and socio-economic skill-building aligned to women's realities and aspirations for independent living.[103]

4. Support Motherhood and Caregiving Roles: Recognise incarcerated women's caregiving responsibilities by providing child care access, facilitating family contact, and implementing programs tailored for mothers to maintain bonds and ease social reintegration.[104]

5. Improve Equitable Legal Aid Access: Ensure gender-sensitive legal assistance that is timely, accessible, and responsive to women's unique social, economic, and intersectional circumstances, guaranteeing fair representation throughout legal proceedings.[105]

6. Embed Gender-Responsive Standards in Legislation: Amend the Prisons Act, 1894 and prison manuals to mandate enforceable gender-sensitive standards and protections, including mandatory staff training in gender awareness, trauma-informed care, and prevention of custodial violence.[106]

7. Expand Alternatives to Incarceration: Promote community-based sentences, diversion programs, restorative justice, and bail reforms, especially for non-violent offenders and mothers, to reduce female incarceration while supporting family stability and social reintegration.

[102] United Nations Office on Drugs and Crime (UNODC). (2018). *Gender and Justice Toolkit: Introducing Gender Perspectives in the Criminal Justice Sector*. UNODC Publications.
[103] Richie, B. E. (2012). *Arrested Justice: Black Women, Violence, and America's Prison Nation*. New York University Press.
[104] Ministry of Women and Child Development, Government of India. (2023). *Report on the Status of Women Prisoners in India*. Government Publications.
[105] National Human Rights Commission. (2025). *Prison Conditions and Gender-Responsive Reforms*. NHRC Reports.

8. Enhance Data Collection and Participatory Research: Collect detailed, sex-disaggregated data on women prisoners and incorporate participatory research methods that centre women prisoners' voices and lived experiences in designing policies and programs.

9. Establish Gender-Responsive Monitoring Mechanisms: Create independent oversight bodies with authority to monitor prison conditions, investigate complaints of abuse, and ensure compliance with gender-responsive standards and international protocols.

10. Support Reintegration and Community-Based Programs: Develop comprehensive post-release support, including mental health counselling, vocational placement, housing assistance, and community networks, to facilitate successful reintegration and reduce recidivism.[107]

6.2 Conclusion

This research shows that India's prisons—mainly built for men—continue to overlook the specific needs and vulnerabilities of women. As a result, women in custody face layered challenges: poor healthcare and mental-health support, overcrowding, custodial violence, inadequate sanitation, limited legal aid, and weak rehabilitation programmes. These problems are compounded by the intersecting effects of caste, class, poverty, and trauma, which shape both women's pathways into prison and their experiences inside it. Because women remain largely invisible in mainstream prison reform debates, their marginalisation often continues even after release.

Furthermore, International examples demonstrate that meaningful change is possible when prisons are redesigned through feminist, intersectional, and trauma-informed approaches. India must therefore move toward gender-responsive reforms—improving infrastructure, healthcare, rehabilitation, legal protections, and non-custodial alternatives—grounded in human rights and centred on women's dignity and agency. Only through such comprehensive, intersectionality-aware reforms can the country uphold its constitutional promise of equality and ensure that women in custody are not merely confined, but truly supported, empowered, and able to rebuild their lives.

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