



Australian Government

Australian Institute of  
Health and Welfare

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# The health and welfare of women in Australia's prisons

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Although women make up a relatively small proportion of the total prison population in Australia, over the past 10 years the number of women in prison has been increasing and at a faster rate than the number of men in prison.

Women in prison can have complex health and wellbeing needs and may require access to female-specific health services.

The purpose of this report is to contribute to the understanding of women's health and wellbeing needs when they enter prison, during their time in custody, and at release from prison.

## About the data

The main data source for this report was the National Prisoner Health Data Collection (NPHDC), with findings supplemented by reference to a range of other data sources. The NPHDC is collected in 2-week periods across all states and territories except New South Wales, and provides a snapshot of the health and wellbeing of Australia's prisoners.

Further information about the NPHDC, including technical notes, can be found online at [www.aihw.gov.au/about-our-data/our-data-collections/prisoner-health](http://www.aihw.gov.au/about-our-data/our-data-collections/prisoner-health).

NPHDC data presented in this report refer to the 2018 collection only and not the entire prison population of Australia. Due to small numbers and convenience-based sampling in the NPHDC, it is not appropriate to assume the data presented in this report are representative of all female prisoners in Australia. Results cannot be tested for statistical significance to the overall female prison population and should therefore be interpreted with caution.

It should also be noted that many of the results reported from the NPHDC rely on self-reported information about health and mental health conditions, which cannot be validated for accuracy.

Finally, data referenced in this report are aggregated at the national level and conclusions drawn from the data cannot be applied at the state and territory levels.

Over **4 in 5** female prison entrants were **current smokers**



Nearly **three-quarters** of female prison entrants had recently used **illicit drugs**



Nearly **2 in 3** female prison entrants had received a **mental health diagnosis**



**25** women **gave birth** while in custody



AIHW

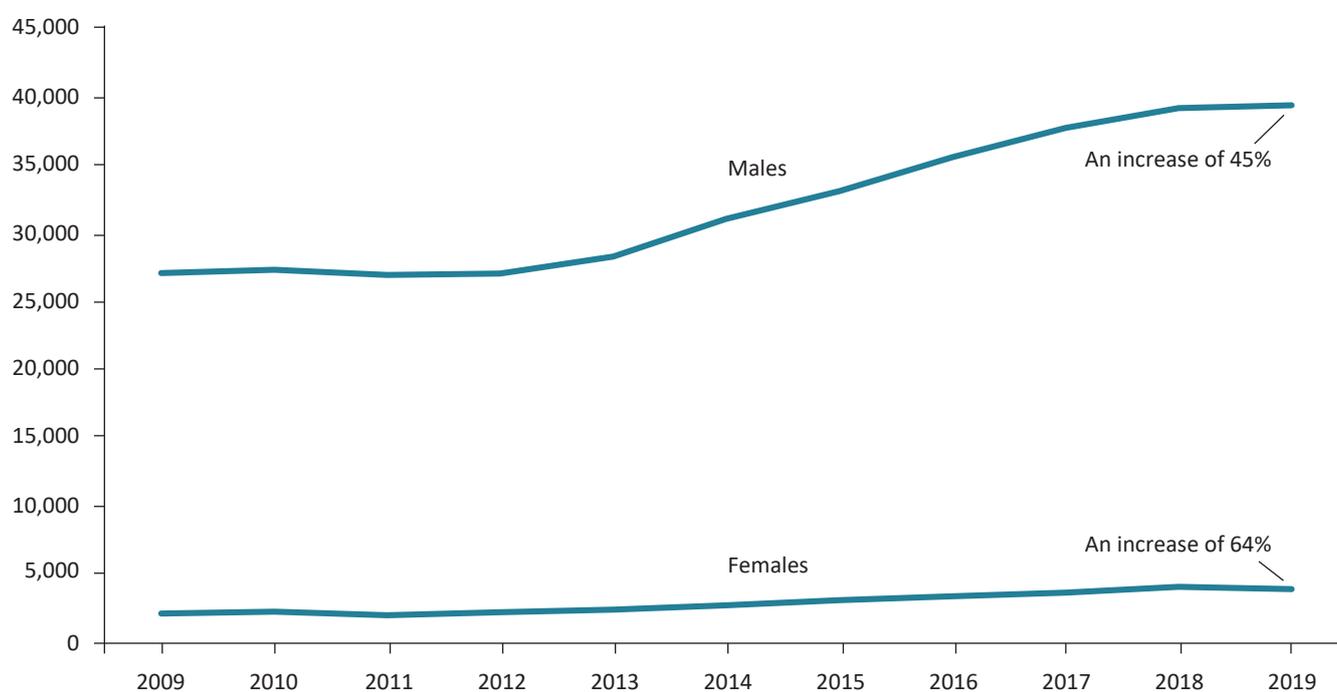
# The number of women in Australia's prisons is increasing

Between 2009 and 2019 the Australian adult prison population (including all states and territories) grew by 47%—from around 29,300 to 43,000 prisoners. During this time, women made up a much smaller proportion of the prison population than males. In 2019, females accounted for only 8% of all prisoners (ABS 2019b).

Despite this, the female prison population has grown at a greater rate than the male population over the past 10 years (Figure 1). While the male prison population increased by 45% (from 27,000 to 39,500), the female prison population increased by 64% (from 2,100 to 3,500) (ABS 2019b).

The data reported in this section of the report were collected before the COVID-19 pandemic. It is likely that the pandemic will affect prison population numbers after 2019.

Figure 1: Australia's adult prison population, by sex, 2009–2019



Source: ABS 2019b

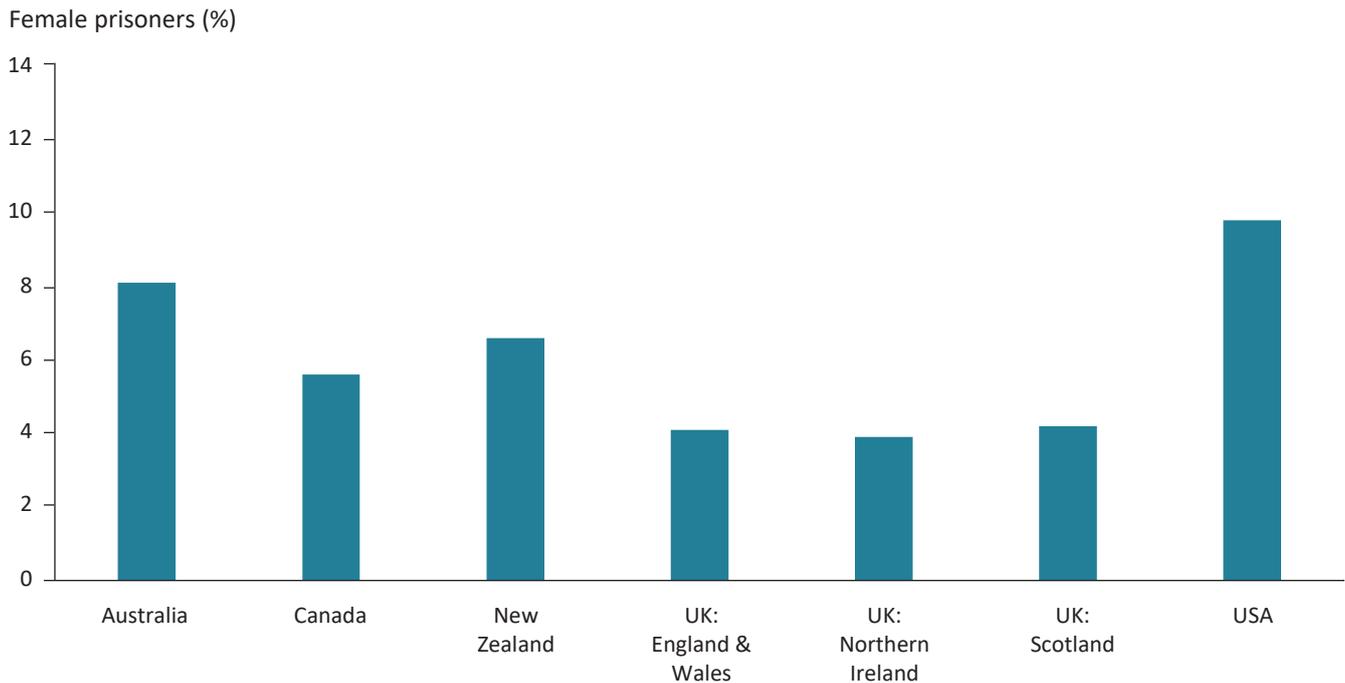
## Global increase in female imprisonment

The number of females in prisons worldwide increased by around 53% between mid-2000 and mid-2016. This growth in the female prison population cannot be explained by global population growth (around 21% for the same period) or total prison population growth (around 24%) (Walmsley 2017).

The proportion of female prisoners in Australia is comparable with prison populations worldwide, which usually comprise between 2% and 9% female prisoners (Walmsley 2017). According to the most recent data available in September 2020, the proportion of female prisoners in countries around the world ranged from 0% (for example, Liechtenstein, Marshall Islands, San Marino) to 20% (Hong Kong).

Figure 2 illustrates the proportion of female prisoners in Australia and a selection of other countries that use the common law system based on the English model.

**Figure 2: Female prisoners as a proportion of the total prison population, international comparison**



*Notes*

1. World Prison Brief provides the most recent data available for each country, but data are not necessarily from the same date. In this figure, data are from the following dates: UK, August 2020; New Zealand, June 2020; Australia, March 2020; USA, December 2016; Canada, June 2014.
2. 2020 data may have been influenced by the COVID-19 pandemic. At the time of writing this report, it is too early to draw conclusions about the impact of the pandemic, but 2020 data may not be comparable with data from previous years.

Source: World Prison Brief, Institute for Crime & Justice Policy Research 2020.

## Why are more women being incarcerated?

There are several potential reasons why the number of women in prison is increasing. Global factors include: economic crisis, social unrest, displacement due to war, and criminal justice systems that disadvantage women (WHO 2014).

In Australia, there is not enough information to be certain about why the number of women in prison has been increasing. However, 2 possible reasons are:

- women's crimes might have become more serious over time, and are therefore more likely to attract a prison sentence (Gelb 2003; Jeffries & Newbold 2015)
- women might be receiving more severe responses to relatively minor crimes (Jeffries & Newbold 2015; Mason & Stubbs 2010; Sentencing Advisory Council 2010). For example, crimes that might have once resulted in a suspended sentence or community based order could now be receiving a short imprisonment sentence (Jeffries & Newbold 2015).

A growing number of people on remand (also referred to as pre-trial detention) may also have led to an increase in the number of women in prison. Being on remand means that a person has been placed in custody while awaiting the outcome of a court hearing (AIHW 2019b). People who are on remand are counted as prisoners in many jurisdictions.

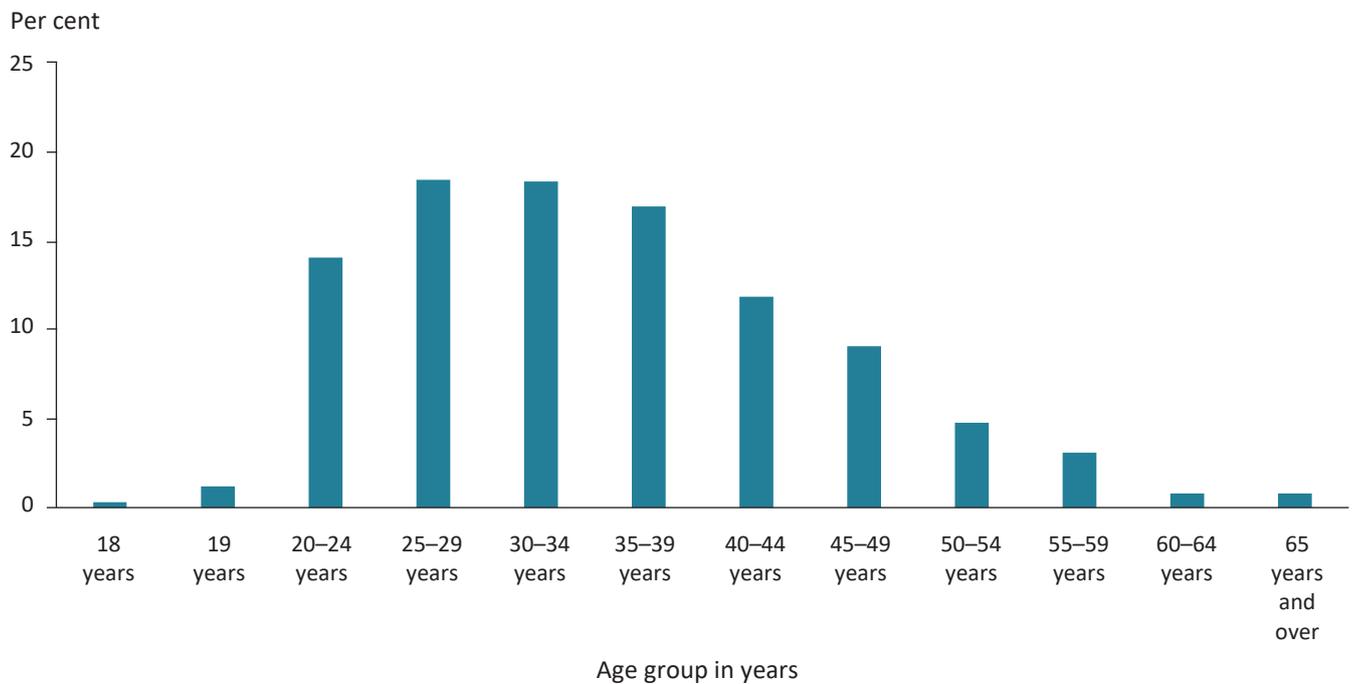
Some possible reasons for the growing number of people on remand include more people being refused bail; a higher proportion of short-term remands; and a backlog of court cases (NSW Law Reform Commission 2012). In Australia in 2019, 3 in 5 (61%) female prisoners were sentenced, while the remaining female prisoners were on remand (ABS 2019b).

# Who are the women in prison?

Each year, the Australian Bureau of Statistics (ABS) collects national information on prisoners in custody on 30 June. According to this data, in 2019:

- Most female prisoners were aged 25–39 (54%) (Figure 3). The median age was 34.

**Figure 3: Female prisoners in 2019, by age group**



Source: ABS 2019b.

- Around half (48%) of female prisoners had a prior imprisonment.
- 41% of female prisoners had a security classification of minimum, 26% of medium, and 30% of maximum.
- Aboriginal and Torres Strait Islander prisoners accounted for a third (33%) of the total female prisoner population. Indigenous women were imprisoned at a much higher rate than non-Indigenous women (453 and 24 per 100,000 adult female population, respectively).

It is important to note that data on imprisonment in Australia are collected in a way that does not indicate the number of people who flow through the prison system in a year. Instead, it presents a snapshot of the number of people in custody on a particular day. It has been suggested that this underestimates the prison population considerably (Avery & Kinner 2015; Brown 2013).

## Social and economic background

Women in prison often come from disadvantaged backgrounds, with histories of poverty, domestic violence, social deprivation and childhood trauma (Hatton & Fisher 2009; WHO 2014).

The following section presents information from the NPHDC about women prisoners' backgrounds. In some places, data for the general Australian population have been included to help add context to this information. However, due to differences in how data have been collected across various data sources, direct comparisons cannot be made.

Prisoner information was collected from 117 women as they entered prison. Most women in the sample (72%) were aged 24–44.

## Education

Overall, women entering prison were most likely to have a trade certificate as their highest level of education completed (26%).

The highest level of secondary school completed varied among female prison entrants. Year 10 was the most common (26%), followed by Year 11 (20%) and Year 8 (19%). Only 17% of respondents had completed Year 12.

These results suggest that the women entering prison had lower education levels than women in Australia generally. In 2018, 71% of all women in Australia aged 20–64 had a Year 12 or equivalent qualification, and 62% had a qualification at Certificate III level or above (ABS 2019a).

## Employment

Of the female prison entrants surveyed, almost one-quarter (24%) were unemployed and looking for work in the 30 days before entering prison. Only 15% were employed in full- or part-time work or undertaking study, and a further 15% were unable to work.

These results suggest that unemployment was higher in the female prison entrants than in the general community. In 2018, the unemployment rate for working-age females (15–64 years) was 5.2% (ABS 2018 as cited in AIHW 2019a).

## Housing

Most (57%) of the women prison entrants surveyed had their own accommodation or rental agreement in the 4 weeks before prison entry. Over one-quarter (27%) were in short-term or emergency accommodation and 7% were sleeping rough or in non-conventional housing.

Due to differences in how data have been collected, it is particularly challenging to find comparable housing data for the general population. However, on Census night in 2016, 3.5 of every 10,000 Australians (0.035%) were estimated to be sleeping rough (ABS 2016).

## History of incarceration

It is common for people to return to prison after serving a sentence. In 2018–19, 46% of adults who were released from prison in 2016–17 had returned to prison with a new sentence within 2 years (RoGS 2020).

More than 7 in 10 (72%) of the female prison entrants surveyed had a history of incarceration in youth detention or adult prison.

- Just under 1 in 10 (9%) female prison entrants had previously been in youth detention.
- More than 7 in 10 (72%) female prison entrants had previously been in an adult prison.

## Family

Children are more likely to become involved with the criminal justice system if their parents have been involved in the system (Troy et al. 2018). Parental imprisonment can exacerbate, or lead to, financial, social, and psychological challenges and disadvantages that may perpetuate a cycle of criminal justice system involvement within a family (Troy et al. 2018).

Of the female prison entrants surveyed, 17% had a parent or carer in prison during their childhood.

### Of 117 female prison entrants:

17% reported that they had completed Year 12

24% reported that they were unemployed and looking for work

7% reported that they were sleeping rough or in non-conventional housing

72% reported that they had a history of incarceration

17% reported that they had a parent or carer in prison during their childhood

## What health and wellbeing issues do women in prison face?

People in prison tend to have much poorer health than the general community, including higher levels of certain physical health conditions (for example, chronic disease and communicable diseases), mental health problems, and substance use (AIHW 2019b).

Female prisoners can have different health and wellbeing needs from male prisoners. For example, women in prison are more likely to have a history of physical and sexual abuse than men; are more likely to have mental health problems; and experience drug and alcohol dependence at higher rates than men (WHO 2014).

Women may also enter prison with reproductive health needs, including while pregnant, and may therefore require access to female-specific health care (WHO 2009).

Women in prison can have multiple and complex needs, often exacerbated by inadequate access to health care before entering prison (WHO 2014). Many of these health issues will require ongoing, long-term care both during custody and while in transition back to the community after serving a sentence.

While the following information does not cover all of the health issues relevant to women in prison, key areas from the NPHDC are highlighted to explore their health and wellbeing needs. The data presented refer to 117 women who entered prison during the data collection period.

### Physical health and wellbeing

On entry to prison, women were asked to assess and report their physical health. Fewer than 1 in 5 (18%) entrants rated their physical health as very good to excellent, while 2 in 5 (40%) reported their health as fair to poor.

In the Australian population, over half of females (56%) report their health as very good to excellent, suggesting that physical health may have been poorer in the female prison entrants than in females in the general community (ABS 2018b).

More than one-third (36%) of female prison entrants reported having been diagnosed with a current chronic condition. Chronic conditions are complex, long-lasting, and are a leading cause of illness, disability and death in Australia (AIHW 2018b). Factors such as coming from a low socioeconomic background can influence a person's likelihood of developing a chronic condition (AIHW 2020a).

Among the prison entrants, the most commonly reported chronic condition diagnoses were:

- 1) asthma (27%)
- 2) arthritis (9%)
- 3) cardiovascular disease (3%) and diabetes (3%).

These results suggest that the female prison entrants surveyed experienced fewer chronic conditions than the general population, with data from the National Health Survey 2017–18 showing that 1 in 2 Australian females had 1 or more chronic conditions (ABS 2018b). However, the disparity might reflect age differences in the populations observed, with the female prison population usually being younger than the general population. Differences in how chronic conditions were investigated by the surveys might also have affected the findings.

## Disability

Little is known about the prevalence of physical disability in prisoners. However, intellectual disability is thought to be over-represented (Hellenbach, Karatzias & Brown 2017).

The ABS defines disability as any limitation, restriction or impairment which restricts everyday activities and has lasted, or is likely to last, for at least 6 months. In 2018, 18% of female Australians had disability (ABS 2018a).

Almost one-third (30%) of female prison entrants reported a limitation in relation to employment, education, or activities. One in 10 (10%) indicated a profound/severe activity limitation or restriction.

## Head injury

People with acquired brain injury (ABI) appear to be over-represented in the prison population (Jackson et al. 2011). ABI can have many causes, but one primary cause is trauma. Traumatic brain injury might occur from falls, road traffic accidents, assaults, or the application of external force to the head by other means. Traumatic brain injury might be a risk factor for criminal behaviour, and is linked to violence, impulsiveness and impaired judgment (Her Majesty's Prison and Probation Services 2019).

This is particularly relevant for female prisoners, as many have a history of physical abuse. Women with a history of domestic violence often demonstrate neurological signs of repeated head injury (Jackson et al. 2011).

More than one-third (36%) of the female prison entrants surveyed reported having had a head injury that resulted in loss of consciousness, and 15% of women entrants reported experiencing symptoms from a previous head injury.

### Of 117 female prison entrants:

**36%** reported a current **chronic condition**

**30%** reported a **limitation** in relation to employment, education, or activities

**36%** reported having had a **head injury** resulting in loss of consciousness

## Substance use

Substance use is particularly prevalent in the prison population. Tobacco smoking is more common in the prison population than in the general population, and the prevalence of alcohol problems is high, with a strong link between alcohol and crime (WHO 2014).

A history of illicit drug use is also much more common among the prison population, and there is evidence that drug use disorders are more prevalent in female prisoners than in male prisoners (Fazel et al. 2017). Prisoners with a history of drug use often experience comorbid conditions, including mental health problems (WHO 2014).

### Tobacco smoking

More than 4 in 5 (86%) female prison entrants reported being current smokers, with 78% smoking on a daily basis. This is a considerably higher rate of daily smokers than for the general female population in Australia, which is 9.9% (AIHW 2020b).

Of the female prison entrants who were current smokers, almost half (46%) reported a desire to quit smoking.

### Alcohol consumption

Patterns of reported alcohol consumption varied considerably among female prison entrants. For example, while 41% reported that they did not drink at all, more than one-quarter (27%) of entrants were at high risk of alcohol-related harm from their alcohol consumption in the 12 months before entering prison (based on the World Health Organization's Alcohol Use Disorder Identification Test, AUDIT).

Of all female prison entrants:

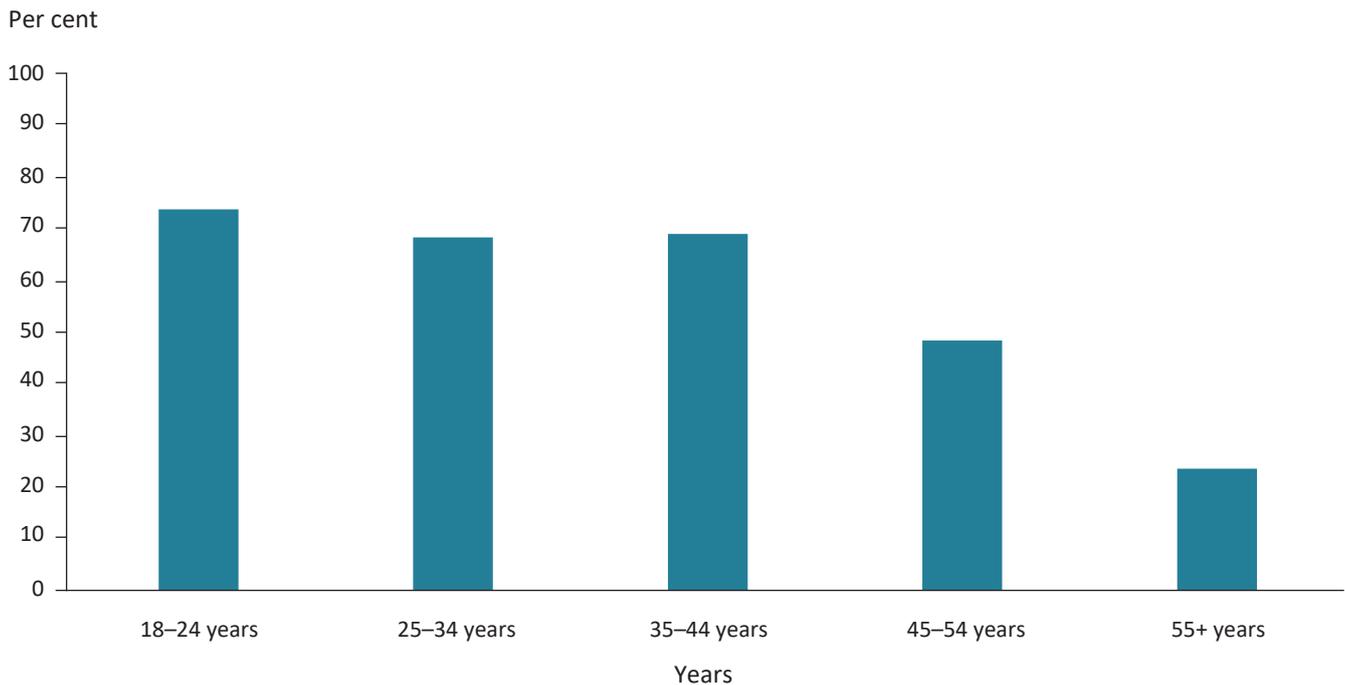
- 15% reported drinking 4 or more times per week
- 17% reported consuming 7 or more drinks on a typical day of drinking
- 14% reported drinking 6 or more standard drinks on a single occasion daily or almost daily.

### Illicit drug use

Nearly three-quarters (74%) of female prison entrants reported having used illicit drugs in the 12 months before entering prison. In the general community, 13% of female Australians aged 18 and over report having used any illicit drug in the past 12 months, suggesting illicit drug use was much higher among the female prison entrants than in the community (AIHW 2020b).

Among the female prison entrants surveyed, illicit drug use in the 12 months before entering prison was most common in women aged 18–44, and less common in women aged 45 and over (Figure 4).

**Figure 4: Illicit drug use in the 12 months before entry to prison, female prison entrants, by age group, 2018**



Source: NPHDC 2018.

The most common illicit drug that female prison entrants reported using during the 12-month period was methamphetamine, which had been used by 3 in 5 (61%) of the entrants. This is substantially higher than rates reported in the general community which indicated that less than 1% of the adult female Australian population had used methamphetamine in the previous 12 months (AIHW 2020b).

Other illicit drugs that female prison entrants commonly reported using in the previous 12 months included: cannabis/marijuana (47%), analgesics/pain-killers (16%) and tranquillisers (13%). Almost 1 in 5 (18%) entrants had a history of opioid substitution therapy.

### Of 117 female prison entrants:

**78%** reported that they were **daily smokers**

**27%** indicated that they were at high risk of **alcohol related harm** in the past 12 months

**74%** reported recent use of **illicit drugs**

## Mental health and wellbeing

Poor mental health is more common among prisoners than in the general community, and female prisoners are more likely to experience mental health problems than male prisoners (WHO 2014).

Women are more likely to have experienced traumatic events prior to their imprisonment. High rates of unresolved trauma and socioeconomic disadvantage can predispose the population to mental health concerns (WHO 2014). Intergenerational trauma is also associated with poorer mental health, among other health and wellbeing issues, for Aboriginal and Torres Strait Islander women in prison (AIHW 2018a).

Whether a prisoner's mental health improves or worsens during imprisonment can depend on the support and treatment options available while in custody (WHO 2014).

Of the female prison entrants surveyed:

- nearly half (48%) reported fair or poor mental health on entry to prison, while 13% rated their mental health status as very good or excellent
- more than half (52%) reported high to very high levels of psychological distress on entry to prison, with nearly one-third (30%) of entrants reporting very high levels of psychological distress. Psychological distress was measured using the Kessler Psychological Distress Scale (K10)—a widely-used survey designed to measure levels of depression and anxiety
- nearly two-thirds (65%) reported that they had received a mental health diagnosis before entering prison, and 40% were taking mental health-related medication. In the general population, 25% of adult females report having a mental or behavioural condition (this includes drug and alcohol related conditions) (ABS 2018b)
- nearly 1 in 3 (31%) reported a history of self-harm, and 16% had recent thoughts of self-harm. A small proportion, 3%, identified being currently at risk of suicide or self-harm.

### Of 117 female prison entrants:

52% reported high to very high levels of **psychological distress**

65% reported receiving a **mental health diagnosis**

40% reported taking mental health-related **medication**

31% reported a history of **self-harm**

## Children and pregnancy in prison

Many women in prison are mothers and are often the primary carer for their children. The separation of women from their children due to imprisonment can contribute to mental health problems for the prisoner (WHO 2009).

More than 4 in 5 (85%) female prison entrants reported having been pregnant in their lives. This included women who may not have had a live birth (for example, miscarriage, abortion), and those whose children were no longer dependent. The median age of first pregnancy was 18.

More than half (54%) of the prison entrants surveyed reported having at least 1 dependent child.

## Pregnancy and birth

Imprisoned women who are pregnant are a high-risk obstetric group, with both the mother and baby more likely to have problems and poorer outcomes (WHO 2014). This is likely because women in prison are often from disadvantaged backgrounds and have a history of drug use.

Administrative data obtained from the prisons surveyed identified that in the 2017 calendar year:

- 114 women were pregnant when they entered prison
- 25 women gave birth while in custody.

## Children living in custody

In some circumstances, children are allowed to stay with their mothers in prison until a certain age (WHO 2014). In Australia, this age varies by state and territory, but is generally the age when the child would start attending school.

In the 2017 calendar year, 69 children were living in custody.

Note that from this data it is not possible to identify whether the number of pregnant women or children living in custody includes the same women and children entering prison multiple times.

### In the 2017 calendar year:

114 women were **pregnant**  
when they entered prison

25 women **gave birth**  
while in custody

69 children were  
**living in custody**

## Health services in prison

National and international standards state that people in prison have the same right to health and wellbeing as people in the community, and therefore to equivalent health care and support services (WHO 2020).

This section describes the health-care services that were provided to women in prison during the data collection period, as well as the types of medications that were dispensed.

### Consultations

The following information was obtained from prison health clinics during a 2-week period in 2018. Surveys were completed by prison staff on behalf of 899 women in custody who visited a prison clinic.

- The average number of clinic visits per woman was 2.09.
- The majority of clinic visits were to see a nurse (73%), general practitioner (14%), or mental health nurse/team (11%).
- The most common concerns addressed during the clinic visit were psychological or mental health-related (18%) and medication- or vaccination-related (14%).

## Medication

Information about medication was collected on a single day during the data collection period. It was collected from 1,042 women who had been dispensed medication while in custody.

- The average number of medications dispensed per woman was 2.9.
- Overall, the most common medications dispensed were: antidepressants and mood stabilisers (17% of all medications dispensed), analgesics (14%), anti-inflammatories (9%), and antipsychotics (8%).

## How prepared are women for release from prison?

Women in prison often have complex needs that can make returning to the community a time of increased risk to their health and wellbeing (Thomas et al. 2016; Young et al. 2015).

This section explores how prepared women in prison felt for their approaching discharge from prison.

The following information was gathered from a sample of 37 female prisoners who were scheduled to be released within 4 weeks of the data collection period (called 'dischargees'). The survey was completed by prison staff, on behalf of women in custody.

Most of the dischargees surveyed were aged 25–34 (17 of 37 women) or 35–44 (12 women). Almost a third (11) of the women had spent 1–3 months in prison, and the same number had spent 3–6 months.

### General preparedness

- Most women (33 in 37) said they felt prepared to very prepared for release from prison.
- For more than half of the women (22 in 37), their accommodation status on release was their own accommodation or rental agreement; however, around a third (12 women) would be staying in short-term or emergency accommodation, and 3 did not know where they would be staying.
- Most women (30 in 37) did not have paid employment organised to start within 2 weeks of release from prison.
- Over a third of women (13 in 37) expected to receive income support from Centrelink on release; almost a quarter (9 women) expected a crisis payment, and a similar number (10) expected both income support and a crisis payment.

### Health at release

- 14 in 37 women reported that their physical health had stayed the same while in prison, and 17 reported that their health had improved.
- Over half of dischargees (22 in 37) reported that they smoked less at discharge than they had before entering prison.
- Most dischargees (30 in 37) reported that their mental health status was between fair and very good.
- 16 of 37 women reported that their mental health and wellbeing had stayed the same while in prison, but 10 women said their mental health was a lot better than before imprisonment, and 7 said it was a little better. Of the dischargees, 3 women reported that their mental health and wellbeing had become worse in prison.
- Most dischargees (26 in 37 women) reported low to moderate levels of psychological distress at release. The most common reasons for distress were concerns about the approaching release from prison (23 in 37 women) and concerns about family and relationships in the community (20 women).

## Health services after release

- 20 of the 37 women reported that they had a valid Medicare card from the first day of release.
- Nearly all women who were taking regular prescription medication intended to continue taking the medication after release (27 of 28 women).
- More than half of the women (21 in 37) had a referral or appointment to see a health professional after release.

### Of 37 discharges:

Most (33 in 37) said they felt **prepared to very prepared** for release from prison

Around a third (12 in 37) would be staying in **short-term or emergency accommodation** after release

Most (30 in 37) did not have **paid employment** organised to start within 2 weeks of release

## Summary and future directions

The number of women in prison is growing and it is becoming increasingly important to understand the health and wellbeing needs of the female prison population.

The key findings of this report are:

- women who enter prison often come from disadvantaged backgrounds, with a history of substance use and mental health issues. The most common reasons for women in prison to visit the prison health clinic tend to be mental health-related
- while it appears that a relatively small number of women are pregnant, give birth, and/or live with their child in custody, the data on this topic highlight the importance of a gender-specific approach to health care in prisons
- women may not have the appropriate supports in place for when they are released from prison. In particular, some women may not have accommodation and employment arranged.

As noted at the beginning of this report, the NPHDC data presented in this report are limited by the small number of women in the collection and should be interpreted with caution. As a consequence of the small sample size, comparisons between subgroups of women could not be performed. In future, larger sample sizes would allow a more detailed exploration of the health and wellbeing needs of different groups of women, including women of Aboriginal and Torres Strait Islander background.

Information on women in prison could also be improved by collecting data from women at multiple points in time throughout the criminal justice system and as they engage with broader health and social support services. At present, data is collected from different women at different stages in the prison cycle—it does not follow the unique journey of each woman. Tracking the experiences of prisoners through the prison and back into the community may create a better picture of how women flow through the prison system and help identify where additional health care and support is required.

Finally, while the data presented in this report provide an important perspective on the health and wellbeing needs of women in prison, expanding the scope of the NPHDC to include additional crime, justice, health and social support data collected through each jurisdiction's administrative systems could add valuable insights into the topic.

## More information

Comprehensive results from the National Prisoner Health Data Collection 2018 are available online. See *The health of Australia's prisoners 2018*.

## Glossary

**prisoner:** Adult prisoners (aged 18 and over) held in custody whose confinement is the responsibility of a correctional services agency. Includes sentenced prisoners and prisoners held in custody awaiting trial or sentencing (remandees). Juvenile offenders, people in psychiatric custody, police cell detainees, those in periodic detention, asylum seekers or Australians held in overseas prisons are not included.

**remand:** When a person is placed in custody while awaiting the outcome of a court hearing.

## References

- ABS (Australian Bureau of Statistics) 2016. Census of population and housing: estimating homelessness, 2016. ABS cat. no. 2049.0 Canberra: ABS.
- ABS 2018a. Disability, Ageing and Carers, Australia: summary of findings, 2018. ABS cat. no. 4430.0. Canberra: ABS.
- ABS 2018b. National Health Survey: first results, 2017–18. ABS cat. no. 4364.0.55.001. Canberra: ABS.
- ABS 2019a. Education and work, Australia, May 2019. ABS cat. no. 6227.0. Canberra: ABS.
- ABS 2019b. Prisoners in Australia, 2019. ABS cat. no. 4517.0. Canberra: ABS.
- AIHW (Australian Institute of Health and Welfare) 2018a. Aboriginal and Torres Strait Islander Stolen Generations and descendants: numbers, demographic characteristics and selected outcomes. Cat. no. IHW 195. Canberra: AIHW.
- AIHW 2018b. Chronic conditions and disability 2015. Cat. no. CDK 8. Canberra: AIHW.
- AIHW 2019a. Employment trends. Canberra: AIHW. Viewed 10 August 2020, <https://www.aihw.gov.au/reports/australias-welfare/employment-trends>.
- AIHW 2019b. The health of Australia's prisoners 2018. Cat. no. PHE 246. Canberra: AIHW.
- AIHW 2020a. Health across socioeconomic groups. Canberra: AIHW. Viewed 28 September 2020, <https://www.aihw.gov.au/reports/australias-health/health-across-socioeconomic-groups>.
- AIHW 2020b. National Drug Strategy Household Survey 2019. Drug statistics series no. 32. Cat. no. PHE 270. Canberra: AIHW.
- Avery A & Kinner SA 2015. A robust estimate of the number and characteristics of persons released from prison in Australia. *Australian and New Zealand Journal of Public Health* 39(4):315–8.
- Brown D 2013. Looking behind the increase in custodial remand populations. *International Journal for Crime, Justice and Social Democracy* 2(2):80–99.
- Fazel S, Yoon IA & Hayes AJ 2017. Substance use disorders in prisoners: an updated systematic review and meta-regression analysis in recently incarcerated men and women. *Addiction* 112:1725–39.
- Gelb K 2003. Women in prison – why is the rate of incarceration increasing? Paper presented at Evaluation in Crime and Justice: Trends and Methods Conference, 24–25 March.
- Hatton D & Fisher A 2009. Women prisoners and health justice: perspectives, issues and advocacy for an international hidden population. London: CRC Press.
- Hellenbach M, Karatzias T & Brown M 2017. Intellectual disabilities among prisoners: prevalence and mental

and physical comorbidities. *Journal of Applied Research in Intellectual Disabilities* 30(2):230–41.

Her Majesty's Prison and Probation Services 2019. Traumatic brain injury in the prison population. London: Her Majesty's Prison and Probation Services. Viewed 10 August 2020, <https://www.gov.uk/guidance/traumatic-brain-injury-in-the-prison-population>.

Jackson M, Hardy G, Persson P & Holland S 2011. Acquired brain injury in the Victorian prison system. Melbourne: Department of Justice.

Jeffries S & Newbold G 2015. Analysing trends in the imprisonment of women in Australia and New Zealand. *Psychiatry, Psychology and Law* 23(2):184–206.

Mason G & Stubbs J (2010). Beyond prison: women, incarceration and justice? Introduction. *Current Issues in Criminal Justice* 22(2): 189–192.

NSW Law Reform Commission 2012. Bail. Sydney: NSW Law Reform Commission.

RoGS (Report on Government Services) 2020. Part C: Justice. Canberra: Productivity Commission.

Sentencing Advisory Council 2010. Gender differences in sentencing outcomes. Melbourne: Sentencing Advisory Council.

Thomas EG, Spittal MJ, Heffernan EB, Taxman FS, Alati R & Kinner SA 2016. Trajectories of psychological distress after prison release: implications for mental health service need in ex-prisoners. *Psychological Medicine* 46(3):611–21. doi:10.1017/S0033291715002123.

Troy V, McPherson KE, Emslie C & Gilchrist E 2018. The feasibility, appropriateness, meaningfulness, and effectiveness of parenting and family support programs delivered in the criminal justice system: a systematic review. *Journal of Child and Family Studies* 27:1732–47.

Walmsley R 2017. World female imprisonment list (4th edn). London: Institute for Crime and Justice Policy Research.

WHO (World Health Organization) 2009. Women's health in prison: correcting gender inequity in prison health. Copenhagen: World Health Organization Regional Office for Europe.

WHO 2014. Prisons and health. Copenhagen: World Health Organization Regional Office for Europe.

WHO 2020. Factsheet: Prison and health. Copenhagen: World Health Organization Regional Office for Europe.

World Prison Brief, Institute for Crime and Justice Policy Research 2020. Highest to lowest—female prisoners (percentage of prison population). London: Institute for Crime and Justice Policy Research. Viewed 25 September 2020, [https://prisonstudies.org/highest-to-lowest/female-prisoners?field\\_region\\_taxonomy\\_tid=All](https://prisonstudies.org/highest-to-lowest/female-prisoners?field_region_taxonomy_tid=All).

Young JT, Arnold-Reed D, Preen D, Bulsara M, Lennox N & Kinner SA 2015. Early primary care physician contact and health service utilisation in a large sample of recently released ex-prisoners in Australia: prospective cohort study. *BMJ Open* 5:e008021. doi:10.1136/bmjopen-2015-008021.

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