Gender Inequalities in the Health of Criminalized Women

by Jennifer Bernier

When we look at the history of imprisonment in Canada, we see that the prison system was primarily built for, inhabited and governed by men. Not much has changed over the years. Men still constitute the majority of those who run the prison system and who are sentenced to live within its walls. What has changed, however, is that more and more women are being criminalized and a greater number of women and girls are being imprisoned. Racialized women around the world, including Aboriginal women in Canada, are now imprisoned at a faster rate than any other group.[3,4] Women are being incarcerated in correctional facilities that were never designed or modified to house them – leading to women’s needs and experiences being largely hidden and ignored.

When we consider the experiences and needs of female and male prisoners, we find that gender inequalities in society are magnified among these populations – particularly for incarcerated women. From a determinants-of-health perspective, a number of social, political, economic and physical environment factors undermine the health and well-being of criminalized women. For example, women who are incarcerated frequently come from low income situations,[6-7] in which they receive some form of social assistance.[8] Poverty among women is related to the types of crimes they commit – with the majority of women being imprisoned for non-violent, property or drug-related offences, as opposed to men who are more likely to be incarcerated for violent crimes.[9] In addition, women enter the prison system with lower levels of educational attainment and higher rates of unemployment than their male counterparts.[10] Most women in prison have children and are lone mothers. As such, they are more likely than men to have their children living with them prior to incarceration[11,12] and are less likely to be able to rely on the child’s other parent to assume guardianship while they are in prison[13,14] – making the emotional hardships of imprisonment more severe for women and their families.

The physical, mental and emotional health of female and male prisoners also differ. Incarcerated women suffer more frequent and serious diseases, illnesses and injuries than both their male counterparts and women in the general population.[15] For example, women in jail/prison report more visual impairments,[15] intravenous drug use[16] and higher rates of HIV.[14-16] Female prisoners also have distinct medical needs related to their reproductive system – such as gynaecological disease, Hepatitis C as well as pregnancy – which is considered high-risk both medically and psychologically for incarcerated mothers and their babies.[19] Criminalized women also have considerably higher rates of mental illness[19] – outnumbering male prisoners in all major psychiatric diagnoses except for anti-social personality disorder.[20] They have also experienced more trauma, violence and abuse both as children and adults. In fact, it is estimated that upwards of 80% of all women in prison have experienced some form of abuse in their lives.[23] Women also engage more frequently in self-harming behaviours – often as a means of coping with their histories of victimization. They also

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A Feminist researchers and advocates have begun to use the term ‘criminalized women’ to call attention to the social, political, economic, psychological, and cultural processes in which crime is constructed and that underpin the labelling of women as ‘criminals’ and ‘offenders’. Women are being incarcerated at a faster rate than any other group. Women are being incarcerated in correctional facilities that were never designed or modified to house them – leading to women’s needs and experiences being largely hidden and ignored. When we consider the experiences and needs of female and male prisoners, we find that gender inequalities in society are magnified among these populations – particularly for incarcerated women. From a determinants-of-health perspective, a number of social, political, economic and physical environment factors undermine the health and well-being of criminalized women. For example, women who are incarcerated frequently come from low income situations, in which they receive some form of social assistance. Poverty among women is related to the types of crimes they commit – with the majority of women being imprisoned for non-violent, property or drug-related offences, as opposed to men who are more likely to be incarcerated for violent crimes. In addition, women enter the prison system with lower levels of educational attainment and higher rates of unemployment than their male counterparts. Most women in prison have children and are lone mothers. As such, they are more likely than men to have their children living with them prior to incarceration and are less likely to be able to rely on the child’s other parent to assume guardianship while they are in prison – making the emotional hardships of imprisonment more severe for women and their families.

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b The term ‘racialized women’ is used to represent women who experience racism or are made to feel different because of their race, ethnicity, cultural or religious backgrounds, or skin colour.
report higher rates of chronic substance abuse than men\textsuperscript{19} – typically for the same reason. Despite the fact that criminalized women experience more health problems compared to their male counterparts, they have less access to and receive inferior healthcare.\textsuperscript{19}

Gender inequalities in health and well-being among criminalized women are directly related to the injustices women experience in our society as well as the fact that women are incarcerated in a system originally designed by and for men. As the number of criminalized women increases, "health issues will continue to grow in importance and will eclipse many other correctional concerns."\textsuperscript{19,p. 49} Sex- and gender-based analysis points to the need for gender-specific services and perspectives within the prison system that better supports women.

References