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## Behind Bars, Beyond Scars: Mental Health Struggles of Incarcerated Women

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DOI : <https://doi.org/10.5281/zenodo.16811158>

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### ARTICLE DETAILS

**Research Paper**

**Accepted:** 23-07-2025

**Published:** 10-08-2025

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**Keywords:**

*mental health, women prisoners, rehabilitation, social reintegration, healthcare in prisons, post-traumatic stress disorder.*

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### ABSTRACT

The mental health of incarcerated women in India remains a critical yet overlooked issue, with prisons across various states struggling to provide adequate psychological support. Many women enter the prison system after experiencing severe trauma, including domestic violence, sexual abuse, and economic hardship, which contribute to preexisting mental health conditions. Once inside, they face additional psychological pressure due to overcrowding, poor healthcare facilities, and the absence of gender-specific policies. The emotional toll of separation from children and family further exacerbates their distress, often leading to depression, anxiety and post-traumatic stress disorder(PTSD). This paper explores the intersection of incarceration and mental health among women in India. There is an urgent need for policy reforms, including mandatory psychological assessments, regular counselling, improved mental health infrastructure, and staff training in trauma-sensitive approaches. Furthermore, ensuring post-release mental health support can help reduce recidivism and facilitate successful rehabilitation. Addressing these gaps is crucial to safeguarding the dignity and well-being of incarcerated women and ensuring that mental healthcare becomes a fundamental aspect of prison reform in India. Ensuring comprehensive mental health support



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is essential for their dignity, well-being and reintegration into society.

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**INTRODUCTION-** In sociology, prisons are viewed as structured institutions established to confine individuals who violate legal norms. They play a crucial role in maintaining social order by enforcing laws, administering punishment, and facilitating rehabilitation. In India, women in prisons often experience significant mental health challenges, including depression, anxiety, and stress-related conditions. However, these issues frequently go unnoticed, undiagnosed, or untreated, exacerbating the psychological distress faced by incarcerated women.

### **SOCIOLOGICAL PERSPECTIVE ON WOMEN'S MENTAL HEALTH IN PRISONS IN INDIA-**

The mental health of incarcerated women in India is a growing concern, deeply influenced by sociological factors such as gender inequality, socioeconomic marginalisation, and systemic neglect within the criminal justice system. Women prisoners in India often come from disadvantaged backgrounds, having faced poverty, domestic violence, sexual abuse, and a lack of educational and employment opportunities. These pre-existing vulnerabilities contribute to their psychological distress during incarceration, where they experience isolation, stigma, and inadequate mental health support.

- From a **structural-functional perspective**, prisons are intended to serve as spaces for rehabilitation and correction. However, the Indian prison system often fails to provide gender-sensitive mental health care. Overcrowding, poor hygiene, and lack of access to counsellors or psychiatrists further deteriorate the psychological well-being of female inmates. The absence of proper facilities for pregnant women, mothers with children, and those with pre-existing psychiatric disorders exacerbates their suffering.
- The **conflict perspective** highlights how women's incarceration reflects broader societal power structures and gender discrimination. Many women in Indian prisons are incarcerated due to circumstances beyond their control, such as being victims of domestic violence or being implicated in crimes committed by their male family members. The patriarchal nature of the legal system often punishes women more harshly for behaviours that challenge traditional gender roles, leading to additional emotional and psychological strain.
- From a **symbolic interactionist perspective**, the stigma attached to female prisoners significantly impacts their mental health. In Indian society, women are often judged more harshly than men for their criminal offences, leading to social alienation and rejection by families and communities.



This social labelling creates a cycle of distress, low self-esteem, and difficulty in reintegration post-incarceration. The internalisation of this stigma can lead to severe anxiety, depression, and suicidal tendencies.

Addressing the mental health challenges of women in Indian prisons requires a shift toward gender-responsive prison policies. Implementing trauma-informed care, increasing access to mental health professionals, and promoting rehabilitation programs focused on skill development and social reintegration can help improve their psychological well-being. A sociological understanding of their struggles can pave the way for systemic reforms that prioritise rehabilitation over punishment, ensuring that female prisoners receive the care and support they need to rebuild their lives.

### **REVEALING THE CAUSES OF MENTAL HEALTH DECLINE-**

1. Lack of mental health care- prisons often have inadequate mental health services, leaving many inmates without proper diagnosis, therapy or medication. This neglect worsens pre-existing conditions and allows new issues to develop. According to the latest National Crime Records Bureau (NCRB) report (2021), 9,180 prisoners in India were identified as having mental health disorders. This number includes:
  - 3,787 convicts
  - 5,365 undertrial prisoners
  - 23 detainees
  - 5 other categories of inmates
2. Harsh living conditions in prisons- Overcrowded facilities put additional stress on women inmates, leading to mental exhaustion and increased conflict. Many prisons lack adequate hygiene and sanitation facilities, which negatively affects both physical and psychological well-being. Insufficient nutrition and poor healthcare make it harder for women to cope with stress and anxiety.
3. Social stigma and isolation- Women prisoners often face greater social rejection than men, making reintegration into society difficult. Fear of being abandoned by their families or rejected by their communities contributes to emotional distress. The lack of support networks inside and outside of prison leads to deep-seated feelings of despair and hopelessness.



4. Substance abuse and withdrawal- Some women prisoners have a history of **substance addiction**, and the lack of proper rehabilitation services leads to withdrawal symptoms, causing extreme psychological distress.
5. Separation from family and children- A significant proportion of women in prison are mothers, and separation from their children leads to severe emotional distress. The absence of proper childcare facilities inside prisons makes their situation even more difficult. Limited visitation rights make it hard for women to stay connected with their families, increasing their feelings of loneliness and helplessness.
6. History of trauma and abuse- Many incarcerated women have survived domestic violence, sexual assault, or emotional abuse, which significantly affects their psychological health. Experiences of trauma before imprisonment often lead to anxiety, depression, and post-traumatic stress disorder (PTSD).

#### **TYPES OF PRISONS IN INDIA-**

India has eight distinct types of prisons, including central jails, district jails, sub-jails, women's jails, borstal schools, open jails, special jails, and other correctional facilities. **WOMEN'S JAILS IN INDIA-** Women's jails in India are specialised correctional facilities established exclusively for female inmates, operating at different administrative levels such as sub-divisional, district, and central (zone/range) prisons. Among the states, Rajasthan has the highest number of women-only prisons, with six dedicated facilities, followed by Tamil Nadu with five and Kerala with three. Some states, including Andhra Pradesh, Bihar, Gujarat, and Delhi, each have two women's jails, while West Bengal, Karnataka, Maharashtra, Mizoram, Odisha, Telangana, and Uttar Pradesh have one such facility each. The distribution of these prisons varies across the country, highlighting the need for more women-specific correctional facilities, particularly in states where the number of female inmates is high. Ensuring adequate infrastructure, security, and rehabilitation programs in these institutions is crucial to addressing the unique needs of incarcerated women.

#### **A SOCIOLOGICAL REVIEW OF THEORISTS SHAPING THE UNDERSTANDING OF WOMEN'S MENTAL HEALTH IN PRISONS -**

**Rani Dhavan Shankardass** is a prominent sociologist and social historian whose work has significantly contributed to the study of prison reform and the experiences of incarcerated women in India. Her extensive work with Penal Reform International and her influential book, *Women Inside: Prison Voices from India* (2020), provides a comprehensive examination of the gendered dimensions of incarceration.



She emphasises the specific needs of women, particularly in areas like mental health, trauma, and motherhood.

**THE LIVED EXPERIENCES OF WOMEN BEHIND BARS-** In *Women Inside*, Shankardass shares direct narratives of imprisoned women, illustrating how their experiences are shaped by larger social frameworks. Many women suffer from severe mental health issues, including depression, anxiety, and post-traumatic stress disorder (PTSD). Many female prisoners are abandoned by their families, particularly if they are accused of crimes related to morality, such as sex work or extramarital relationships. This social rejection not only affects their mental well-being but also limits their chances of reintegration into society after release. A large percentage of female prisoners in India are mothers, many of whom are the primary caregivers for their children. Indian prison laws allow children under six years old to stay with their incarcerated mothers, but the conditions in prisons are far from child-friendly. Lack of nutritious food, proper healthcare, and educational resources makes prison an unsuitable environment for raising children. Women who are separated from their children experience severe emotional distress, often leading to depression and suicidal thoughts. The lack of family support and legal aid means that many incarcerated mothers lose custody of their children permanently. Upon release, these women struggle to regain social acceptance and rebuild relationships with their children.

**Kiran Bedi-** As India's first female officer in the Indian Police Service, Kiran Bedi has extensively discussed the conditions of women in prisons. Her work emphasises the psychological distress experienced by female inmates due to factors such as social stigma, isolation, and inadequate mental health support. Bedi has advocated for prison reforms, including better mental health services, rehabilitation programs, and humane treatment for women prisoners.

**Ministry of Women and Child Development (MWCD)-** The MWCD has researched to evaluate the conditions of women in Indian prisons. Their report, *Women in Prisons*, examines various aspects of incarceration, including the impact on mental health. The study highlights the lack of mental health professionals in prisons and the urgent need for counselling and psychiatric support for female inmates.

**CASE STUDIES AS A GATEWAY TO MEANINGFUL UNDERSTANDING-** Every problem has a story, and every story holds a lesson. Case studies serve as a window into real-world scenarios, offering a bridge between theory and practice.

1. **Tihar Jail, Delhi** - The National Commission for Women (NCW) conducted an assessment in Tihar Jail, one of the largest prisons in India, which housed a significant number of female inmates. The findings showed that women prisoners faced extreme emotional distress, which



manifested in depression, anxiety, and post-traumatic stress disorder (PTSD). The trauma often resulted from a combination of factors such as:

- Overcrowding and unsanitary conditions.
- Lack of adequate mental health care.
- Previous experiences of violence, abuse, and discrimination before incarceration.
- **Story:** A study in 2015 highlighted the case of a woman from Tihar Jail who had been incarcerated for several years without a clear legal resolution. Her mental health deteriorated, and she began showing signs of psychosis. It was only after an intervention from a mental health professional that her case was addressed. This illustrates the urgent need for timely psychological interventions for women in prison.

## 2. Kerala - A Case Study of Women Prisoners:

A study conducted in 2019 in Kerala prisons focused on the psychological health of incarcerated women. It found that over 60% of women reported symptoms of depression, anxiety, and PTSD. The researchers found that many of these women had been subjected to sexual violence, substance abuse, or had mental health issues that were exacerbated by their incarceration. One of the notable stories was of a woman who had been sentenced for a drug-related offence. She had a history of trauma and abuse and, over time, developed severe depression. Her case was treated with proper psychological counselling, but the lack of continuous mental health care was a recurring issue for other inmates.

## 3. Mental Health of Women in Tamil Nadu Prisons:

Tamil Nadu has conducted several prison welfare initiatives, but the mental health of women prisoners remains a serious concern. A report by the *Prisoners' Rights Initiative* in 2018 highlighted the mental health conditions of female prisoners in Tamil Nadu. The report shared stories of women who were dealing with mental illnesses, including schizophrenia and bipolar disorder, but had limited access to psychiatric care. A story shared in the report was about a woman who was arrested for a minor offence but faced severe mental health challenges because she was unable to adjust to prison life. She had a history of substance abuse, and without proper psychiatric care, she was unable to reintegrate or receive treatment for her condition, resulting in worsening psychological trauma.



#### 4. NGO Case Studies (Women in Prisons - A Hidden Crisis):

The National Legal Services Authority (NALSA) has often worked with NGOs to highlight the mental health struggles of women in Indian prisons. Many of the stories shared by women in their reports mention depression, anxiety, and suicidal tendencies that develop from prolonged incarceration, overcrowding, or lack of access to family. One case was of a woman in Maharashtra who suffered severe trauma after being separated from her children due to her imprisonment. The report discussed how she exhibited symptoms of severe depression and anxiety, particularly due to the trauma of losing custody of her child and the lack of family support during her incarceration.

#### **SOCIOLOGICAL THEORIES ON MENTAL HEALTH OF WOMEN IN PRISON-**

- **Feminist Criminology-** Feminist criminology examines how gender inequality, patriarchy, and systemic oppression shape women's experiences with crime and imprisonment. Scholars argue that most women in prison have histories of domestic violence, sexual abuse, and economic hardship, which contribute to their mental health struggles. Prisons, designed primarily for men, fail to address the unique psychological needs of female inmates, leading to higher rates of trauma, depression, and anxiety. A gender-responsive approach is necessary to improve the mental well-being of incarcerated women.
- **Strain Theory (Robert Merton)-** Merton's Strain Theory suggests that individuals who cannot achieve socially accepted goals through legal means experience stress or "strain," which may lead to crime. Many women in prison come from marginalised backgrounds with limited access to education, employment, and healthcare, which contributes to their criminal behaviour. The stress of incarceration further exacerbates their mental health conditions.
- **Labelling Theory (Howard Becker)-** Labelling Theory explains how societal labels affect individuals. Women who commit crimes are often seen as "doubly deviant", not only breaking the law but also violating gender norms of being nurturing and submissive. This stigma leads to low self-esteem, emotional distress, and difficulty reintegrating into society, which negatively impacts their mental health.
- **Intersectionality (Kimberlé Crenshaw)-** The Intersectionality framework highlights that women prisoners experience oppression due to multiple social factors, such as gender, class, caste, and ethnicity. Dalit and tribal women in Indian prisons face greater discrimination, harsher treatment, and inadequate mental health care. Their intersectional experiences shape their mental health struggles and access to resources.



## **THE GOVERNMENT STRENGTHENS SUPPORT FOR WOMEN PRISONERS THROUGH REHABILITATION AND LEGAL AID PROGRAMS**

The Indian government has recognised the need to address mental health concerns among prisoners, including women. While prison reforms have traditionally focused on security and discipline, recent years have seen a growing emphasis on rehabilitation, including mental health support. Various policies and schemes have been introduced to improve the psychological well-being of incarcerated women, although challenges remain in their effective implementation.

- **The Mental Healthcare Act, 2017-** The **Mental Healthcare Act of 2017** is a landmark legislation that ensures the right to mental healthcare for all individuals, including prisoners. The Mental Healthcare Act of 2017 is a landmark law in India that protects the rights of individuals with mental illnesses and ensures they receive proper care. Replacing the Mental Health Act of 1987, it aligns with international human rights standards, particularly the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). This Act guarantees the right to accessible and affordable mental healthcare, making the government responsible for providing quality mental health services. One of its key provisions is the decriminalisation of suicide, recognising that individuals attempting suicide need support, not punishment. It also upholds the rights of persons with mental illnesses, ensuring protection from abuse, the right to dignity, and confidentiality of medical records. A significant feature of the Act is the advance directive, allowing individuals to specify their preferred treatment and appoint a representative to make decisions on their behalf. The law also mandates the establishment of Mental Health Review Boards (MHRBs) in every state to oversee patient rights and prevent wrongful institutionalisation. For women prisoners, this Act plays a crucial role in ensuring access to mental healthcare within prisons, safeguarding them from mistreatment, and providing rehabilitation support. It also mandates special care for mentally ill prisoners and ensures they receive proper treatment in designated facilities if required.
- **Model Prison Manual, 2016-** The **Model Prison Manual** provides guidelines for prison administration across India, emphasising the mental well-being of inmates. Some key mental health provisions include: Regular psychiatric evaluations and psychological counselling. Separate cells or facilities for prisoners with severe mental illnesses. Skill-building and rehabilitation programs to support reintegration into society. While implementation varies across states, this manual serves as a benchmark for improving prison conditions, particularly for women.



- The SWADHAR Scheme, launched by the Ministry of Women and Child Development (MWCD), Government of India, is designed to provide essential support and rehabilitation to women facing difficult circumstances. The scheme aims to create a safe and secure environment where women in distress receive shelter, food, medical care, counselling, and legal assistance. It also focuses on vocational training and employment support to help women achieve financial independence. The primary beneficiaries of this scheme include widows, survivors of domestic violence, trafficking, and sexual exploitation, as well as women abandoned by their families, those released from prison without support, and victims of natural disasters. Under this initiative, Swadhar Greh (shelter homes) have been established across the country to provide necessities along with psychological and legal aid. Women admitted to these homes receive training in various skills, helping them reintegrate into society with confidence. The scheme is implemented through government agencies, NGOs, and voluntary organisations, with funding provided by the central government. In 2018, the government merged the SWADHAR and Short Stay Home schemes into a single program called Swadhar Greh, ensuring a more comprehensive and streamlined approach to supporting women in distress. This initiative plays a crucial role in empowering women by offering them the necessary resources to rebuild their lives and achieve self-reliance.
- State-Level Mental Health Initiatives- Different states have introduced their reforms for prisoners' mental well-being. Some notable examples include:
  1. Tihar Jail (Delhi): Offers counselling sessions, yoga therapy, and vocational training to support mental health.
  2. Yerwada Jail (Maharashtra): Runs rehabilitation programs specifically designed for women, including stress management workshops.
  3. Tamil Nadu Prison Reforms: Focus on meditation, psychological counselling, and skill-based rehabilitation to improve inmates' mental health.

### **MENTAL HEALTH CRISIS AMONG WOMEN IN INDIAN PRISONS- KEY NEWS INSIGHTS-**

#### **1. Rise in Mentally Ill Prison Inmates (NCRB Report)**

- According to the National Crime Records Bureau (NCRB), the number of mentally ill prisoners in India increased by 22% from 2020 to 2021.
- Women prisoners are particularly vulnerable due to pre-existing trauma, poor living conditions, and a lack of psychological care.



- The report emphasises the need for improved mental health facilities and structured rehabilitation programs in prisons.
2. Psychological Impact of Incarceration on Women (Research Study)
    - A study in the International Journal of Indian Psychology highlights the severe psychological distress faced by incarcerated women.
    - Common mental health issues include depression, anxiety, and post-traumatic stress disorder (PTSD) due to confinement and social stigma.
    - Key contributors to poor mental health:
      - Overcrowding leads to stress and a lack of privacy.
      - Separation from family and children, causing emotional distress.
      - Limited access to medical and psychiatric care, worsening existing conditions.
  3. Gender Disparities in Prison Facilities
    - Reports indicate that women prisoners face more challenges than men in accessing healthcare, legal aid, and educational opportunities.
    - Between 2014 and 2019, the number of female prisoners increased by 11%, further straining prison resources.
    - Many prisons lack gender-sensitive policies, leaving women with inadequate support systems for their mental and physical well-being.

### **STRATEGIES FOR SUPPORTING MENTAL HEALTH OF WOMEN IN PRISON-**

1. Trauma-Informed Care – Implement mental health programs that acknowledge past trauma and provide therapy for emotional healing.
2. Access to Mental Health Professionals – Ensure the presence of trained psychologists, counsellors, and psychiatrists for regular screenings and treatment.
3. Family and Child Contact Programs – Facilitate frequent visits, virtual meetings, and mother-child bonding initiatives to reduce emotional distress.
4. Peer Support and Counselling Groups – Encourage women to participate in support groups to share experiences, reduce isolation, and promote healing.
5. Yoga, Meditation, and Creative Therapies – Introduce wellness programs that help manage stress, anxiety, and trauma through mindfulness practices.



6. Educational and Vocational Training – Provide learning opportunities and skill-building programs to enhance self-confidence and prepare for reintegration.
7. Alternative Sentencing and Community-Based Rehabilitation – Promote non-custodial sentencing options for non-violent offenders to reduce prison-related psychological harm.
8. Legal and Social Support Services – Offer legal aid, social work assistance, and reintegration programs to address post-release anxieties and stigma.
9. Gender-Sensitive Healthcare – Ensure access to specialised mental health care that considers the unique psychological needs of women.
10. Post-Release Mental Health Support – Establish aftercare services, community rehabilitation, and employment support to aid reintegration and prevent relapse.

### **FUTURE RECOMMENDATION FOR ENHANCING MENTAL HEALTH SUPPORT FOR WOMEN IN PRISON -**

1. Expanding Mental Health Services – Increase the availability of trained mental health professionals in prisons to ensure timely diagnosis and treatment.
2. Regular Psychological Assessments – Implement routine mental health evaluations to identify early signs of distress and provide necessary interventions.
3. Developing Gender-Sensitive Policies – Formulate prison policies that specifically address the unique psychological and emotional needs of incarcerated women.
4. Providing Trauma-Focused Interventions – Offer specialised therapy programs tailored to help women cope with past trauma, abuse, and incarceration-related stress.
5. Strengthening Family Connection Programs – Enhance opportunities for women to maintain strong ties with their children and families through frequent visits and virtual interactions.
6. Promoting Alternatives to Incarceration – Advocate for non-custodial sentencing and rehabilitation-based alternatives for women convicted of non-violent offences.
7. Integrating Educational and Skill Development Programs – Provide opportunities for learning and vocational training to boost self-esteem and prepare women for life beyond prison.
8. Introducing Holistic Mental Health Practices – Incorporate mindfulness, yoga, meditation, and creative therapies to support emotional and psychological well-being.
9. Ensuring Post-Release Support – Establish structured reintegration programs that offer counselling, employment assistance, and social support to ease the transition back into society.



10. Encouraging Research and Policy Development – Conduct in-depth studies on the mental health challenges faced by incarcerated women to develop evidence-based solutions and reforms.

**CONCLUSION-** The mental health of incarcerated women is a critical issue that requires a holistic, gender-sensitive, and trauma-informed approach. Many women in prison have endured past abuse, social stigma, and emotional distress, making psychological support essential for their rehabilitation. Providing accessible mental health services, regular psychological assessments, and specialised therapy programs can help address their unique challenges. In addition, maintaining family connections, offering vocational training, and implementing alternative sentencing options can significantly reduce the long-term psychological effects of imprisonment. A strong focus on post-release reintegration, legal aid, and community support will further ensure that women receive the assistance they need to transition successfully back into society. By prioritising mental health care in prisons and formulating inclusive policies, the justice system can promote recovery, rehabilitation, and social reintegration. A well-structured approach to mental health in correctional facilities not only benefits incarcerated women but also strengthens the broader goals of justice and human rights.

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