

# Mental health amongst incarcerated female offenders: Challenges and informal coping strategies

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## Abstract

Incarcerated female offenders often come from backgrounds marked by multiple layers of vulnerability and hardship, including poverty, gender-based violence, caregiving responsibilities, and marginalisation, which significantly impact their mental health outcomes. Although men make up most of the incarcerated population, women's experiences in South African correctional facilities are largely understudied. This study presents a documentary analysis of existing literature drawing on peer-reviewed journal articles, policy documents, and institutional reports to examine how incarcerated women understand, experience, and manage mental health challenges. A narrative literature review approach is used to identify patterns and gaps in the literature. Many incarcerated women cope with mental health challenges through informal strategies like peer support networks, spiritual practices, inner resilience, and silence. These strategies often compensate for the lack of accessible, gender-sensitive, and trauma-informed mental health services in most correctional environments, as they help maintain a sense of self and dignity. By critically engaging with these patterns, the study aims to contribute to a more nuanced understanding of women's psychological experiences in correctional facilities. In addition to supporting future research, policy reform, and activism within the penal system, the anticipated insights may inform the development of gender-responsive mental health interventions in South Africa. The study recommends trauma-informed services that address intersecting factors such as race and class, supported by improved mental health screening, increased access to professionals, and enhanced living conditions in correctional facilities. It further calls for community-based alternatives, integration of women's coping strategies, and greater investment in mental health systems to address structural drivers of criminalisation and align practices with human rights standards.

**Keywords:** *gender-responsive interventions, prison health services, behavioral adaptation, coping mechanisms in detention, penal institutions*

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## 1. Introduction

Incarcerated women are among the most marginalised groups in society due to their high rates of socioeconomic hardship, unemployment history, membership of racially marginalised areas, and lack of skills and education (Murray et al., 2025). Globally, women make up only 7% of incarcerated populations, representing a significant minority in correctional systems (Fair & Walmsley, 2022). South Africa's Department of Correctional Services (2024) reports that while women make up less than 3% of the total incarcerated population, their numbers have steadily increased over the past two decades. The female correctional population has grown faster than men in recent decades due to changes in criminal justice policies, increased criminalisation of poverty-related offences, and socio-economic inequalities disproportionately affecting women.

Women often enter correctional facilities with complex life histories, and their experiences of incarceration, especially mental health requirements, are shaped by the intersection of these vulnerabilities. Despite mental health issues being higher than in the general public, correctional systems often lack trauma-informed services, prompting scholars and policymakers to advocate for gender-responsive approaches that address the unique needs and experiences of female offenders. Incarcerated women are subject to policies and practices designed with men in mind, including a failure to account for their unique needs (Murray et al., 2025). Although South African correctional policies address female offenders' needs, overcrowding and under-resourcing hinder effective implementation. Many female offenders rely on informal coping strategies, necessitating understanding these dynamics for gender-responsive policy reform and advocacy.

Research on how incarcerated women manage psychological distress is limited, with most studies focusing on male offenders or overlooking gendered coping strategies. Inadequate formal coping strategies in South African correctional facilities often lead to women relying on informal coping strategies. The lack of systematic research on coping mechanisms like peer support networks, spiritual practices, inner resilience, and silence in correctional environments hinders the development of effective, gender-responsive interventions. These strategies, which include building peer support networks, exercising inner resilience, and using silence as emotional self-protection, are crucial for sustaining women's dignity and sense of self in hostile and under-resourced prison environments. Understanding these informal strategies is

essential for designing interventions that respect women's agency and address their mental health needs culturally and contextually.

This study investigates the mental health challenges faced by incarcerated women in South African correctional facilities and the informal strategies they employ to cope, the limited access to formal mental health services and the culturally meaningful, gender-responsive coping mechanisms often overlooked in correctional policy. This study contributes to feminist, intersectional, and carceral theory literature by analysing the representations of gender, trauma, and institutional neglect affecting mental health outcomes in the current literature. The findings may inform the development of trauma-informed mental health policies within South African correctional facilities. The study may also provide practical insights for correctional practitioners, NGOs, and advocacy groups to strengthen rehabilitative and psychosocial support programs.

## **2. Literature Review**

South African history is divided into four phases: colonial (1652-1910), post-colonial (1910-1948), apartheid (1948-1994), and democratic (1994-present). It is crucial to understand the relationship between colonial, postcolonial, and apartheid penological practices, as it involves examining the treatment of offenders during these periods (Motlalekgosi, 2022). South Africa's post-colonial and apartheid laws on correctional treatment institutionalised and maintained colonial-era practices. This included, among other things, racial treatment, solitary confinement, and the use of hard labour as a form of punishment. This highlights the continued injustices experienced by South African offenders.

South Africa's history of marginalisation, including colonialism, apartheid, and neoliberal governance, has disproportionately disadvantaged Black women and other oppressed populations (Sarkin, 2008). Women, particularly Black and coloured women, were criminalised for violating gender norms under apartheid, using the criminal justice system to maintain racial domination. Carceral strategies used during apartheid continue to affect the poor, unemployed, and marginalised, hiding women's vulnerabilities and emphasising the intersection of race, gender, class, and sexuality (Collins & Bilge, 2020). The carceral system in South Africa, influenced by colonial and apartheid, marginalises Black women, particularly in correctional facilities (Dastile & Agozino, 2019). The rise in incarcerated women, despite their minority status, is concerning due to the lack of gender-responsive mental health care,

reproductive health services, and resources for motherhood and caregiving. The World Prison Brief (2021) reports that female incarceration in South Africa increased by 0.4% between 2010 and 2015, while female offenders increased from 2.4% to 2.6%. Historical stereotypes that frame women as inherently maternal or passive have further reduced institutional attention to their specific needs.

South Africa's correctional facilities are disproportionately geared towards men, with only 22 of the 243 facilities catering to female offenders (George et al., 2022). These women, who often come from underprivileged backgrounds, are mostly incarcerated for survival-related crimes and often experience gender-based violence prior to incarceration. Despite a 24% increase in female correctional populations in Africa over the past decade, these facilities have not implemented proportionate institutional reforms or nuanced empirical engagement (van Hout & Wessels, 2021). The limited representation of women in the correctional system often leads to the same interpretations of their pathways to offending and experiences of incarceration as male offenders (Parry, 2021).

Mental illness and substance use problems are prevalent among the offender population, with high rates in correctional settings compared to the general population (Naidoo et al., 2022; Dalbir et al., 2024). Over 50% of offenders in these settings suffer from substance dependence or abuse (Lynch et al., 2014), with over 70% of drug or property offenders and 60% of violent or public-order offenders exhibiting drug dependence or abuse (Meyer et al., 2014). This high prevalence of mental illness and substance use leads to the prevalence of co-occurring disorders, which are the presence of one or more disorders related to alcohol or drugs in conjunction with one or more mental disorders. It is estimated that approximately 48% of incarcerated offenders are co-disordered, suffering from mental illnesses simultaneously with substance dependence or abuse.

Substance misuse, mental illnesses, mood disorders, borderline personality disorders, and antisocial personality disorders are more common among female offenders (Gehring, 2018; James & Glaze, 2006; Lynch et al., 2014). Additionally, they show increased exposure to traumatic life experiences, such as marital abuse and childhood victimisation (Radatz & Wright, 2017). This demonstrates the necessity of providing women in correctional settings with greater tools and support to address these problems and foster a more welcoming and encouraging environment. These experiences can influence offending pathways, either directly through criminalisation of survival strategies or indirectly through risky coping behaviours.

Incarceration can worsen rather than reduce these unresolved traumas, particularly in cases when mental health services are lacking or inadequate.

Correctional facilities often have a dangerous and unhealthy environment, with overcrowded cells, poor diets, a lack of hygiene, sedentary lifestyles, drug use, and conflicts leading to illnesses and other sickening situations (Audi et al., 2018). The prevalence of diseases and mental illness is influenced by both the incarceration experience and pre-incarceration living factors. Offenders experience unpleasant conditions and deprivations of necessities when incarcerated (Fedock, 2017; Goncalves et al., 2021; Jules-Macquet, 2015; Moore et al., 2021). Incarceration is perceived as a stressful period, and this may be exacerbated by violence in the correctional setting (Bantjes et al., 2017; Valentine et al., 2015).

Female offenders who are mothers and those incarcerated while pregnant often experience more stress (Claire, 2017). Separation from their children makes them feel incompetent, guilty, and deprived, which frequently shows maladjustment. Incarcerated mothers also worry about whether they will be reunited with their children upon release, as well as not having control over their children's lives and care while incarcerated. Long-term stress has been proven to have detrimental effects on the emotional and physical well-being of offenders (Huang et al., 2020; Moore et al., 2021; Steyn & Hall, 2015). Higher levels of stress are associated with poorer adjustment among offenders.

According to a study that was conducted by Mohlakoana-Motopi et al. (2018), female offenders frequently experienced mental health problems, with depression being one of the most frequently diagnosed mental illnesses. Mothers, who had previously been the primary caregivers, found it difficult to handle being separated from their children, particularly if they were placed with unreliable friends and family. Depression was exacerbated by being excluded from family, missing important family occasions, and being refused attendance at family funerals. Women believed that their incarceration was the main reason why their relationships broke down, and other family problems included divorce, separation, and spousal conflicts. Female offenders in female correctional facilities suffer from severe shock and shame just by virtue of their criminal convictions because they were viewed as delinquents by their families and communities, which had an adverse effect on their mental health.

Correctional facilities frequently suffer from physical and mental health difficulties affecting women, relying on inadequate resources, inconsistent public support, and questionable management decision-making, emphasising the criminal justice system's

inadequacy in addressing these concerns (Mohlakoana-Motopi et al., 2018). The conditions surrounding female crime have an impact on the gendered path into crime (Agboola et al., 2022). However, not all female offenders exhibit a one-size-fits-all gendered pathway. Female criminality varies across genders and among females. Research shows that women who are physically or sexually abused are more likely to engage in criminal activity subsequently (DeHart et al., 2013; Levenson et al., 2015). Risk factors include economic marginalisation, arrest histories, domestic violence, cultural norms, and marital problems.

Incarceration significantly impacts the health and family lives of offenders, and offenders are socially excluded. Institutional obstacles, such as the absence of police in correctional facilities and low socioeconomic status, hinder female offenders' access to resources for advancing their justice needs (Nkhata, 2020). Incarcerated women often encounter major challenges with accessing justice institutions, such as courts, when they lack financial support from their husbands or are unable to protect their rights against debtors. These barriers negatively affect both female offenders and those under their care because they cannot exercise their rights in the same conditions as the public.

South Africa's policy framework recognises the right of incarcerated individuals to adequate physical and mental health care, aligning with constitutional obligations, the White Paper on Corrections, and international human rights standards (Department of Correctional Services, 2024). It emphasises care equivalence between correctional and community health services and acknowledges the vulnerabilities of specific populations, such as women, committing to a rehabilitative and rights-based approach to correctional health. However, South African women who are incarcerated suffer structural obstacles that limit their access to high-quality mental health care. According to Antoine (2020), access to psychologists is limited, with long waiting periods. Social workers, responsible for hundreds of offenders, cannot meet women's psychosocial needs. This reflects systemic neglect of women's health and well-being.

Although clinical psychologists are on-site in some centres, service accessibility does not always correlate with availability (George et al., 2022; Mohlakoana-Motopi et al., 2018; Naidoo et al., 2022). Offenders at Bizzah Makhate and Johannesburg Centres were unaware of the availability of psychologists. At Pollsmoor, increased offender numbers led to congestion, long waiting periods, and an inability to report urgent concerns like suicidal ideation. Access

to social workers was also limited due to high caseloads and rotations, making follow-up and emergency care difficult.

Mohlakoana-Motopi et al. (2018) noted that offenders' mental health received little consideration during initial health risk assessments. Offenders were not fully evaluated for mental illness and were not informed about available mental health programmes. This lowered the standard of services offered. The dearth of gender-sensitive and trauma-informed treatments persists despite global frameworks urging correctional healthcare systems to consider women's trauma histories. Antoine (2020) notes failures to record histories of violence, abuse, or mental illness during admission procedures, leading to interventions designed around male offenders as the norm.

The stigma ingrained in incarceration culture further worsens these problems. Women reported experiencing negative attitudes from nurses, who often dismissed symptoms unless they were visibly severe (Antoine, 2020). This creates a culture of silence and discourages help-seeking, exacerbating psychological distress. The conditions of incarceration, overcrowding, lack of privacy, poor ventilation, insufficient nutrition, also act as barriers to psychological well-being. These factors elevate risks of infectious diseases, suicide, and worsening mental health conditions. Lack of specialised services and professionals reflects broader systemic shortcomings in gender-responsive care. Given the structural neglect of women's mental health needs in South African correctional facilities, many incarcerated women rely on informal coping strategies to manage psychological distress. These strategies, despite being frequently disregarded in official discourse, offer essential tools for resilience and survival in a setting with a dearth of trauma-informed and gender-sensitive care.

The confinement of the correctional environment necessitates that offenders employ various coping strategies for their successful adjustment (Bisri et al., 2020). Studies indicate that coping strategies are essential for offenders' correctional adjustment (Bisri et al., 2020; Carr, 2013; Pretorius et al., 2022). Many incarcerated female offenders have inadequate formal coping strategies and often focus on avoidance coping strategies like reading, daydreaming, crying, or work tasks to avoid stressful events (Aborisade & Fayemi, 2016). These avoidant coping mechanisms are linked to correctional maladjustment. However, coping strategies used outside of the custodial setting are not the same as those needed to deal with incarceration. Offenders find that avoidance coping works better because it keeps them from interacting with the pressures they are experiencing, whereas problem-solving coping works better in a

controlled setting. While avoidance coping is linked to maladjustment, researchers contend that problem-solving and seeking out social support coping techniques are linked to improved adjustment results.

Incarcerated women's mental health experiences are profoundly shaped by the survival strategies they develop within correctional facilities. These consist of spiritual practices, ritualised routines, storytelling, peer caregiving, and silence. These practices represent subversive psychological resistance to the dehumanising impacts of incarceration, not only survival strategies. Drawing on Scott's (1990) concept of hidden transcripts, these behaviours challenge institutional authority and restore dignity. Additionally, in settings that suppress individuality and autonomy, they contribute to the reconstruction of identity. These coping strategies demonstrate the gendered neglect of correctional facilities, as women are forced to rely on one another and their inner strength as a result of receiving insufficient trauma-informed, gender-sensitive mental health treatment. Informal coping not only resists dehumanisation but also exposes systemic gaps that perpetuate inequality and marginalisation in prisons.

In a system that frequently disregards their emotional needs, spirituality, creativity, and community serve as the foundation for many women's coping mechanisms while incarcerated, offering psychological comfort, continuity, and moral support. Nchoe-Giliana and Tabane (2025) found that incarcerated women showed resilience by using emotion-focused coping strategies like journaling, exercise, and peer support, even in the face of limited access to formal psychological services. These practices helped them regulate emotions and manage internal stressors even when structural barriers restricted other forms of problem-solving. Additionally, although not being traditional therapeutic approaches, escape and repression became common strategies. Motherhood is common among incarcerated women, indicating that coping mechanisms are similar (Koons-Witt et al., 2024). Early coping entails enduring the shock of incarceration, including feelings of anxiety, panic, and separation from loved ones (Wright et al., 2017). Women continue to worry about safety and familial relationships even after six months of incarceration, and adjustments entail gradual changes rather than being static (van Ginneken, 2015).

Research by Anderson et al. (2020) found that adjustments to incarceration may be neutral, self-aiding, or self-hindering. Controlling circumstances, maintaining a positive attitude toward the future, and believing in one's ability to effect change are all components of

self-aiding adjustments. These responses could be looking for other women who are similarly incarcerated, serving their time, and considering incarceration as a life-changing experience. Mothers who are incarcerated can approach prison nurseries for assistance, focus their time on the future, and stay in contact with their children. The desire to be a good mother is another positive coping strategy (Easterling et al., 2019).

Substance abuse, repression, denial, and self-blame are examples of negative adjustments or self-hindering that can result from coping with the challenges of incarceration (Hoskins & Cobbina, 2020; Anderson et al., 2020). The lack of resources or support often leads to the use of self-defeating techniques. Incarcerated women use denial to reject the reality of incarceration, whereas suppression is used to suppress unpleasant ideas to lessen the negative effects of incarceration. Women who engage in neutral adjustments, like avoidant coping, isolate themselves from everyone, even their children, to get through the time. This type of coping often leads to loneliness and alienation, even if they choose to remain isolated (Celinska et al., 2022). Neutral adjustment is not preferable and differs from positive adjustment, as it merely represents the ability to function without a sense of meaning or pleasure.

### **3. Methodology**

#### ***3.1. Research Design***

This paper adopts a narrative literature review approach to examine the mental health challenges experienced by incarcerated women in South African correctional facilities, with emphasis on the informal coping strategies they employ. The purpose of the review was not to exhaustively map all available literature, but to contextualise the study and inform the development of its analytical arguments.

Guided by the study's aim, relevant literature was identified through targeted searches on Google Scholar, focusing on key concepts such as mental health, incarcerated women, female offenders, South Africa, coping strategies, and prison health. No fixed publication timeframe was applied to capture foundational, policy-relevant, and contextually significant works alongside more recent studies. Sources were selected based on their relevance to the study aim, conceptual contribution, and applicability to the South African correctional context, rather than on predefined inclusion and exclusion criteria. The reviewed literature was used to shape the conceptual framing of the study, identify recurring challenges faced by incarcerated

women, and highlight informal coping strategies reported in similar contexts. This approach allowed for flexibility and depth, which was appropriate given the exploratory nature of the research and the limited body of locally specific literature.

### ***3.2. Data Collection Methods***

The data collection process involved systematically choosing the most recent and analysing peer-reviewed literature, policy documents and institutional reports addressing women's incarceration and mental health in South Africa. The literature for this study was primarily sourced through Google Scholar, using search terms such as "incarcerated women," "mental health," "trauma," "South African correctional facilities," "informal coping strategies," and "gender-responsive care." In search of relevant and culturally meaningful literature that addressed the experiences, challenges and coping strategies of female offenders, a selection of the most contemporary studies was analysed. Thematic content pertaining to mental health issues (such as depression, trauma, and substance abuse) and informal coping strategies (such as peer support, spirituality, silence, and resilience) served as the main analytical unit. To ensure consistency and reliability, a coding framework was developed, encompassing categories such as institutional barriers, psychological distress, and gender-responsive coping practices. The data were repeatedly reviewed and compared to refine the codes and ensure the credibility of the thematic patterns that emerged.

### ***3.3. Inclusion and Exclusion Criteria***

The inclusion criteria for selecting sources focused on peer-reviewed journal articles, policy documents, and institutional reports. Although regional and international studies were included when they offered comparative insights or highlighted excellent practices in gender-responsive correctional health care, the South African context received priority in the literature. Studies that did not address women's incarceration, articles that did not adequately address mental health or coping capacity, and grey literature that lacked credibility or empirical support were also excluded. The evaluation aimed to gather a representative body of knowledge reflecting current issues and coping mechanisms among women in correctional facilities, focusing on recent, culturally relevant, and frequently cited sources.

## 4. Findings and Discussion

### *4.1. Women in the South African Correctional System*

The literature indicates that current correctional conditions for South African women are deeply influenced by the country's colonial and apartheid histories, which established racialised and gendered punishment systems (Motlalekgesi, 2022; Sarkin, 2008). These legacies manifest today in significant inequalities within correctional settings, with Black women particularly affected by vulnerabilities related to gender-based violence, poverty, and marginalisation (Collins & Bilge, 2020; Dastile & Agozino, 2019). Despite women constituting a minority in the correctional population, their incarceration rates are rising due to systemic failures to address their mental health and social needs (World Prison Brief, 2021). Existing correctional infrastructure and rehabilitation models are predominantly designed for men, leading to inadequate mental health services, limited reproductive healthcare, and insufficient support for caregiving roles (George et al., 2022; Lewis, 2006; Naidoo et al., 2022).

Furthermore, relying on male-centred perspectives to interpret offending overlooks the structural factors driving women's criminalisation, such as poverty and violence (Parry, 2021). The absence of female-specific facilities often results in women being incarcerated far from their families, which heightens emotional distress and hampers rehabilitation. These findings underscore the critical need for gender-responsive and intersectional correctional policies that directly tackle the historical roots of inequality in South Africa's penal system, addressing the structural, psychological, and social needs of women to alleviate ongoing injustices.

The prioritisation of male incarceration experiences in South African correctional facilities results in gendered neglect in women's treatment, conditions, and rehabilitation. Due to the minority status of females in correctional facilities, rehabilitation programs designed for men have been applied to women without considering their gender-specific needs (Lewis, 2006). This includes high rates of mental disorders, substance abuse, and neglect of family responsibilities (Naidoo et al., 2022). Additionally, countries often have fewer facilities for women, leading to them being incarcerated far from home due to the smaller number of female correctional centres.

### *4.2. Mental Health Challenges*

The literature underscores the alarming prevalence of mental illness, substance use disorders, and co-occurring conditions within correctional settings, particularly affecting

incarcerated women. Studies (Naidoo et al., 2022; Lynch et al., 2014; Meyer et al., 2014) reveal that the unique vulnerabilities faced by female offenders stem from histories of trauma, victimisation, and socio-economic marginalisation, which render them more prone to mental health issues in these environments (Gehring, 2018; Radatz & Wright, 2017). The ongoing inequalities within correctional systems are often exacerbated by inadequate mental health and trauma-informed care resources.

The adverse conditions of incarceration, including overcrowding, unsanitary environments, violence, and the deprivation of fundamental needs, are shown to intensify pre-existing mental health disorders and contribute to new psychological distress (Audi et al., 2018; Fedock, 2017; Jules-Macquet, 2015). For female inmates, the psychological stressors are augmented by the trauma of maternal separation and the uncertainties surrounding the care and reunification with their children, leading to increased maladjustment and emotional strain (Claire, 2017; Steyn & Hall, 2015). Additionally, the findings highlight the significant psychosocial consequences of incarceration for women, characterised by feelings of shame, stigma, and the disintegration of intimate and familial relationships, further deteriorating their mental health outcomes (Mohlakoana-Motopi et al., 2018). This comprehensive examination illustrates the complex interplay of distress factors impacting female offenders and emphasises the urgent need for advancements in gender-responsive mental health services to address these specific challenges effectively.

#### ***4.3. Institutional Barriers***

The literature reveals systemic barriers that restrict incarcerated women's access to justice, mental health care, and essential resources. These institutional challenges stem from entrenched inequalities within correctional systems, where gender, economic disadvantage, and histories of trauma converge to shape women's experiences (Agboola et al., 2022; DeHart et al., 2013). Research indicates that governance failures, including outdated laws, poor inter-institutional coordination, and inadequate staffing, disproportionately impact women. This demographic frequently faces legal challenges in areas such as maintenance, custody, and abuse, all of which require intervention (Baker & Dignity, 2015; Nkhata, 2020). Such failures compromise their rights and their ability to advocate for themselves and protect their families.

In South African correctional facilities, a palpable disconnect exists between policy and its implementation. The lack of adequate mental health assessments and services leads to

untreated trauma and mental health issues, as well as limited psychosocial support (Antoine, 2020; Mohlakoana-Motopi et al., 2018). These deficiencies exemplify how systemic neglect shapes mental health outcomes rather than merely highlighting individual vulnerabilities. Stigmatisation within correctional health care, evident in dismissive attitudes and institutional silence, further alienates women. This stigma often discourages them from seeking help, exacerbating conditions such as depression, anxiety, and suicidal ideation (Antoine, 2020). Coupled with overcrowded and unsafe living conditions, these elements heighten psychological distress and hinder rehabilitation efforts. With the absence of formal support, women often resort to informal coping mechanisms, including silence, spirituality, and peer networks. These strategies denote both resilience and systemic failure; women must forge their own emotional support systems in lieu of effective, gender-responsive institutional care.

The psychological distress faced by incarcerated women is largely driven by structural and institutional barriers rather than individual deficiencies. The findings underscore an urgent need for reforms that align correctional practices with gender-sensitive, trauma-informed, and rights-based frameworks to address the unique vulnerabilities of women within the system.

#### ***4.4. Informal Coping Strategies***

Incarcerated women's mental health experiences are profoundly shaped by the survival strategies they develop within correctional facilities. These consist of spiritual practices, ritualised routines, storytelling, peer caregiving, and silence. These practices represent subversive psychological resistance to the dehumanising impacts of incarceration, not only survival strategies. Drawing on Scott's (1990) concept of hidden transcripts, these behaviours challenge institutional authority and restore dignity. Additionally, in settings that suppress individuality and autonomy, they contribute to the reconstruction of identity. These coping strategies demonstrate the gendered neglect of correctional facilities, as women are forced to rely on one another and their inner strength because of receiving insufficient trauma-informed, gender-sensitive mental health treatment. Informal coping not only resists dehumanisation but also exposes systemic gaps that perpetuate inequality and marginalisation in correctional institutions.

Through excessive sleeping, cleaning, and imaginative escape, women were able to temporarily escape from carceral stressors and reclaim control of their lives. Faith-based activities, particularly in Christian traditions, played a crucial role in helping women manage

their emotions by providing them with a sense of connection, purpose, and hope (Graca & Brandao, 2024). These strategies show how women use informal resources to protect their mental health, emphasising autonomy and resiliency in situations of institutional neglect.

The historical evolution of South Africa's carceral system highlights the ongoing impact of colonial and apartheid practices on the mental health of incarcerated women. The entrenched systems of racialised punishment and gendered marginalisation continue to affect contemporary correctional facilities, where women's needs remain largely unaddressed. As a result, women rely on informal coping mechanisms to navigate the emotional challenges of incarceration, reflecting a legacy of neglect rooted in a societal framework that prioritises male experiences and perpetuates inequality.

Practices such as strategic silence, peer caregiving, spirituality, storytelling, and ritualised routines are reflective of historical survival modes developed within contexts of racial surveillance, gendered criminalisation, and institutional violence. In the case of incarcerated women, a culture of silence is recognised as a historically learned response to punitive state authority, where emotional restraint and non-disclosure emerge as protective strategies against further harm. Additionally, peer caregiving and collective support systems exemplify long-standing traditions of resilience among Black women and other marginalised groups, especially in the absence of formal institutional care.

The informal coping strategies extend beyond mere adaptations to contemporary incarceration; they are deeply intertwined with South Africa's colonial and apartheid legacies. This connection reveals the continuing structural neglect within correctional institutions while underscoring women's agency in resisting dehumanisation. By linking these coping mechanisms to historical penal practices, the discussion emphasises how mental health experiences during incarceration are influenced by the intersecting legacies of race, gender, class, and punishment, thus calling for historically informed, gender-responsive, and trauma-informed reforms.

## **5. Conclusion**

This study highlights that systemic neglect, pre-incarceration experiences such as trauma, unemployment and gender-based violence all have an impact on the mental health issues that women in South African correctional facilities endure. Common issues include

depression, anxiety, PTSD, and substance misuse, which are further exacerbated by harsh correctional centre conditions. Correctional systems are generally underprepared for the requirement for trauma-informed, gender-sensitive mental health treatments. Peer caring, spirituality, storytelling, ritualised practices, and silence are examples of informal coping techniques that inmates use as a means of survival and resistance to the system's repression of their individuality. These strategies can be seen as acts of resistance to carceral dehumanisation.

The study also highlights the contradiction of women's resilience and the structural limitations of correctional facilities in providing for their psychological needs. In addition to recognising women's informal coping as crucial information for more compassionate and context-sensitive therapies, it advocates for the creation of gender-responsive, trauma-informed mental health legislation. In post-apartheid South Africa, this study adds to larger discussions on social justice, mental health equity, and institutional reform.

## **6. Policy Implications and Recommendations**

This systematic review reveals that informal coping strategies, especially peer caregiving, are crucial for the mental well-being of incarcerated women in South African correctional facilities. These strategies arise due to institutional neglect, limited access to formal mental health care, and broader structural obstacles within the correctional system. The review posits that these informal practices should not be viewed as inadequate or unofficial but rather as valuable resources that could be ethically supported through policy reforms.

A key recommendation involves formally recognising and supporting peer-caregiving programs in female correctional facilities. The Department of Correctional Services should establish structured voluntary initiatives that offer training, supervision, and referral pathways for incarcerated women in caregiving roles. These programs need to be trauma-informed, gender-responsive, and sensitive to power dynamics to support peer mentors effectively. Such formalisation allows the correctional system to utilise existing coping mechanisms while addressing gaps in mental health care. Additionally, the findings emphasise the importance of trauma-informed mental health services that consider intersecting factors like race, class, and violence histories. Vital measures include increased access to trained mental health professionals, routine trauma screenings, and enhanced referral pathways. Improving material

conditions, like reducing overcrowding and ensuring adequate sanitation, is also crucial for psychological well-being and successful rehabilitation.

To enhance rehabilitation and support for women in the criminal justice system, it is crucial to integrate their informal coping strategies into existing programmes. Prioritising community-based alternatives to incarceration, especially for those with mental health needs, is essential. Early identification and intervention for mental health issues, using standardised screening tools, can improve care continuity. Furthermore, addressing structural and socio-economic factors that lead to women's criminalisation, along with sustained investment in mental health services, is necessary for long-term reform. Continuous research and evaluation can ensure that policies meet human rights standards and foster meaningful, gender-responsive changes.

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