



Woman on Both Sides of the Bars: Between Equity and Resilience

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ABBREVIATIONS AND ACRONYMS

Name	
AO AFI	Asociația Obștească <i>AFI</i>
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CI	Confidence Interval
CPT	European Committee for the Prevention of Torture
CpPT	Council for the Prevention of Torture
DASS-21	Depression, Anxiety and Stress Scale – 21 items
MAE	Maximum Admissible Error
IRQ	Interquartile Range
IWPR	Institute for War and Peace Reporting
MBI	Maslach Burnout Inventory
NAP	National Administration of Penitentiaries
NGO	Non-Governmental Organization
OR	Odds Ratio
PAS	Penitentiary Administration System
SD	Standard Deviation
SPD	Special Detachment “Pantera”
SPSS	Statistical Package for the Social Sciences

EXECUTIVE SUMMARY

The project ‘Woman on Both Sides of the Bars: Between Equity and Resilience’ was developed to document and reduce gender inequalities within the prison system of the Republic of Moldova, targeting two groups simultaneously: women in employment and women in detention. The relevance of the project stems from the persistence of structural disparities such as women’s limited access to promotion, exposure to harassment and the inadequacy of institutional protection mechanisms, alongside the major difficulties faced by women prisoners regarding mental health, access to services and fair treatment.

The project ran from October 2025 to March 2026 and comprised a coherent set of successive activities: a literature review; development of the research protocol and tools; obtaining ethical approval; collection of quantitative and qualitative data; rigorous analysis of the data; drafting of the research report; organisation of a workshop involving representatives from the prison administration system to develop a resilience plan that addresses gender inequality within the system; development of the training curriculum; and development of informational materials for dissemination.

The research component, which was conducted in all 17 prisons, involved 200 female prisoners, 275 female staff members and 360 male staff members. Standardised questionnaires (DASS-21 and MBI) were used, as well as thematic focus groups and semi-structured interviews. The results present a picture of the institution as a whole, showing that women in detention experience depression, anxiety, and stress. These issues stem from experiences of humiliation, discrimination, and exposure to interpersonal violence. They also result from limited access to healthcare and reproductive health services, and from difficulties in maintaining family ties. Meanwhile, employed women face a demanding professional environment characterised by high levels of emotional exhaustion, harassment, and the perception of significant barriers to promotion, recognition, and institutional equity.

The workshop, which took place in February 2026, aimed to validate the research data and formulate action points for the institutional plan on gender equality. Participants confirmed the high prevalence of abuse and harassment experienced by female staff, the necessity of external access to psychological services, the importance of flexible working hours, and the need for training on gender inequality when managing interventions at institutional and systemic levels. For women in detention, the following priorities were identified: health education programmes; strengthening family ties; diversifying occupational opportunities; improving living conditions; and ensuring real access to sexual and reproductive health services. The workshop also emphasised the importance of strengthening internal policies to prevent reoffending, harassment, and violence, and of enhancing collaboration with community organisations and state-guaranteed legal aid mechanisms.

The training activities carried out as part of the project were based on a curriculum focused on equity and safety in the prison environment. They aimed to build the capacity of female staff to recognise and combat discrimination, report abuse, and strike a balance between their professional and personal lives. At the same time, the project produced a series of information materials designed to

raise awareness among staff and the public of human rights and gender inequalities in detention units.

Overall, the project demonstrates that gender inequalities in the prison environment are not isolated phenomena, but rather structural processes that affect two distinct groups of women with similar systemic vulnerabilities, such as exposure to discrimination, stigmatisation, differential treatment, psychological pressure, and a lack of institutional support. This is the first comprehensive study in the Republic of Moldova to compare the experiences of women in detention and women employed in the prison system. It highlights the urgent need for integrated interventions and coherent gender equality policies, as well as institutional programmes providing psychological, professional and social support.

The project, and this study in particular, contribute to the development of a sustainable institutional infrastructure for promoting gender equality in the prison system through its participatory and cross-sectoral nature. This provides the necessary evidence and mechanisms for implementing the National Programme for the Implementation of UN Security Council Resolution 1325 on Women, Peace, and Security for the years 2023–2027.

BACKGROUND

Women working in the prison system frequently face inequalities that affect their personal and professional development, as well as their psychological well-being. While some studies indicate barriers to training and advancement into leadership roles [1,2], others highlight their effective contribution in conditions of equity, inclusion and respect for dignity [3].

Despite the commitments made through national and international policies, including the National Action Plan on 'Women, Peace and Security' (2023–2027), the prison administration system (PAS) in the Republic of Moldova continues to reflect gender inequalities [4]. While the annual reports of the National Prison Administration (NPA) do not provide sufficient data for detailed analysis, they do highlight visible challenges [5,6]. As of 1 January 2026, 805 women (including officers, agents, and contract staff) were employed by the PAS, accounting for 31% of the 2,626.5 filled positions. Actual attendance was 86%, affected by long-term leave. Women's access to leadership roles remains limited: There were 12 promotions in 2025 compared to 26 in 2023, indicating barriers to women's career progression. The lack of data on harassment and violence in the workplace underscores the necessity of documentation and strategic interventions to foster a fair and secure working environment. The Equality Council examined a single case of alleged workplace discrimination on the grounds of health and maternity, concluding without finding and citing the specific requirements of prison work [7]. According to the ANP Report, the number of women in management positions fell slightly by 2025 (16.9% compared to 17.5% in 2024) [8].

Women in detention are another vulnerable group who are often overlooked in public policy, despite facing major difficulties such as limited access to mental health services, stigmatisation, violence, harassment and a lack of empathy [9]. As of 1 January 2025, women accounted for 5.4% of the total prison population (337 adult women and three underage girls out of 6,334). While the NAP report does mention serious cases of self-harm and suicide attempts among women, an analysis of the causes and impact of detention on mental health and gender-based discrimination is lacking. Without comprehensive data, it is difficult to understand the phenomenon, develop evidence-based policies and reduce inequalities, which highlights the need for an approach centred on human rights and the specific needs of women [8].

The identified challenges justify the need for research to document perceptions of, and barriers to, gender inequality. The research findings will inform the recovery plan and training programmes for prison staff. This approach will contribute to creating a fair and safe prison environment that aligns with national and international standards on gender justice and democratic resilience.

STUDY DESIGN

This study incorporated both quantitative and qualitative research methods. It was conducted between November 2025 and January 2026.

AIM OF THE STUDY

To assess the perceptions, experiences and needs of women in detention and those employed in the prison administration system in the Republic of Moldova, with a view to identifying gender inequalities and psychosocial risks.

OBJECTIVES OF THE STUDY

1. To describe the socio-demographic characteristics of the study samples
2. To analyse the structural and social barriers faced by women in detention in the context of gender inequalities
3. To analyse the psychosocial determinants associated with mental health among women in detention
4. To analyse perceptions of promotion opportunities and working conditions in the context of gender inequalities among women employed in the prison system
5. To estimate the prevalence of Burnout among women employed in the prison system
6. To analysis of psychosocial determinants associated with mental health among women working in the prison system
7. To assess of men's perceptions regarding promotion opportunities, working conditions and gender equity in relation to female employees, with a view to identifying any relevant barriers, stereotypes, and institutional dynamics
8. To compare and analyse the differences and similarities in structural and social barriers in the context of gender inequalities faced by female prisoners and female staff in the prison system

STUDY SETTING

The Republic of Moldova's prison system comprises seventeen institutions managed by the NAP. These include prisons for men and women, pre-trial detention centres and specialised units such as the 'Pantera' Special Purpose Detachment, the Logistics Centre, and the Training Centre, as well as other structural subdivisions. The institutions, which are spread out across the country, mirror the regional diversity and operational specifics of the prison system.

The national-level study covered all seventeen prison institutions (including two located on the left bank of the Nistru River, which are under the official authorities' jurisdiction), as well as the auxiliary units of the NAP. This approach allowed for broad representation in the sample, including women in detention and staff (both female and male), providing a comprehensive picture of gender inequalities, working conditions, mental health, and psychosocial risks.

The study was implemented in direct collaboration with the NAP, which provided administrative and logistical support, as well as two non-governmental organisations (NGOs) with expertise in human rights, public health, and social inclusion: AO AFI in Chisinau, the study's lead coordinator, has

experience in operational research and interventions in institutional settings and is an expert in working with vulnerable groups. The other NGO is AO Pas cu Pas in the Southern Region of Cahul. Both organisations are led by women who have experience of working in the prison system (as former employees) and incorporate peer-to-peer elements.

The inter-institutional and cross-sectoral collaboration ensured the research was of a high quality and relevant and contributed to the formulation of evidence-based recommendations tailored to the prison context in the Republic of Moldova.

METHODOLOGY

Quantitative research

The research followed a descriptive, prospective, and cross-sectional quantitative design, comprising three groups: women in detention, women employed in the prison system and men employed in the prison system. Sample sizes were calculated based on statistical data as of 1 January 2025, applying a 95% confidence interval (CI) and a maximum admissible error (MAE) of 5%.

The sample of women in detention comprised 200 individuals; inclusion criteria: aged over 18, mentally capable of being interviewed and able to sign the informed consent form.

The sample of employed women comprised 275 individuals; inclusion criteria: at least 12 months' employment in the PAS, and consent to participate in the study.

The sample of employed men comprised 360 individuals; inclusion criteria: at least 12 months' employment in the PAS, and consent to participate in the study.

Participants who did not meet the inclusion criteria were excluded.

Recruitment and interviewing of respondents (women in detention)

Participants were recruited on the basis of lists provided by the NAP, in accordance with the eligibility criteria. Respondents were selected from the following five institutions that housed female inmates at the time of the study: Prison No. 5 – Cahul; Prison No. 7 – Rusca; Prison No. 11 – Balti; Prison No. 13 – Chisinau; and Prison No. 16 – Pruncul. A unique anonymous code was generated for each respondent included in the study to ensure that direct or indirect identification was impossible.

The interviews were conducted using a structured questionnaire, which was available in Romanian and Russian depending on the respondent's preference. The questionnaire was developed based on relevant literature and adjusted following pre-testing. The survey process followed a standardised sequence of stages, which included initial contact, the provision of information, the obtaining of informed consent and the completion of the questionnaire, with no possibility of altering the order of these steps. All interviews were conducted under conditions of confidentiality and in the absence of any third-party observers.

Upon initial contact, the interviewer explained the purpose and objectives of the study and requested written informed consent. Only participants who provided informed consent were included in the study. After obtaining consent, the interviewer administered the questionnaire in accordance with the instructions, without altering the order of the questions. The interviewer

administered the questionnaire exclusively. Respondents had the right to refuse to answer one or more questions. Interviewers systematically checked the consistency and completeness of the data throughout the interview.

Data Collection Among PAS Staff

Data collection amongst SAP employees (both men and women) was conducted using an online, self-administered questionnaire developed based on relevant literature, via a secure digital platform. Participants were sent a link to the questionnaire, with separate links for men and women. Invitations were sent out prior to the data collection period to ensure participants were adequately informed.

Upon accessing the link, participants were presented with the informed consent form. Access to the questionnaire was granted only after consent was given, thereby confirming voluntary participation and acceptance of the study conditions. The platform did not collect any personal data or information that could be used to identify respondents, thus ensuring complete anonymity.

Qualitative research

The qualitative component of the study comprised focus groups and semi-structured interviews.

Focus groups

Three focus groups were conducted, each gathering 15 participants from the following categories: incarcerated women; employed women; and employed men within the PAS. The discussions followed a structured thematic guide developed in accordance with qualitative research methodology criteria. The sessions were facilitated by trained moderators who had experience of working with groups in institutional settings. Confidentiality and anonymity were fully ensured throughout the process.

Semi-Structured Interviews

Twenty semi-structured interviews were conducted with members of the prison system's management to obtain in-depth perspectives from decision-makers. The interviews were based on a guide designed to ensure thematic coherence and the possibility of exploring emerging topics in detail. Trained interviewers facilitated the discussions, adhering strictly to ethical standards and principles of confidentiality.

Data Collection and Processing

Mixed-methods approaches were used for data collection, including standardized questionnaires, self-administered online questionnaires, semi-structured interviews, and focus groups. The standardized questionnaires were coded, centralized, and validated within AO AFI; only the forms that passed coherence and completeness checks were included in the EpiData database, using a double-entry procedure to ensure quality control. The self-administered online questionnaires were automatically coded and, after export, underwent the same verification and validation steps prior to integration into the final study database.

Data collection was also conducted by female interviewers selected from among former employees of the penitentiary system, trained in the use of research instruments, interviewing techniques, and group-discussion moderation, as well as ensuring confidentiality.

Analysis methodology

The collected data were analysed using methods of synthesis, comparison, estimation, validity assessment methods. The datasets obtained from the questionnaires were imported into the statistical software IBM SPSS Statistics, version 20.0, where the analysis included the generation of simple frequencies, cross-tabulations, as well as applying of additional statistical tests to identify associations between variables. Continuous variables were presented as mean (\pm standard deviation) or median (IQR, interquartile range), as appropriate. The odds ratio was used to assess risk factors and the threshold for statistical significance was set at $p < 0.05$.

Psycho-emotional status was assessed using the DASS-21 scale [10], which allowed levels of depression, anxiety and stress to be determined based on the obtained scores (Table 1).

Table 1. Classification of DASS-21 scores for depression, anxiety, and stress

Name	Normal	Mild	Moderate	Severe	Extremely severe
Depression	0-9	10-13	14-20	21-27	≥ 28
Anxiety	0-7	8-9	10-14	15-19	≥ 20
Stress	0-14	15-18	19-25	26-33	≥ 34

To assess psychological risk, each analysed variable (depression, anxiety, and stress) was categorised according to the levels used in the standardised measurement instrument (DASS-21). For each construct, two dimensions were established: presence or absence. Thus, for all three constructs (depression, anxiety, and stress), absence was considered 'normal', while presence was categorised as 'mild', 'moderate', 'severe' or 'very severe' (Table 1).

Professional exhaustion syndrome (Burnout) was assessed using the Maslach Burnout Inventory (MBI) [11], which examines three dimensions: emotional exhaustion, depersonalisation and personal accomplishment. The scores obtained are shown in Table 2.

Table 2. Professional Burnout levels according to the Maslach Burnout Inventory

Dimension	Low level	Medium level	High level
Emotional Exhaustion	9-18	19-27	28-45
Depersonalization	6-12	13-18	19-30
Reduced Personal Accomplishment	10-20	21-30	31-50
Professional Burnout	25-50	51-75	76-125

Qualitative data obtained through individual interviews and focus groups was used for triangulation. This procedure enabled the consolidation and coherent interpretation of the collected information, which was then presented in narrative form.

ETHICAL CONSIDERATION

Throughout the study, all applicable ethical principles relating to research involving human participants were fully respected. The questionnaires did not contain any nominal data; each respondent was identified exclusively by a unique, anonymous code, generated in a way that prevented direct or indirect identification of the individual. Participation in interviews and focus groups only took place after informed consent had been obtained, and data interpretation was limited to the study's objectives.

Completed instruments were stored in secure locations and password-protected electronic systems were used, both of which were accessible only to the research team and supervised by the principal investigator, to ensure confidentiality. All individuals involved in data collection and processing signed confidentiality and anonymity agreements.

The study was approved by the National Committee for Ethical Expertise of Clinical Studies under approval no. 2028, dated 29 October 2025.

LIFE IN DETENTION: PERCEPTIONS AND EXPERIENCES OF WOMEN DEPRIVED OF THEIR LIBERTY

GENERAL CHARACTERISTICS

The sample comprised 200 women in detention, aged between 18 and 62 years old. The mean age of the participants was 37.1 years (SD ± 10.2) and the median age was 35 years, indicating balanced age distribution within the group. The majority of women were in the 30–39 and 18–29 age groups, indicating a predominance of young adults.

Educational level varied, with the majority of participants having completed secondary education, while a smaller proportion reported higher education. Marital status also reflected a diversity of family situations, including married, cohabiting, divorced and unmarried women. Approximately half of the participants came from towns or district centres (Table 3).

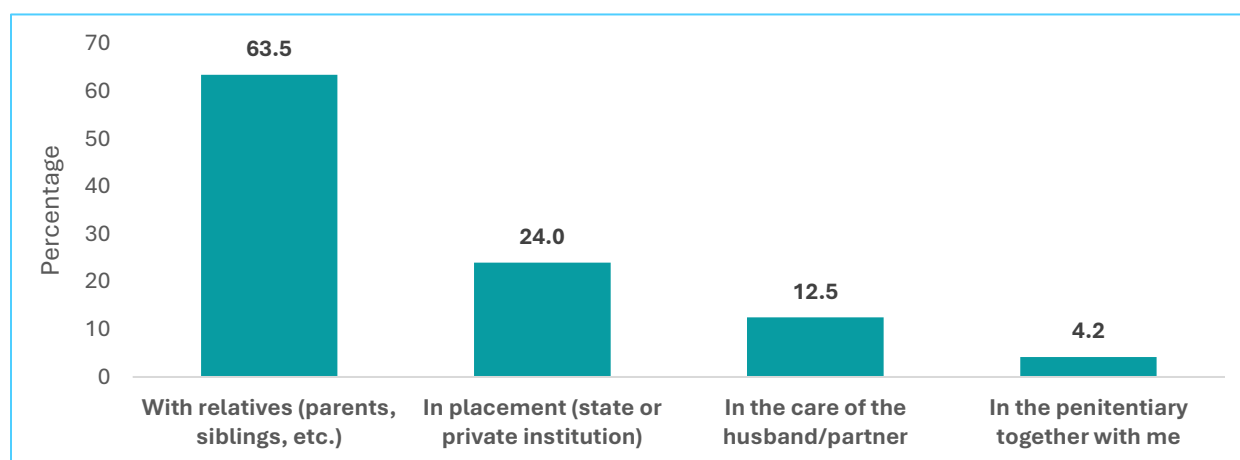
Table 3. General characteristics of the sample of women in detention

Name	N (%)
Total	200
Age group	
18-29 years	56 (28.0)
30-39 years	71 (35.5)
40-49 years	44 (22.0)
≥ 50 years	29 (14.5)
Education	
Primary/no education	24 (12.0)
Secondary (9-12 grades)	124 (62.0)
Vocational secondary	40 (20.0)
Higher education	12 (6.0)
Marital status	
Married / cohabiting	75 (37.5)
Divorced / widowed	71 (35.5)
Single	54 (27.0)
Place of residence prior to detention	
Chisinau (city)	37 (18.5)
Chisinau (suburbs)	21 (10.5)
District (or small city)	88 (44.0)
Village	54 (27.0)
Having minors	
Yes	96 (48.0)
No	104 (52.0)

In almost half of the cases (48.0%, n=96 women in detention had minor children (<18 years). The majority of them were mothers of one (45.8%; n=44) or two children (29.2%; n=28), while 15.6%

(n=15) had three children. A smaller proportion reported having four children (6.3%; n=6) or even more (3.1%; n=3). Regarding childcare arrangements during incarceration, the majority of children (63.5%; n=61) were left in the care of close relatives (parents, siblings). Approximately one-quarter (24.0%; n=23) were placed in public or private residential care institutions, while 12.5% (n=12) were cared for by the father or partner. A small proportion of children (4.2%; n=4) were living in the penitentiary together with their mother (Figure 1).

Figure 1. Patterns of care arrangements for children of female prisoners



DETENTION CONTEXT

The study participants were housed in five penitentiary institutions, with the vast majority (73.5%) located in Penitentiary No. 7 – Rusca, the only facility dedicated to convicted women (Table 4).

The length of incarceration varied significantly: more than one-third (36.0%) of the women had been detained for one to three years, and a quarter (25.0%) for three to five years. Conversely, in over one-fifth of cases (21.5%), women had been incarcerated for more than five years, while 17.5% were in their first year of sentence. Concerning prospects for release, 42.5% of respondents indicated the possibility of conditional release, 28.0% expected to serve their full sentence, and 29.5% did not specify a clear option (Table 4).

For most women (74.5%), this is their first conviction, while a quarter (25.5%) have a prior imprisonment record. Concerning the types of offences, 20.0% of participants were convicted of drug-related crimes (Table 4).

Maintaining contact with family or close persons remains a vital aspect of life in detention. The most common method of communication was telephone calls (81.0%), while other options included in-person visits (47.0%), written correspondence (42.5%), and internet-based communication such as Skype, Viber, WhatsApp, or similar apps (44.5%). In 14.0% of cases, women reported not staying in contact with family members or close persons. The number of visits was low: 39.0% of women received no visits, while others had infrequent visits, ranging from once a month (6.5%) to once every one to three months (26.0%), or even a single visit per year (19.0%) (Table 4).

Table 4. Legal status of women in detention

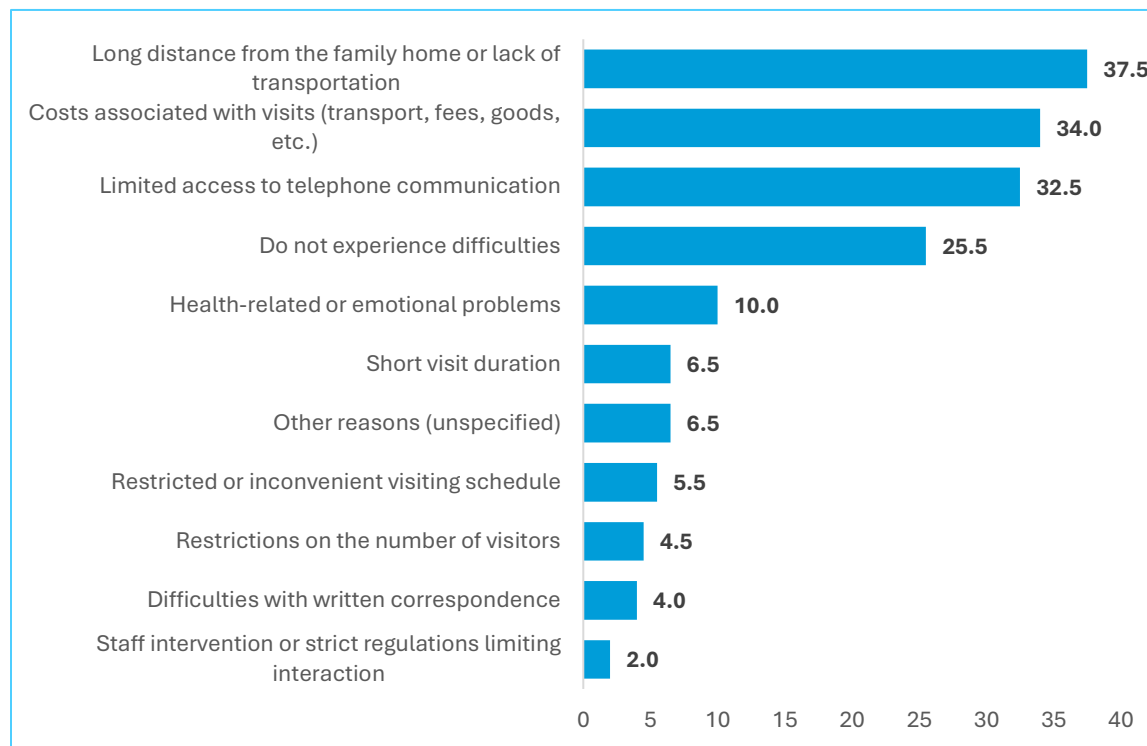
Name	N (%)
Total	200
Prison	
Prison No. 5 - Cahul	2 (1.0)
Prison No. 7 - Rusca	147 (73.5)
Prison No.11 - Balti	13 (6.5)
Prison No.- Chisinau	24 (12.0)
Prison No.16 - Pruncul	14 (7.0)
Length of detention	
<1 year	35 (17.5)
1-3 years	72 (36.0)
3-5 years	50 (25.0)
>5 years	43 (21.5)
Intention to release*	
Conditional release	85 (42.5)
Completion of full sentence	56 (28)
Did not specify	59 (29.5)
First conviction	
Yes	149 (74.5)
No	51 (25.5)
Conviction for drug-related offences	
Yes	40 (20.0)
No	149 (74.5)
Did not specify	11 (5.5)
Contact with family or close friends	
By phone	162 (81.0)
By letter	85 (42.5)
Through face-to-face visits	94 (47.0)
Via the internet (Skype, Viber, WhatsApp, etc.)	89 (44.5)
Does not keep in touch	28 (14.0)
Frequency of visits	
Once a month	13 (6.5)
Between 1 and 3 months	52 (26.0)
Once a year	38 (19.0)
Do not receive visits	78 (39.0)
Did not specify	19 (9.5)

The study identified various obstacles that hinder incarcerated women from maintaining contact with their families or close associates. The most commonly reported barrier was the significant distance from the family home or a lack of transportation (37.5%; n=75), followed by the costs associated with visits, such as travel expenses or purchasing items (34.0%; n=68). In around one-third of cases (32.5%; n=65), respondents mentioned limited access to telephones, which impairs their ability to have consistent communication with loved ones (Figure 2).

Approximately one-fourth of women (25.5%; n=51) reported no difficulties, suggesting that the impact of detention on family or close relationships varies. Conversely, other barriers included

health or emotional problems (10.0%; n=20), the brief duration of visits, and restricted or inconvenient visiting schedules (6.5% and 5.5%; n=13 and n=11, respectively). Institutional restrictions, such as limits on the number of visitors (4.5%; n=9), difficulties with written correspondence (4.0%; n=8), or staff intervention and strict regulations that limit opportunities for interaction (2.0%; n=4) — were mentioned less often but can still affect the quality of family contact (Figure 2).

Figure 2. Barriers faced by incarcerated women in maintaining contact with family members or close relations

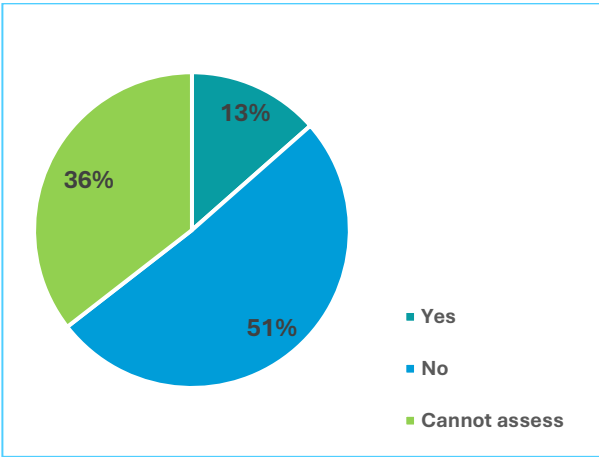


The perceptions of women in detention regarding access to visits and contact with family or close persons reflect a complex picture. The lack of reported discrimination does not exclude the existence of actual structural barriers. When asked whether they had experienced fewer opportunities to receive visits than men, 51.0% (102) of respondents said they had not noticed any differences, 35.5% (71) said they could not assess this, and 13.5% (27) believed that women had fewer opportunities (Figure 3).

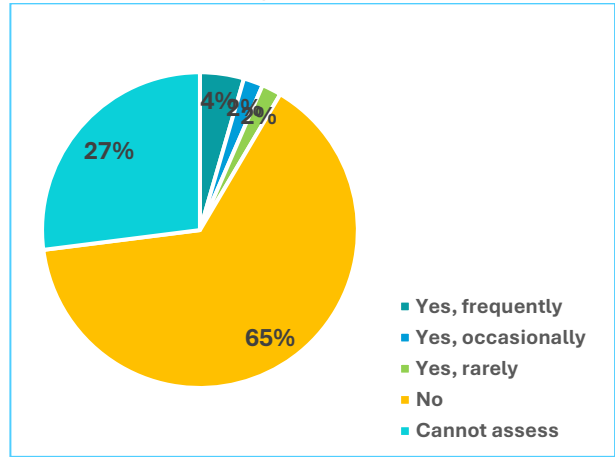
A similar pattern emerges in how women perceive limited contact with family or close persons: 64.5% (129) of women have never felt that their gender influenced their communication; 27.0% (54) could not answer; and 8.5% (17) reported experiences of restriction whether frequent, occasional, or rare (Figure 3).

Figure 3. Perception of women in detention regarding gender barriers in access to visits and communication with family or close persons

Do women have fewer opportunities to receive visits compared to men?



Have you ever felt that, as a woman, your contact with your family was limited or made more difficult compared to male detainees?

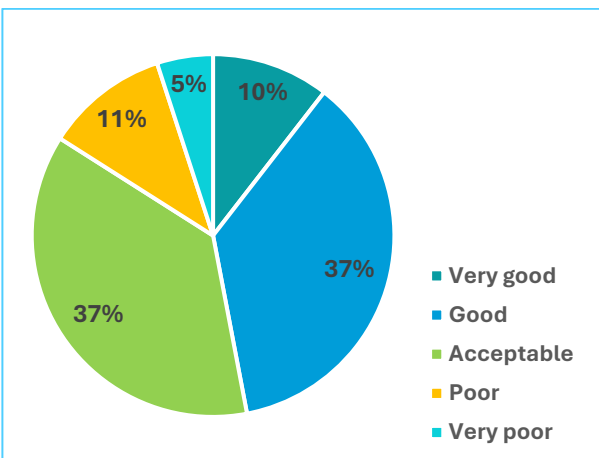


CONDITIONS OF DETENTION

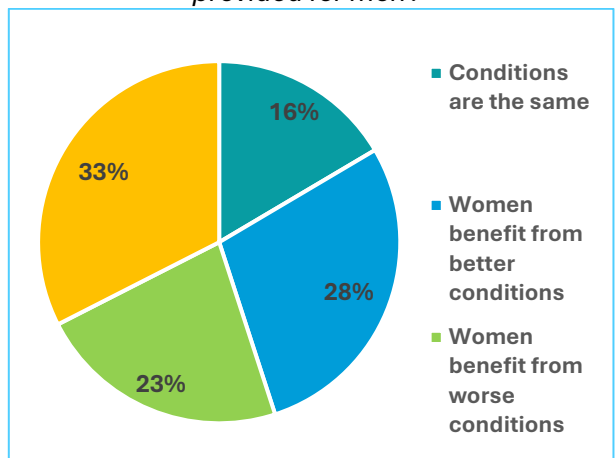
The assessment of accommodation conditions, such as room size, cleanliness, and overall comfort, indicates a mostly positive perception among women in detention. About 10.5% (21) of respondents rated the conditions as 'very good', 36.5% (73) as 'good', and 37.0% (74) as 'acceptable', meaning that 84% of participants rated the conditions as ranging from 'acceptable' to 'very good'. However, a considerable proportion of respondents consider the conditions to be “poor” (11.0%, 22) or ‘very poor’ (5.0%, 10). Thus, 16.0% (32) of participants live in conditions deemed inadequate (Figure 4)

Figure 4. Female prisoners’ perceptions of accommodation conditions and a comparison with the conditions offered to men

Accommodation conditions (room size, cleanliness, comfort, etc.)



Do you consider that women have accommodation conditions similar to those provided for men?

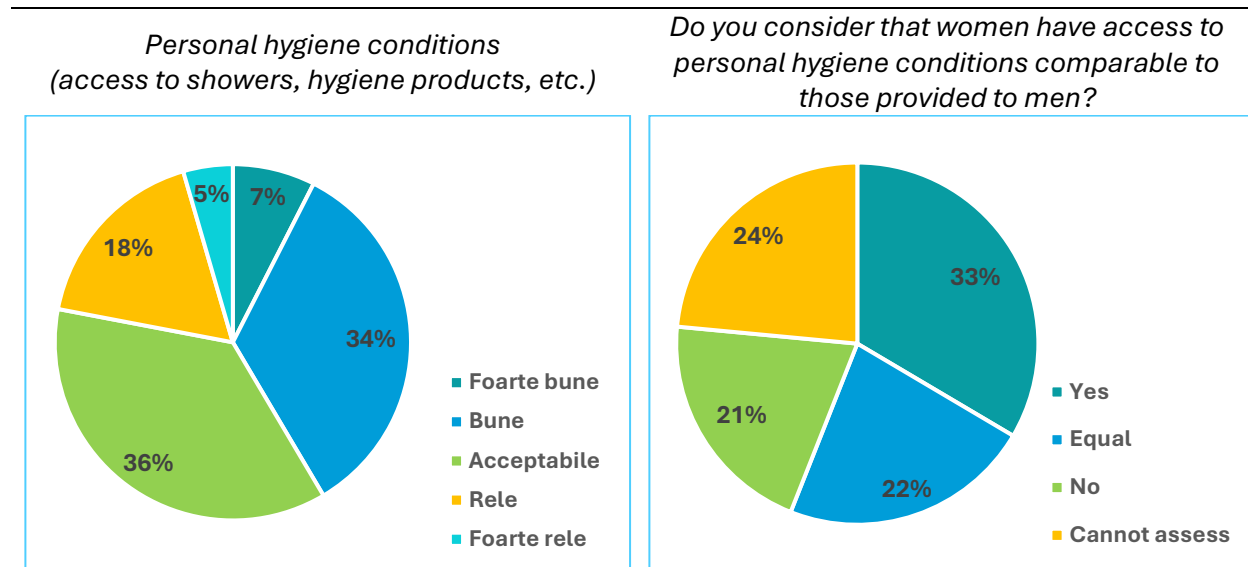


Opinions on the comparison of housing conditions between men and women vary, with no clear consensus emerging. Out of the respondents, 33 women (16.5%) believe that the conditions are similar for both groups. In contrast, 57 women (28.5%) think that women have better housing conditions, while 45 respondents (22.5%) feel that women’s conditions are worse than those of men. Additionally, 65 participants (32.5%) indicated that they could not assess this comparison (Figure 4).

Personal hygiene conditions were assessed differently by women in detention, and the data indicate that hygiene is the most frequently mentioned difficulty among other aspects of living conditions. Only 7.5% (15) of respondents consider personal hygiene to be ‘very good’ and 34.0% (68) rate it as ‘good’. The majority, 36.5% (73), describe conditions as ‘acceptable’, while 17.5% (35) consider them ‘poor’, and 4.5% (9) ‘very poor’. In total, 23% of women rate hygiene conditions as poor, suggesting that access to showers, hygiene products, and adequate maintenance conditions represents a significant vulnerability (Figure 5).

Regarding equal access to personal hygiene for women and men, perceptions are divided: in over a third of cases (33.5%; 67), respondents believe that women are advantaged, while 20.5% (41) believe they are disadvantaged. At the same time, in about a quarter (22.5%, 45) of cases, they believe that treatment is equal (Figure 5).

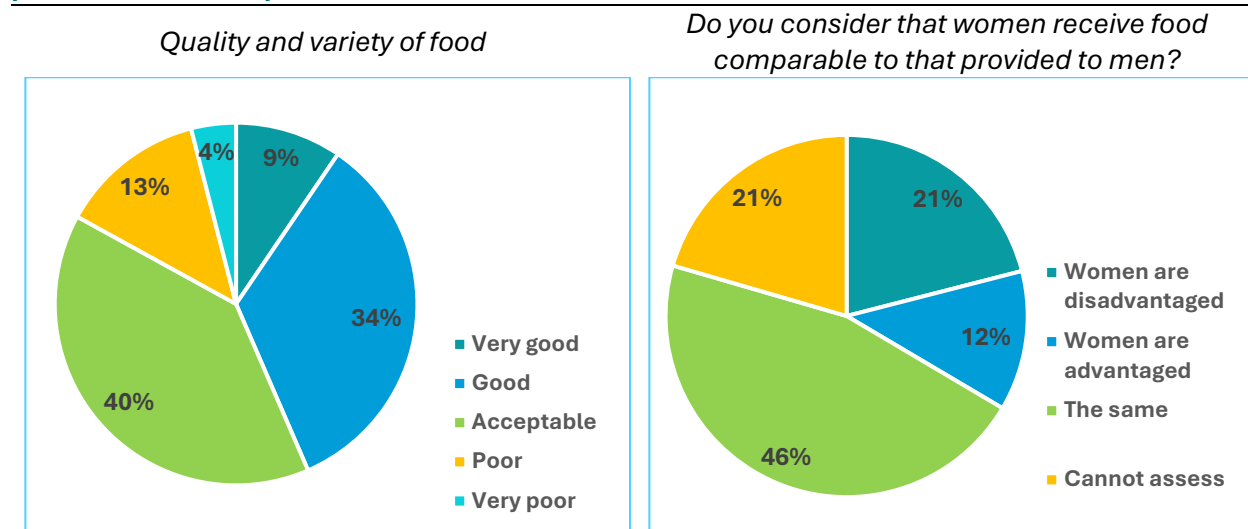
Figure 5. Female prisoners’ perceptions of personal hygiene conditions and equality of treatment in relation to men



The assessment of food quality and diversity indicates that most detained women view the meals as at least satisfactory. Specifically, 19 respondents (9.5%) rate the food as ‘very good’, while 68 (34.0%) consider it ‘good’. Additionally, 79 women (39.5%) find the food ‘acceptable’, suggesting that 83% of participants perceive the meals as adequate or acceptable. However, some respondents rate the food as ‘poor’ (13.0%, or 26) or ‘very poor’ (4.0%, or 8). Consequently, 17% of participants express dissatisfaction with the food, a proportion similar to those who negatively assessed the accommodation conditions, but lower than the concerns raised about personal hygiene (Figure 6).

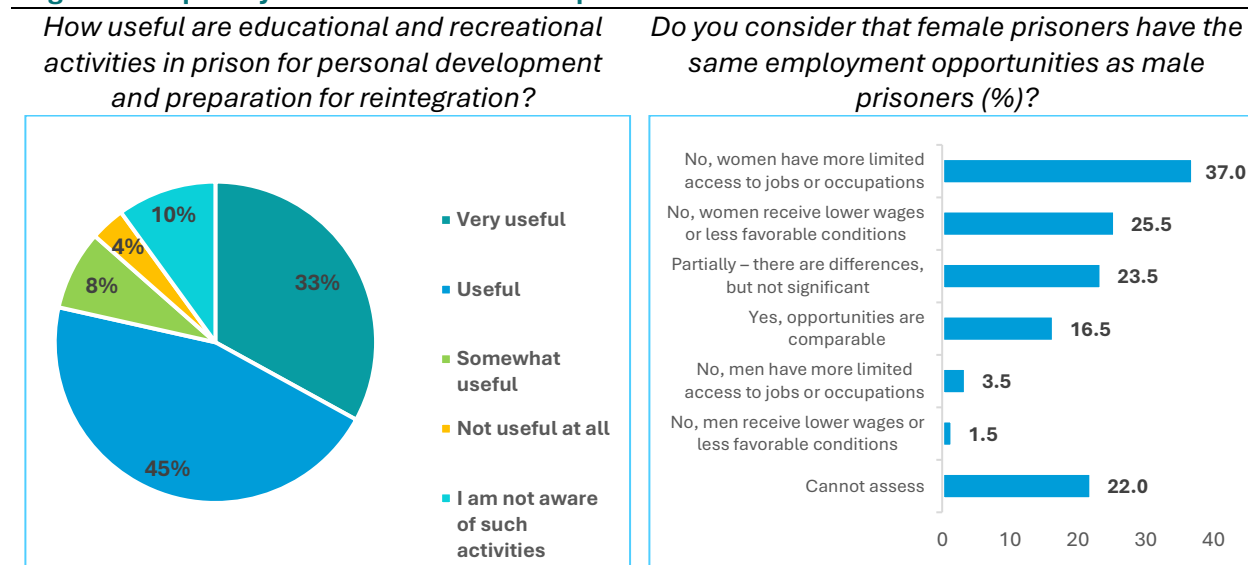
Perceptions of the comparison between women’s food and that provided to men are divided. Most respondents consider that the food is similar across both categories of detainees (46.0%, 92), the highest level of perceived equality among all the dimensions assessed (accommodation, food, hygiene). In 21.0% (42) of cases, they believe they are disadvantaged, whilst in 12.5% (25), they consider that they receive better food than men. A considerable number of respondents state that they cannot assess the situation (20.5%, 41), reflecting the lack of a direct point of comparison, as most women are detained in a single institution and the men’s diet is not observable (Figure 6).

Figure 6. Female prisoners’ perceptions of food quality and a comparison with the food provided to male prisoners



Female prisoners’ perceptions of the usefulness of educational and recreational activities are predominantly positive. (Figure 7).

Figure 7. Female prisoners’ perceptions of the usefulness of educational activities and of gender equality in access to work in prison

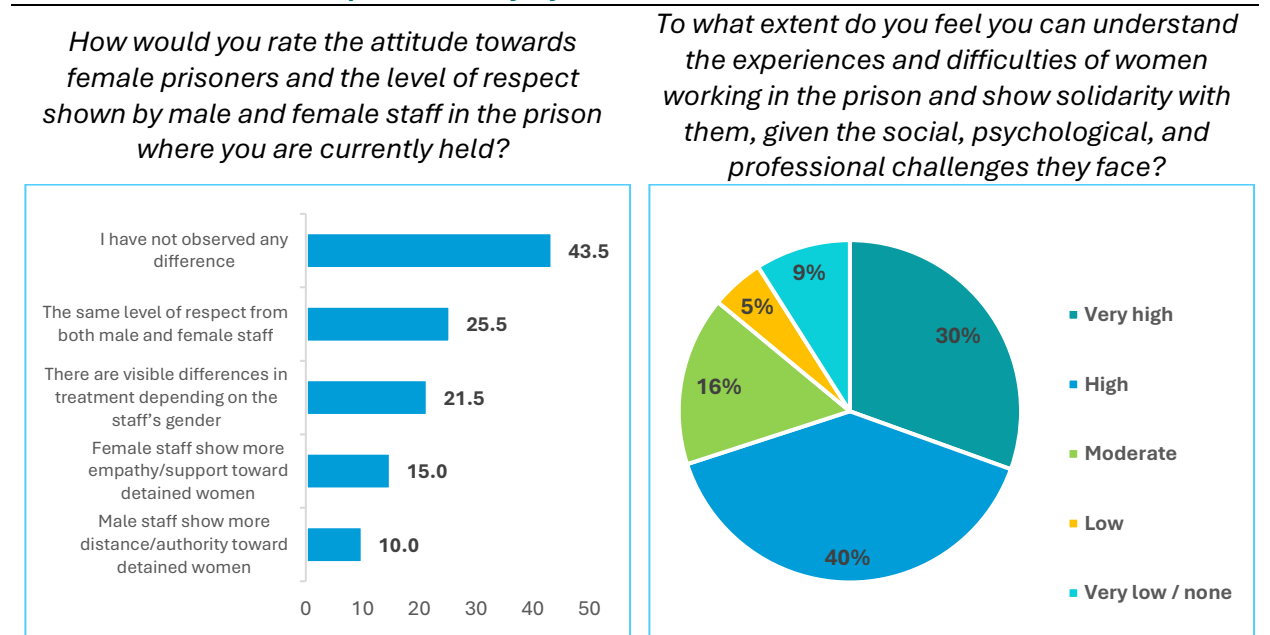


A total of 66 respondents (33.0%) consider these activities ‘very useful’, and 91 (45.5%) rate them as ‘useful’. A further 16 women (8.0%) consider them ‘somewhat useful’, and 7 (3.5%) state that they are ‘not at all useful’. At the same time, 20 participants (10.0%) state that they are unaware of such activities, which may indicate either a lack of information or the absence of such programmes in certain prison sectors. In total, 78.5% of the women attribute an important role to these activities in preparing for social reintegration (Figure 7).

When asked about equality of employment and vocational training opportunities compared to men, 37.0% (74) of female respondents reported having more limited access to jobs or professions, whilst 25.5% (51) stated that they received lower pay or less favourable conditions for the same work. In 16.5% (33) of cases, respondents perceive opportunities as comparable, and in 23.5% (47) of cases, they consider that differences exist but are not significant. In total, 62.5% of participants perceive explicit forms of disadvantage, marking the highest level of gender inequality among the dimensions analysed (Figure 7).

About perceptions of staff attitudes towards female prisoners, the majority of participants did not observe any differences in treatment based on staff gender: 43.5% (87) indicated that they had not observed any difference, whilst 25.5% (51) reported the same level of respect from both male and female staff; in total – 69% (138), indicating treatment perceived as fair. At the same time, 21.5% (43) indicated visible differences in treatment depending on staff gender, 15.0% (30) considered that female staff showed more empathy, and 10.0% (20) felt that male staff displayed more distance and authority (Figure 8).

Figure 8. Female prisoners’ perceptions regarding staff attitude (male vs female) towards female prisoners and the level of solidarity among female prisoners with female staff within the penitentiary system



The level of solidarity with female prison staff is high: 30.5% (61) of respondents reported a very high level of solidarity, and 39.5% (79) reported a high level of solidarity; thus, 70.0% (140) indicate a high level of understanding of the difficulties faced by women working in prisons. In 16.0% (32) of cases,

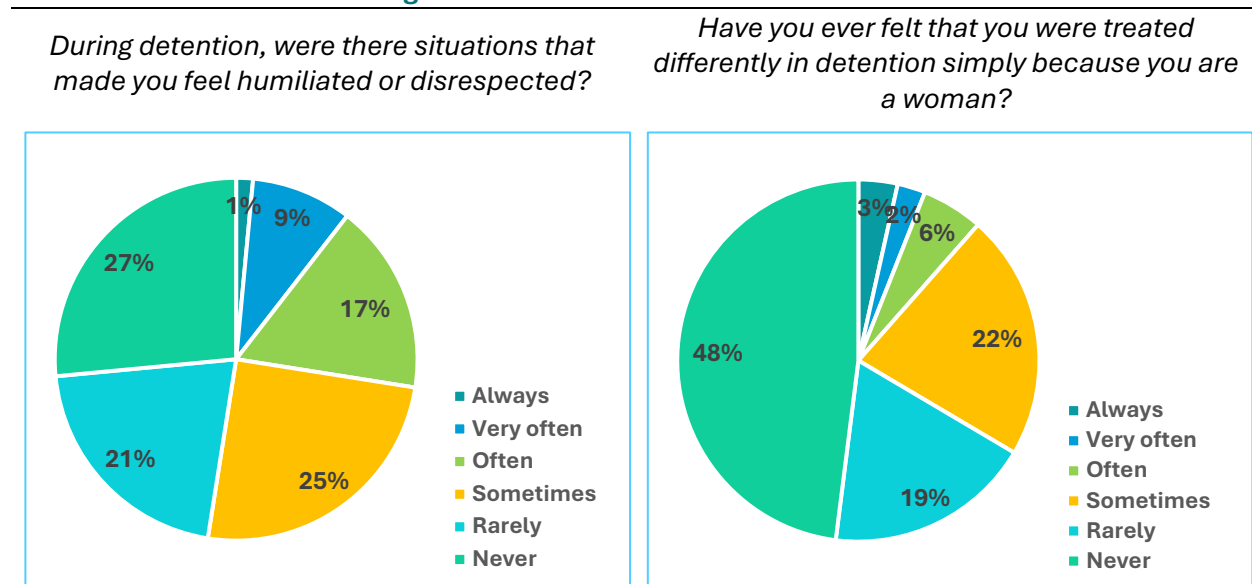
respondents indicate moderate solidarity, and in 14.0% (28), low or no solidarity (5.0% and 9.0%; 10 and 18, respectively). High solidarity suggests the potential for gender-sensitive alliances (female prisoners–female staff) in initiatives to improve the institutional climate and prevent tensions (Figure 8).

DIGNITY, DISCRIMINATION AND VIOLENCE

Data on experiences of humiliation during detention indicate a widespread and worrying phenomenon. In only 26.5% (53) of cases did respondents state that they had not experienced such situations, meaning that in 73.5% of cases, they had: 1.5% (3) indicated that they faced such experiences ‘always’, 9.0% (18) “very often”, 17.0% (34) “often”, and 25.0% (50) “sometimes”. The proportion of those reporting frequent or ongoing experiences of humiliation (27.5%, 55) is a serious cause for concern, suggesting potential violations of the human dignity of detainees (Figure 9).

As regards gender-based discrimination, 48.0% (96) of women stated that they had never felt they were treated differently because they were women, yet 52.0% (104) of women had at least occasionally felt that their gender influenced the treatment they received. Thus, similar to humiliation, a vulnerable segment is observed, with 11.5% (23) of cases reporting frequent discrimination (Figure 9).

Figure 9. Female prisoners’ perceptions of experiences of humiliation and gender-based discrimination during detention

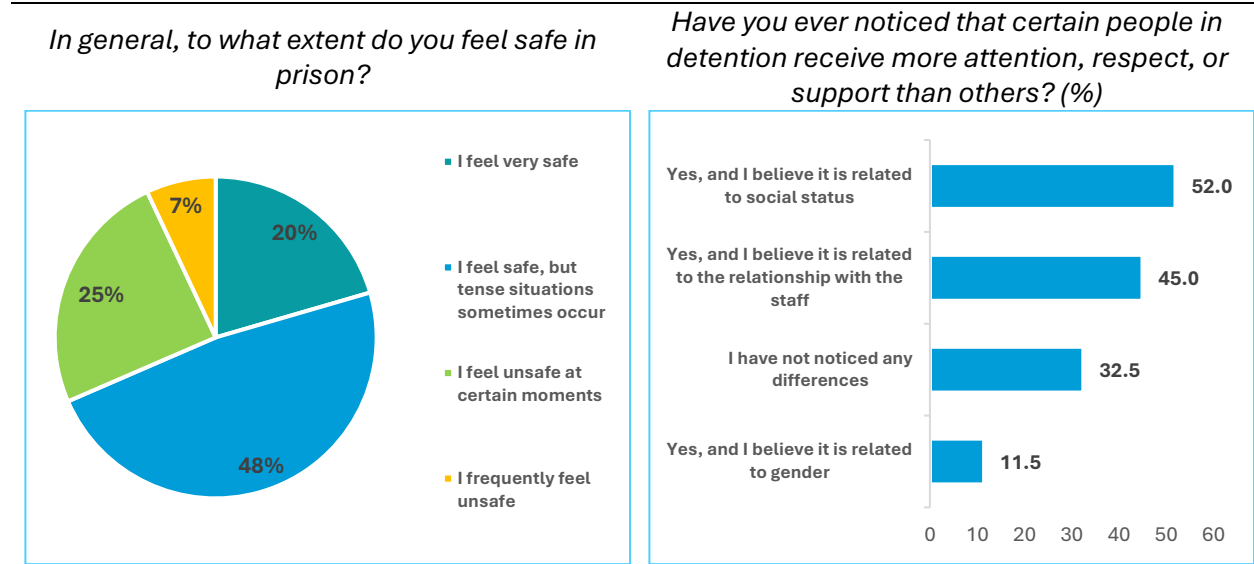


The perceptions of women in detention regarding the overall level of safety reveal a considerable degree of vulnerability. In one-fifth (20.5%; 41) of cases, respondents indicated that they feel ‘very safe’, whilst almost half (48.0%; 96) stated that they feel safe, but that tense situations arise periodically, indicating a fragile sense of safety. At the same time, 24.5% (49) of the participants feel unsafe ‘at certain times’, and in 7.0% (14) of cases, they feel unsafe ‘frequently’. Thus, in 31.5% (63) of cases, women experience constant or recurring episodes of fear (Figure 10).

About the perception of the distribution of attention and support among female prisoners, the majority of participants believe that there are forms of favouritism or differences in treatment. In

32.5% (65) of cases, women reported not having observed any differences among prisoners. At the same time, 52.0% (104) believe that certain individuals receive preferential treatment due to their social status, and 45.0% (90) consider that the relationship with staff determines preferential access to attention, respect, or support. Furthermore, 11.5% (23) attribute these differences to gender, indicating that privileges are perceived as resulting more from individual relationships or a person’s social position than from belonging to a particular gender (Figure 10).

Figure 10. Female prisoners’ perceptions of safety in detention and the existence of privileges amongst prisoners

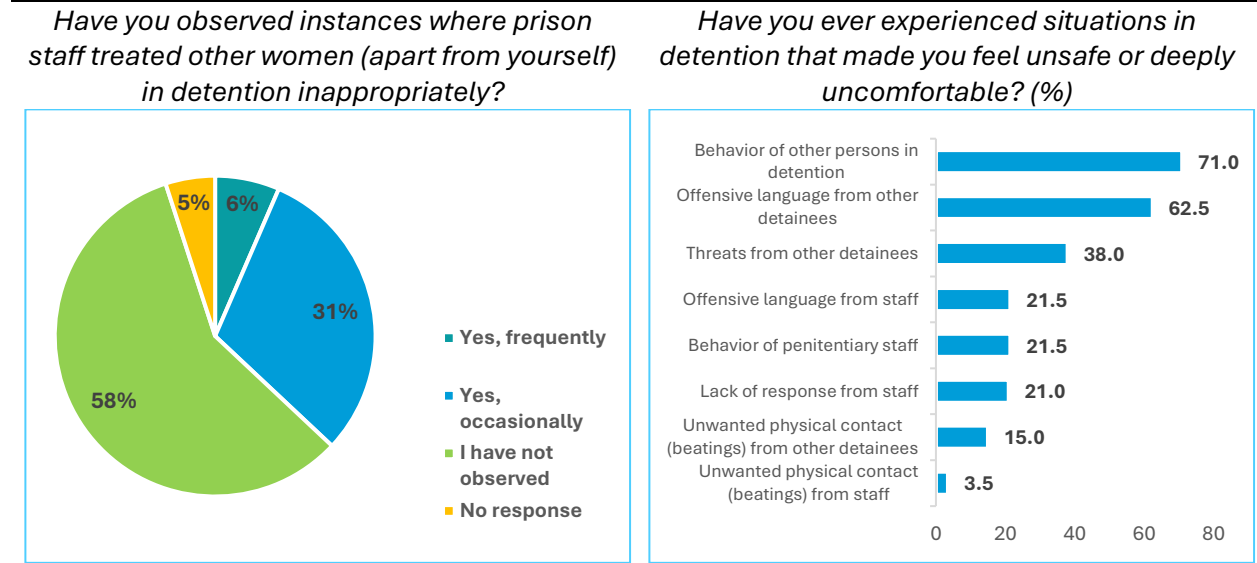


The perceptions of women in detention regarding the treatment of other detainees show that, although the majority have not witnessed direct abuse, a significant proportion have witnessed problematic situations. In this context, 30.5% (61) of women mentioned that they had observed such situations occasionally, and 6.5% (13) that they had observed them frequently. In 58.0% (116) of cases, they did not observe any inappropriate treatment, and in 5% (10) of cases, they did not respond. In total, 37.0% (74) of women witnessed inappropriate behaviour by staff towards other female prisoners – a percentage too high to be considered coincidental (Figure 11).

When asked what type of treatment they considered inappropriate, the vast majority of responses focused on offensive language (55.0%, 41). Other categories — such as threats, intimidation, physical violence, denial of access to services or other forms of abuse — were mentioned less frequently, each accounting for 0.5% (one person each), indicating rare but serious situations that should not be ignored (Figure 11).

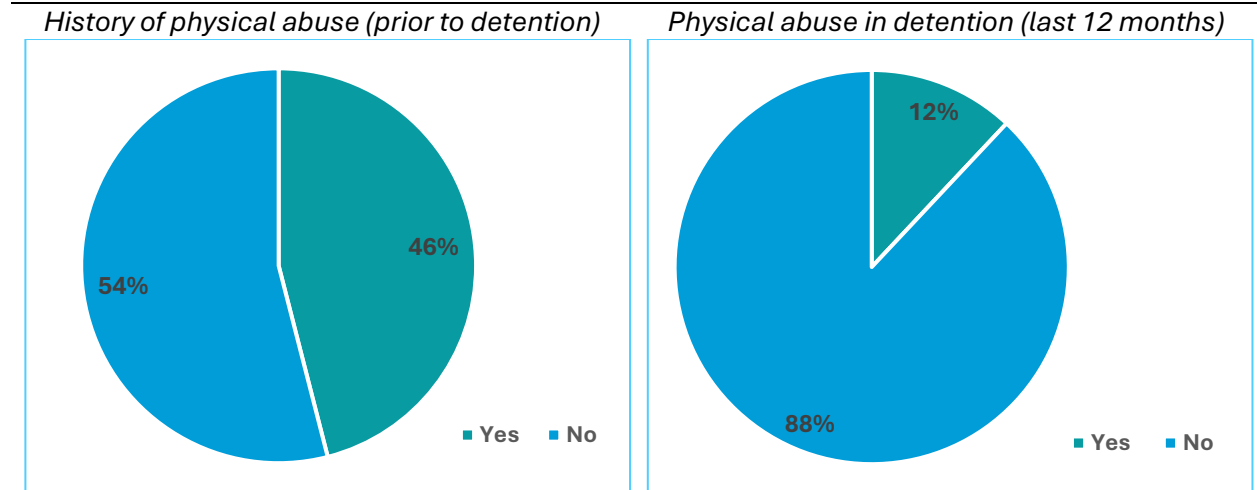
Data on personal experiences that generated feelings of danger or profound discomfort show that the main source of risk is the behaviour of other detainees, not that of staff. Thus, 71.0% (142) of women cited the behaviour of other detained persons as a source of danger, and 62.5% (125) cited offensive language from them. Furthermore, 38.0% (76) reported threats from other detainees and 15.0% (30) experienced unwanted physical contact (hitting) from them – results indicating a tense internal climate with a high potential for interpersonal conflict (Figure 11).

Figure 11. Perceptions of how female prisoners are treated, alongside personal experiences of vulnerability



History of physical abuse prior to detention. Data on experiences of physical abuse prior to detention reveal an extremely high prevalence of victimisation among women in detention. Around half of the participants (46%, 92) reported having suffered at least one form of physical abuse prior to their imprisonment (Figure 12).

Figure 12. Prevalence of physical abuse: prior to and during detention



The average age at which experiences of abuse began was 18.7 years (SD±10.7 years), indicating that many of the women became victims during late adolescence or early adulthood, precisely during the critical stages of identity formation and personal autonomy. It is extremely worrying that the youngest age reported for physical abuse is 5 years, indicating the existence of severe, early forms of violence with potentially devastating consequences for emotional, cognitive, and social development. The maximum age at which abuse was – 52 years – shows that victimisation can occur throughout life, in different contexts.

Physical abuse in detention (last 12 months). The results show that 12.0% (24) of women reported having been subjected to physical abuse in the last 12 months whilst in detention (Figure 12).

Analysis of the situations indicates that the majority of perpetrators were other detainees, as mentioned by 21 respondents, whilst 3 respondents mentioned physical violence by staff. A key aspect is the location where the incidents took place: 20 respondents specified that the assaults occurred in the cell – a relatively isolated space with limited supervision and limited opportunities to seek immediate help – whilst a further 4 respondents did not specify the location.

Data on the reporting of physical abuse in detention point to an alarming level of under-reporting, which reflects significant shortcomings in institutional protection mechanisms. Of the total number of women (24) who stated that they had suffered physical abuse in the last 12 months, only thirteen of them reported the incident to prison staff or to another competent authority. The reasons for not reporting were particularly revealing for understanding the institutional climate, namely: fear of reprisals (7), the belief that reporting would not help (7), and a lack of trust in the system (6). Only one respondent mentioned that she did not know to whom or how to report.

The experiences of those who reported the abuse confirm the fears of those who choose to remain silent. Of the thirteen women who filed a complaint, only four mentioned that the perpetrators were punished, and two stated that they were protected against further incidents. In contrast, seven respondents stated that no action was taken following the report.

Support provided to victims of physical abuse in detention. Following incidents of physical abuse (24 respondents who had been abused, of whom thirteen reported the incident), psychological support and immediate medical care were provided, in three cases each. No victim had access to legal support or advice on filing a complaint. A further seven women received no support whatsoever. Support was provided by a psychologist (3 cases), prison medical staff (3 cases) and non-medical staff (1 case).

History of sexual abuse prior to detention. Experiences of sexual abuse show a high prevalence among female prisoners. Around a quarter of respondents (23.5%, or 47) had been victims of sexual abuse prior to their imprisonment (Figure 13).

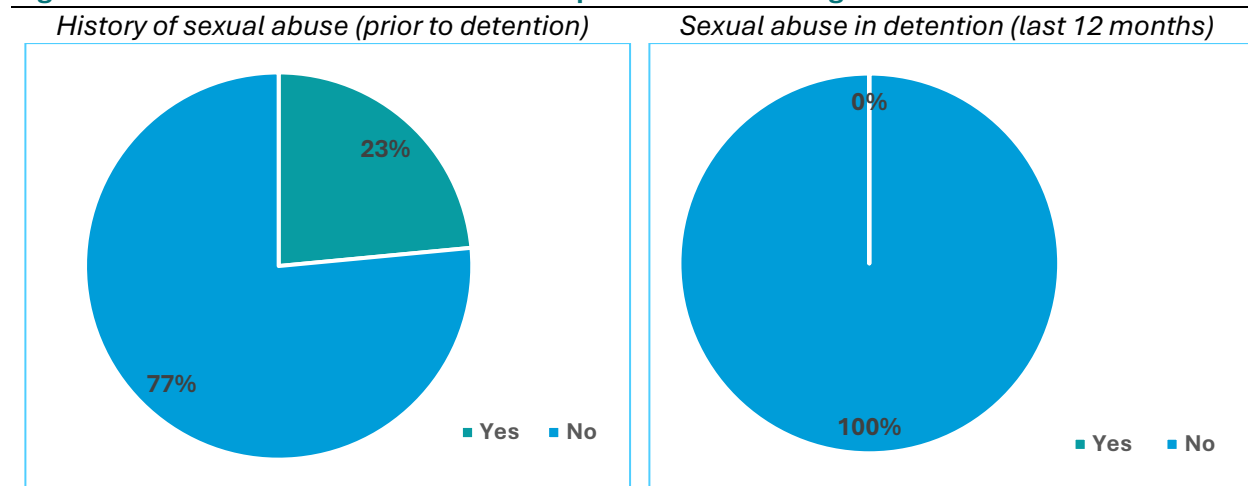
Analysis of the types of abusers reveals a complex profile: 76.6% (35/47) of the abusers were strangers (acquaintances, neighbours, partners, etc), while 23.4% (11/47) of the abused women reported sexual abuse committed by a family member (father, brother, uncle, etc.).

The age at which the abuse began suggests vulnerability established at an early age. The average age was 16.3 years (SD±5.2), indicating that most women were abused during early or middle adolescence, a critical period in identity development and the formation of emotional relationships. At the same time, the range is extremely wide (between 6 and 40 years), showing that some women were abused from a very young age, others in adulthood, and some during both stages. The minimum age of 6 years is a particularly serious indicator, suggesting child sexual abuse, most likely committed by an adult in the immediate environment (e.g. family).

Sexual abuse in detention (last 12 months). The study results show that none of the female participants (0 out of 200) reported experiencing sexual abuse in detention in the last 12 months (Figure 13). At a descriptive level, this is a positive result and can be considered an indicator of a

relatively safe prison environment with regard to overt sexual violence. However, caution is required when interpreting these results, as sexual abuse is one of the forms of violence with the highest rate of under-reporting in both society and the prison environment.

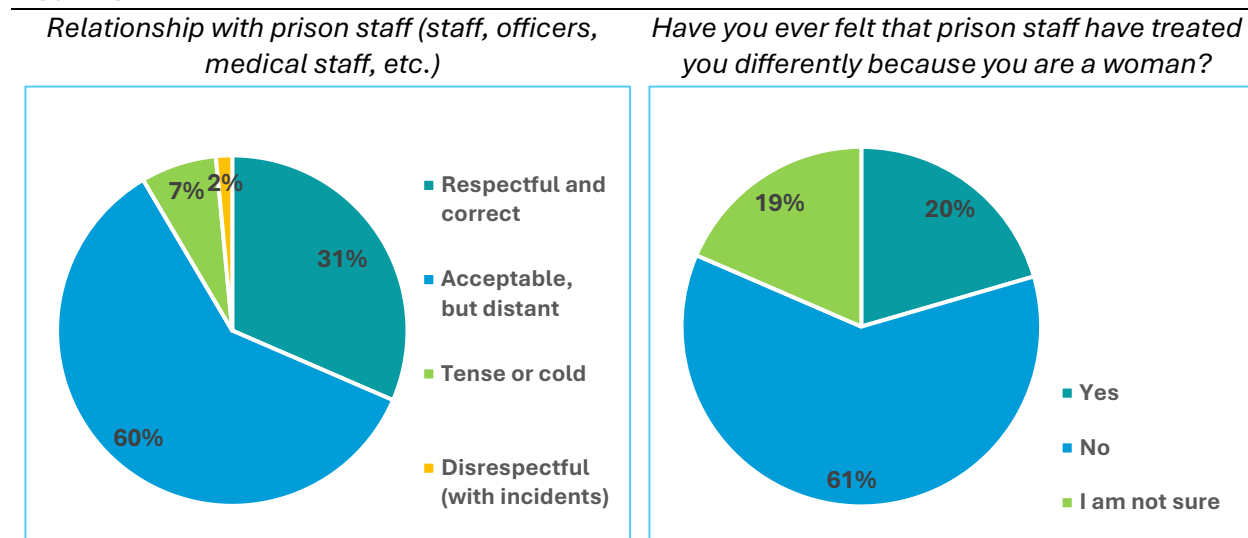
Figure 13. Prevalence of sexual abuse: prior to and during detention



RELATIONSHIP WITH PRISON STAFF

The perceptions of women in detention regarding their relationship with prison staff generally indicate a relatively stable environment, though not one entirely free of tension.

Figure 14. Relationship with prison staff and perceptions of gender-based differential treatment



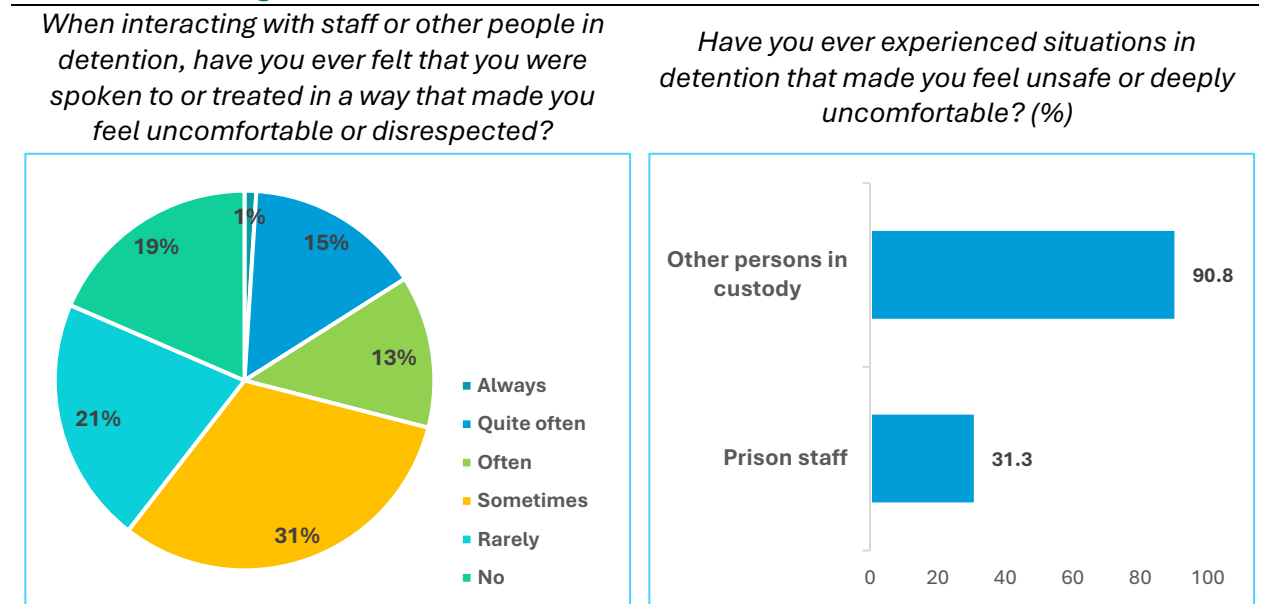
In most cases (60.0%, or 120 respondents), the relationship with staff was described as 'acceptable, but distant'. In about one-third of cases (31.0%, 63), it was described as 'respectful and fair'. In 7% of cases (14), it was described as 'tense or cold', and in 2% of cases (3), it was described as 'disrespectful, with incidents' (Figure 14).

The study also analysed gender-based differential treatment. 61.0% (122) of participants stated that they did not feel treated differently because they were women, while 20.5% (41) reported perceiving differential treatment. Furthermore, 18.5% (37) were unsure, indicating a significant degree of uncertainty. Thus, in total, 39% of respondents (41 who answered 'yes' and 37 who answered 'not sure') cannot rule out the existence of gender-based differences in staff behaviour (Figure 14).

The majority of participants stated that they had experienced interactions that made them feel uncomfortable or disrespected. Thus, 81.5% (163) of respondents had experienced such interactions at least occasionally: 60.5% (121) 'sometimes' and 29.0% (58) 'frequently' (Figure 15).

When asked about situations that made them feel unsafe or deeply uncomfortable, the majority (90.8%, 182) cited other detainees as the main source, while 31.3% (63) mentioned prison staff (Figure 15).

Figure 15. Employed women’s perceptions of respect in interactions and the source of situations of danger or discomfort in detention



The level of trust that female inmates have in prison staff (employees, doctors, psychologists, and administrators) is moderate but marked by uncertainty and a partial lack of predictability. Full trust was stated to be held by 15.5% (31) of the participants, and partial trust was stated to be held by 31.0% (62) of the participants, indicating that the relationship with staff was perceived as at least relatively safe and fair by about half of the participants (46.5%; 93). At the same time, a considerable proportion reported fluctuating levels of trust: 27.0% (54 inmates) said ‘sometimes yes, sometimes no’, suggesting inconsistent experiences or variable behaviour on the part of staff. Additionally, 13% (25) expressed little trust, while 12% (24) said they had no trust in how staff treat and respect the rights of detainees. Two percent (4) of women were unable to assess their level of trust.

HEALTH SERVICES

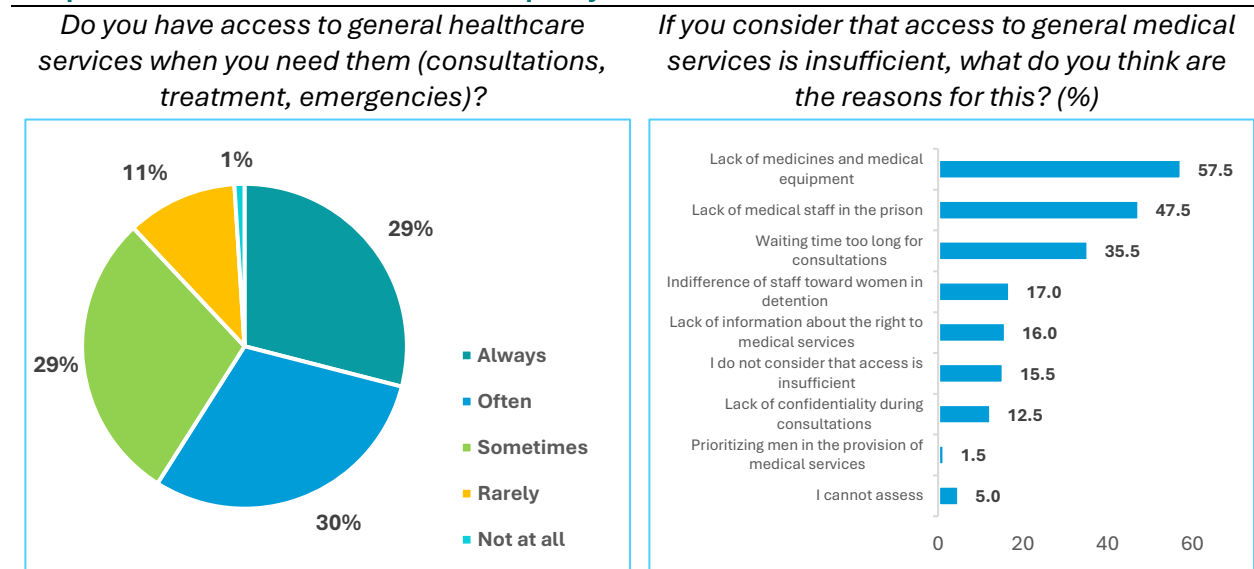
The majority of women in detention perceive general access to medical services as being available, though with a significant degree of variability. Most participants mentioned that they always (29.0%,

58) or frequently (30.0%, 60) receive medical services when they need them. Access was described as occasional in about one-third of cases (29.0%, 58), and in 11.0% (22) of cases, participants mentioned that they only rarely receive consultations. A small proportion (1.0%, 2) stated that they had no access to healthcare services at all (Figure 16).

With regard to actual use of healthcare services, the data collected for the past six months paints a similar picture: 17.5% (35) of participants attended consultations regularly, 26.0% (52) accessed services relatively frequently, 24.0% (48) accessed them occasionally and 6.5% (13) accessed them rarely. Meanwhile, 9.0% (18) of participants said they had requested consultations but not received them, suggesting unmet medical needs; 14.4% (28) did not use medical services during the analysed period, while 3.0% (6) did not respond, reflecting a lack of perceived need or reluctance to seek care

An analysis of the perceived reasons for inadequate access to medical services reveals the presence of structural or organisational barriers. The most frequently cited reasons were a lack of medicines or medical equipment (57.5%, 115) and an insufficient number of medical staff (47.5%, 95) - two factors suggest that there are objective limitations in the system's ability to provide adequate and consistent medical services (Figure 16).

Figure 16. Female prisoners' perceptions of access to general medical services and the perceived reasons for its inadequacy



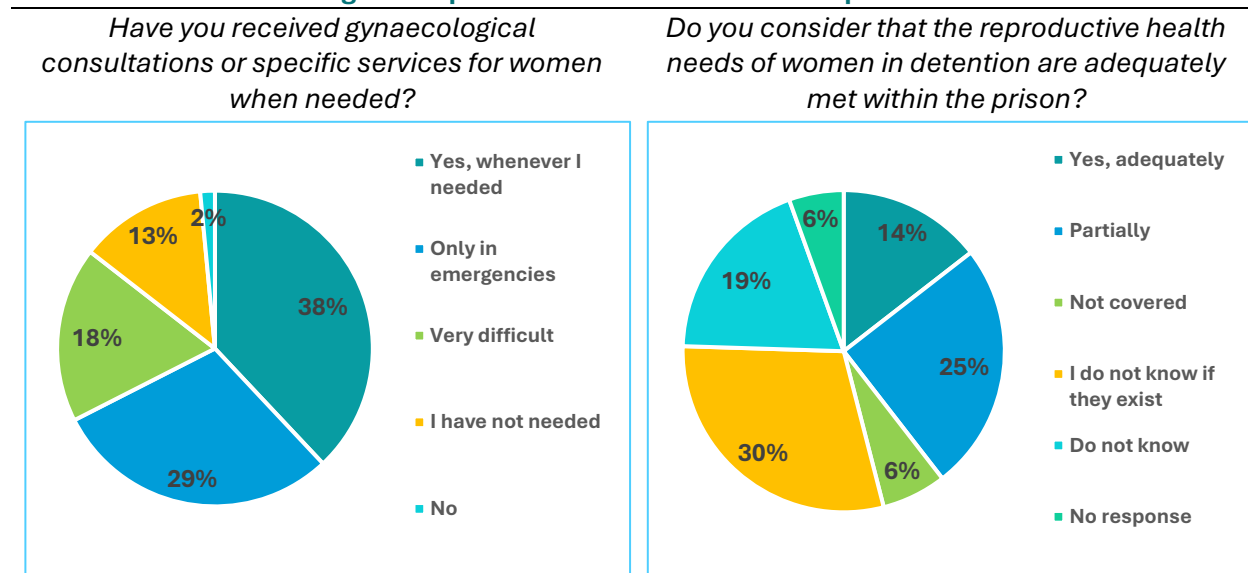
The main difficulties encountered in accessing medical services, as mentioned by the respondents, were excessive waiting times for consultations (35.5%, 71), the perception that staff were indifferent (17.0%, 34) and a lack of information regarding their rights to medical services (16.0%, 32). In 12.5% (25) of cases, respondents cited a lack of confidentiality during consultations – a crucial factor for accessing medical care without hesitation – and in 1.5% (3) of cases, they cited the prioritisation of men in the provision of medical services. 15.5% (31) of respondents considered access to general medical services to be sufficient (Figure 16).

The study data show that female prisoners' access to gynaecological consultations and specific reproductive health services is variable. Just over a third of respondents (38.0%, 76) mentioned that they had access to such services whenever they needed them, while nearly a third (29.5%, 59)

mentioned access only in emergency situations. In 18.0% (36) of cases, participants described access as ‘very difficult’, and a small proportion (1.5%, 3) stated that they had no access at all. At the same time, 13.0% (26) did not need such services (Figure 17).

The majority of participants (66.0%, 132) stated that they receive essential feminine hygiene products free of charge and in sufficient quantities. A considerable proportion (31.0%, 62) reported receiving them only partially, which may reflect an individual shortage of the quantities distributed or inconsistent availability. A very small number (2.0%, 4) of respondents indicated that they do not receive such products at all, and 1.0% (2) were unable to assess the situation (Figure 17).

Figure 17. Female prisoners’ perceptions of access to gynaecological consultations and the level of coverage of reproductive health needs in prison



Women in detention have low levels of satisfaction with the provision of reproductive healthcare and express high levels of uncertainty about the available information. In 14.5% (29) of cases, respondents consider that reproductive health needs are adequately met, whilst a quarter (25.0%, 50) feel that services are only partially adequate and require improvement. A smaller but significant proportion of 6.5% (13) state that reproductive health needs are not met, and a considerable proportion of participants are unable to assess the situation: 19.0% (38) do not know or cannot assess the level of coverage, and 29.5% (59) state that they do not know whether such services actually exist in the prison. In 5.5% (11) of cases, respondents did not provide any answer. In this context, the distribution profile, in which almost half of the respondents either cannot assess or are unaware of the existence of services, highlights a systemic problem of communication, information and predictability, as well as a perceived insufficient coverage of the specific reproductive health needs of women in detention (Figure 17).

Among the respondents who consider that reproductive health needs are not met (63), the main reason cited is the lack of specialist gynaecological medical staff (82.5%, 52/63), followed by a lack of information regarding reproductive rights (58.7%, 37/63), a lack of consideration for women’s specific needs (41.3%; 26/63), a shortage of necessary products such as sanitary pads, contraceptives, etc. (22.2%; 14/63) and a lack of confidentiality during medical consultations

(17.5%; 11/63) – a pattern of responses suggesting predominantly structural and informational barriers, compounded by issues regarding the quality of the clinical process and the organisation of services.

The study examined the extent to which female prisoners encountered situations where they needed reproductive health services or products but did not receive the necessary support or assistance. In 39.5% (79) of cases, respondents reported such unmet needs.

Among the main issues mentioned were limited access to gynaecological consultations (69.6%, 55/79), followed by a lack of information on reproductive health (36.7%, 29/79) and a lack of consideration for women's specific needs (32.9%, 26/79) - results that reflect difficulties in accessing specialised medical services, as well as shortcomings in communication, information provision and institutional sensitivity regarding specific reproductive health issues.

Respondents also reported a lack of necessary products, such as sanitary pads or contraceptives (17.7%, 14/79); a lack of confidentiality during medical consultations (13.9%, 11/79); limited access to contraceptives (2.5%, 2/79); and a lack of psychological support related to motherhood (1.3%, 1/79).

Additionally, instances of inappropriate behaviour by prison staff (7.6%, 6/79), prison medical staff (10.1%, 8/79) and medical staff at external facilities (6.3%, 5/79) were reported.

Access to contraception for female prisoners aged 55 and under remains extremely limited. Only 8.6% of respondents (16/186) reported having access to condoms in the past 12 months and just 0.5% (1/186) mentioned access to other contraceptive methods. For 2.7% of respondents (5/186), contraception was not considered necessary, while a similar percentage (5/186) reported a lack of access despite requesting it.

The majority of participants (84.4%, or 157 out of 186) reported not having requested contraceptives, which may indicate a perceived lack of need, as well as informational or attitudinal barriers to accessing services. Two respondents (1.1%) did not answer.

HEALTH AND MENTAL WELL-BEING

The emotional experiences of the women participating in the study over the past 12 months reflect a considerable level of vulnerability. In 20.0% of cases (40), participants stated that they had not experienced situations that deeply affected their emotional state, causing them to feel intimidated, controlled, or worthless. Other respondents mentioned facing such situations sometimes or rarely (23.0% each, 46), suggesting intermittent but recurring exposure to contexts with a negative emotional impact. In addition, respondents specified that they had such experiences often or even very often (15.0% each, 30), which could indicate a significant and constant impact on their psychological state. In 3.5% (7) of cases, they stated that they were constantly confronted with such situations, suggesting a severe and continuous level of emotional stress (Figure 18).

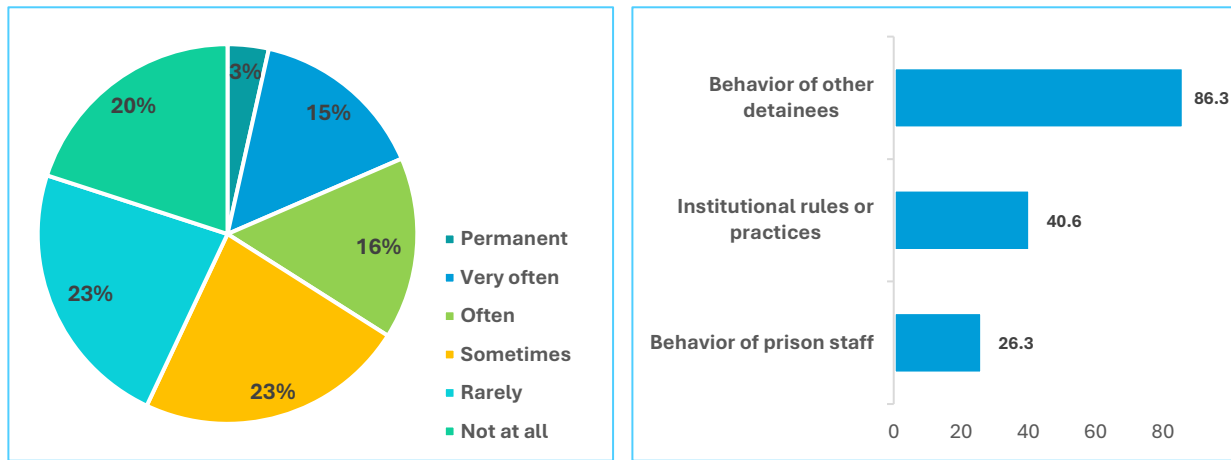
Overall, the distribution of responses shows that 80.0% (160) of respondents experienced intimidating or emotionally negative situations to varying degrees over the past 12 months. This reflects a stressful institutional climate in which emotional safety is frequently compromised. The primary reason cited was the behaviour of other detainees (86.3%, 138/160), followed by

institutional rules or practices (40.6%, 65/160), and the behaviour of prison staff (26.3%, 42/160 respondents) (Figure 18).

Figure 18. Frequency of situations that affected women’s emotional state in detention and factors perceived as a source of intimidation, control or disrespect

Have you experienced situations in detention that have deeply affected your emotional state or made you feel intimidated, controlled, or worthless (in the last 12 months)??

If you have experienced such situations, who or what specifically contributed to the feeling of intimidation, control, or lack of respect? (%)

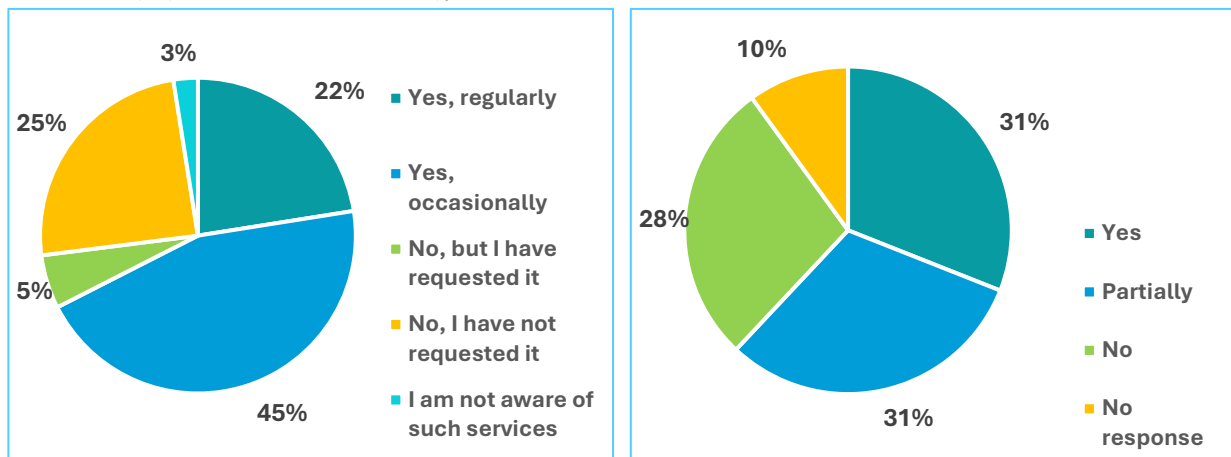


The analysis suggests that although mental health services are available in detention, they are used with varying frequency.

Figure 19. Access to mental health services and the extent to which emotional needs are met among women in detention

During your detention, did you have access to mental health services (psychologist, psychiatrist, counselling)?

Did you receive psychological support or access to counselling for anxiety, depression or stress?



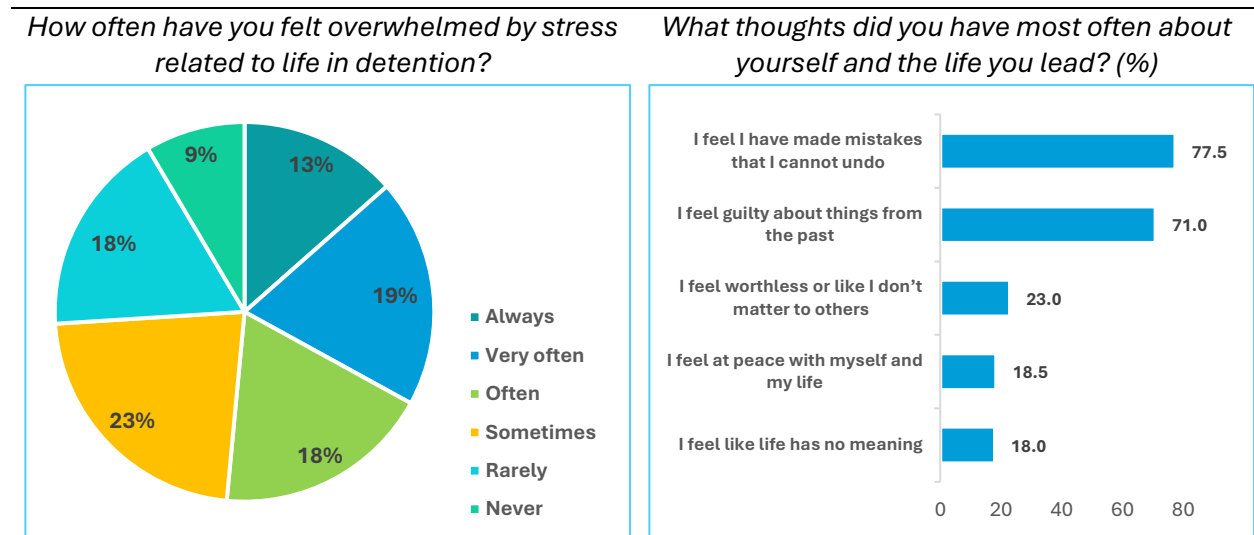
Just under a quarter of respondents (22.5%, 45) used the services regularly, while nearly half (45.0%, or 90) used them occasionally. Overall, 67.5% (35) of participants had at least one contact with a psychologist or psychiatrist or received counselling. A smaller proportion reported unmet needs, stating that they had requested services but not received them (5.5%, 11). At the same time, about

a quarter of respondents (24.5%, 49) indicated that they had not requested such services, while 2.5% (5) said that they were unknown to them (Figure 19).

The provision of psychological support for anxiety, depression or stress was rated as moderate: 31.0% of participants indicated that they had received adequate support, and 31.0% indicated that they had received it to some extent. Overall, 62.0% (124) of participants received at least some level of support. In contrast, 28.0% (56 participants) stated that they had not received support; 3.5% (7) were unable to say whether they had received support; and 6.5% (13 participants) did not respond. While the distribution suggests extensive coverage, it is qualitatively uneven, with a proportion either remaining without support or receiving insufficient support (Figure 19).

Stress is a constant and intense feature of the prison experience for most participants, and the feeling of being overwhelmed by stress related to life in prison is strongly felt. More than half of the respondents (51.5%, 103) experienced it frequently: 13.5% (27) felt overwhelmed all the time, 19.5% (39) felt this way very often, and 18.5% (37) felt this way often. A further 40.0% (80) experienced stress occasionally, either sometimes (22.5%, 45) or rarely (17.5%, 35). Only 8.5% (17) indicated that they never felt overwhelmed by stress. The distribution indicates a sustained level of psycho-emotional tension, with frequent exposure affecting one in two women (Figure 20).

Figure 20. Perceived stress and dominant thought patterns among female prisoners over the last two weeks



An analysis of predominant thoughts over the last two weeks reveals an emotional profile dominated by self-criticism and regret. The most common statements were 'I feel I have made mistakes that I cannot undo' (77.5%, 155) and 'I feel guilty about things from the past' (71.0%, 142), indicating significant self-blame and rumination processes (Figure 20).

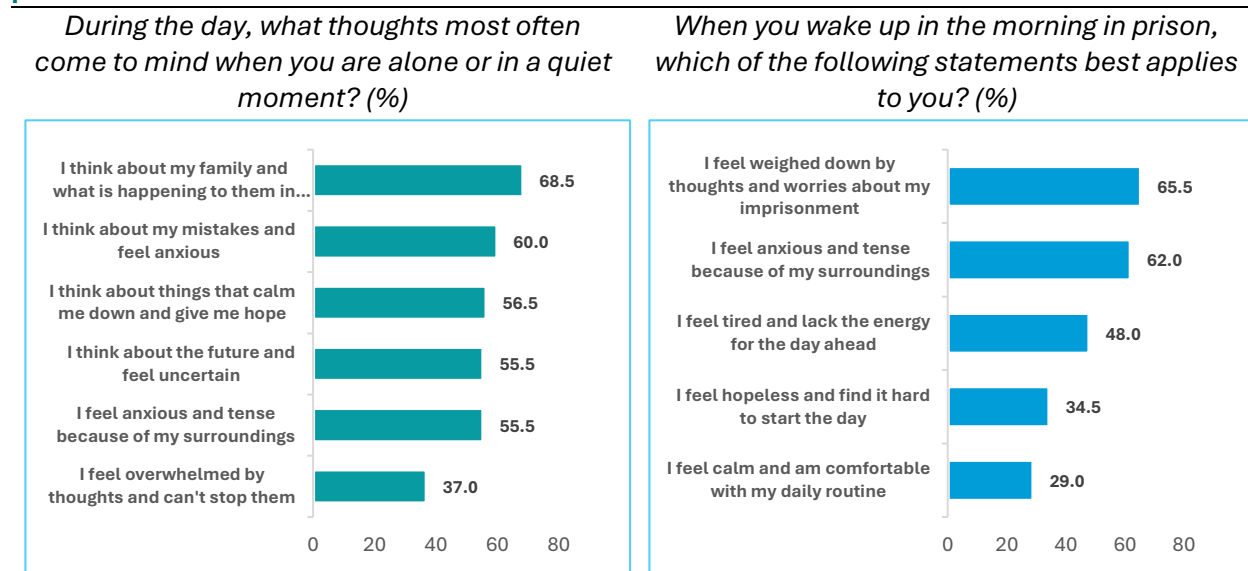
Negative perceptions of self-worth were also evident, with 23.0% (46) of respondents stating that they felt worthless or that they did not matter to others, and 18.0% (36) expressing thoughts such as 'life has no meaning'. By contrast, 18.5% (37) said that they are at peace with themselves and their lives, suggesting a core of emotional resilience (Figure 20).

An analysis of the most frequent thoughts that arise during the day, in quiet moments or when women are alone, reveals a deep emotional burden and a series of recurring concerns. The most common category of thought concerns family and loved ones, mentioned in 68.5% (137) of cases. A similar proportion mentioned *thinking about mistakes they have made and feeling anxious* (60.0%,120). In contrast, in over half of the cases, they *thinking about the future with uncertainty or feeling anxious and tense because of the prison environment* (55.5% each, 111). A smaller but still considerable proportion reported feeling overwhelmed by uncontrollable thoughts (37.0%, 74) (Figure 21).

At the same time, 56.5% (113) of respondents indicated that they sometimes think about things that calm and encourage them, which, although fewer in number than those with negative concerns, suggests that women sometimes manage to find their own sources of calm and encouragement despite the difficulties (Figure 21).

The morning mood profile confirms the emotional burden. The most frequently reported moods were 'I feel weighed down by thoughts and worries about my detention' (65.5%, 131) and 'I feel anxious and tense because of my surroundings' (62.0%, 124), followed by 'I feel tired and lacking in energy' (48.0%, 96) and 'I feel hopeless and find it hard to start the day' (34.5%, 69). Fewer participants indicated the positive state 'I feel calm and accept the daily routine' (29.0%, 58) (Figure 21).

Figure 21. Dominant concerns and morning emotional experiences felt by female prisoners over the last two weeks



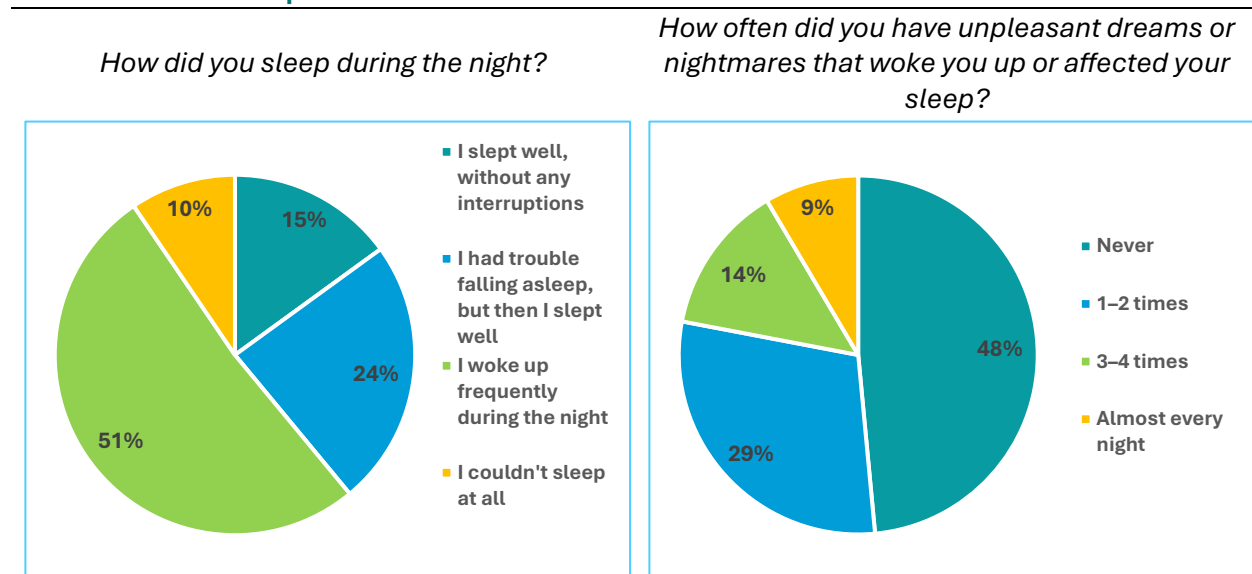
The quality of sleep and night-time experiences of female prisoners are key indicators of their stress levels, emotional vulnerability, and ability to adapt to the prison environment. When asked about the quality of their sleep over the past two weeks, most respondents reported fragmented or insufficient sleep: 51.5% (103) woke up frequently during the night and 9.5% (19) said they were unable to sleep at all. Meanwhile, 15.0% (30) of participants reported sleeping well without interruption, while 24.0% (48) stated that they had difficulty falling asleep but subsequently slept well. These results indicate that two-thirds of the women experience sleep disturbances, which are closely linked to high levels

of emotional stress, the tension of the prison environment, and difficulties in adapting to detention conditions (Figure 22).

An analysis of experiences relating to unpleasant dreams and nightmares confirms this emotionally charged profile. Around half of the respondents (48.5%, 97) had not experienced such episodes in the past two weeks. However, 29.5% (59) had experienced nightmares once or twice, and 13.5% (27) had experienced them three to four times. A vulnerable group representing 8.5% (17) reported having nightmares almost every night, indicating a high level of nocturnal stress (Figure 22)

Overall, the frequent night-time awakenings combined with unpleasant dream episodes paint a picture of emotional instability and significant sleep disturbance, which could affect psychological well-being and daily functioning.

Figure 22. Night-time sleep quality and disturbing dream episodes among women in detention over the past two weeks

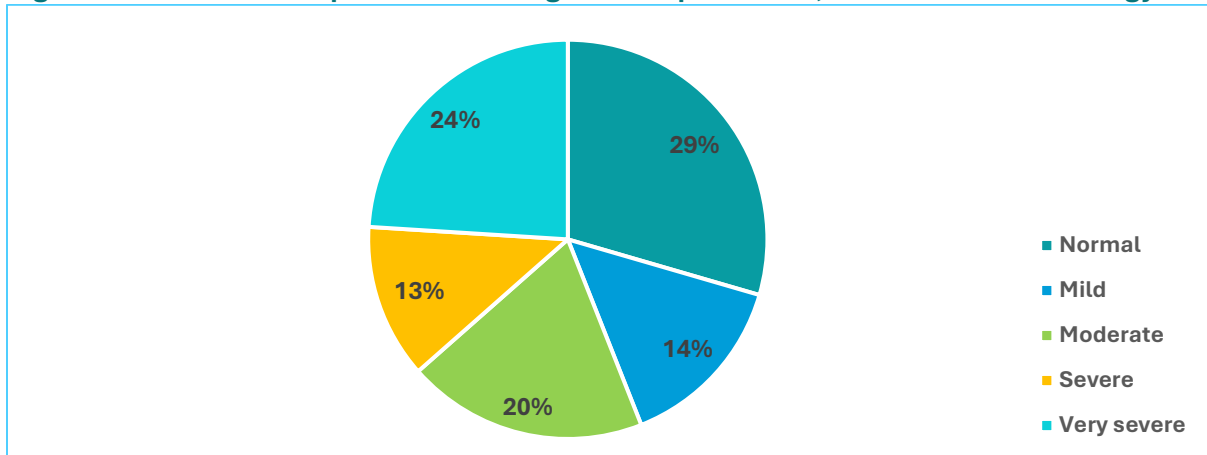


THE PSYCHO-EMOTIONAL PROFILE OF FEMALE INMATES

DEPRESSION: A DIMENSION OF EMOTIONAL BURDEN

Analysis of depression levels as a measure of emotional distress reveals a heterogeneous distribution, with a high proportion of women exhibiting depressive symptoms. While approximately one-third of participants scored within the normal range, the remainder of the distribution indicates elevated levels of emotional vulnerability. Mild depression was present in 14.5% (29) of women and moderate depression in 19.5% (39). Meanwhile, 12.5% (25) recorded severe levels and 24.0% (48) experienced very severe depression. The profile suggests a high prevalence of depressive symptoms among female prisoners, reflecting the cumulative impact of stress, isolation, a lack of control, and restrictive conditions on psychological well-being (Figure 23).

Figure 23. Levels of depression among female prisoners, DASS-21 methodology



Depression: risk factors and associated contexts

Analysis of the distribution of depression according to socio-demographic characteristics, such as age, educational level, and marital status, revealed no significant associations with the presence of depressive symptoms among female prisoners ($p>0.05$, Table 5).

Furthermore, having minor children does not appear to influence the likelihood of developing depressive symptoms: 47.5% (67) of women with depression had minor children, a proportion almost identical to that observed in the group without depression (49.2%; 29) ($p=0.834$) (Table 5).

However, when the analysis was restricted to the subgroup of mothers (96), an aspect relevant to understanding emotional vulnerability in detention became apparent, namely the way in which children are cared for during the mother’s absence. The vast majority (82.1%, 55) of mothers who reported depression indicated that their children were in direct/family care (with relatives, a spouse/partner, or in prison with the mother), compared with 62.1% (18) of mothers without depression. In contrast, institutional or insecure care (placement or lack of knowledge of the child’s situation) was reported in 17.9% (12) of women with depression and 37.9% (11) of those without depression. The observed differences are statistically significant ($p=0.044$), and the odds ratio analysis ($OR=2.80$) indicates that mothers whose children remained in the care of the family are almost three times more likely to experience depression than those whose children are in institutional care or in insecure situations (Table 5).

Table 5. Socio-demographic factors associated with depression in female prisoners

Name of risk factor	Depression, N (%)		OR [IÎ95%]	p-value
	Yes	No		
Total	141	59		
Age				
< 35 years	71 (50.4)	27 (45.8)	1.20 [0.65-2.21]	0.558
> 35 years	70 (49.6)	32 (54.2)	ref	
Education				
< 9 grades	76 (53.9)	28 (47.5)	1.90 [0.65-5.47]	0.250
Secondary/vocational	55 (39.0)	24 (40.7)	1.60 [0.54-4.71]	0.403

Name of risk factor	Depression, N (%)		OR [IÎ95%]	p-value
	Yes	No		
Higher	10 (7.1)	7 (11.9)	ref	
Marital status*				
In a relationship	52 (36.9)	23 (39.0)	0.91 [0.48-1.71]	0.778
Without a partner	89 (63.1)	36 (61.0)	ref	
Having minors				
Yes	67 (47.5)	29 (49.2)	0.93 [0.51-1.72]	0.834
No	74 (52.5)	30 (50.8)	ref	
Child's location * (n=96)				
Direct/family care	55 (82.1)	18 (62.1)	2.80 [1.05-7.43]	0.044
Institutional/unsafe care	12 (17.9)	11 (37.9)	ref	

* Marital status: with partner (married, cohabiting); without partner (single, divorced, widowed);

* Child's location: direct/family care (with mother in prison, with relatives, in the care of husband/partner); institutional/unsafe care (in care, do not know whereabouts)

Analysis of judicial and institutional variables (number of convictions, length of sentence, frequency of visits and intention to be released) did not reveal any significant associations with depressive symptoms. The proportions were similar in groups with and without depression ($p>0.05$), indicating a homogeneous emotional profile regardless of these characteristics (Table 6).

The only statistically significant association observed among the analysed variables is that relating to convictions for drug-related offences. The statistical analysis revealed that women convicted of drug-related offences were at significantly lower risk of depression ($OR=0.33$; $p=0.003$). This finding may reflect different psychosocial profiles within this subgroup or differential exposure to stressors within the prison environment (Table 6).

Table 6. Judicial and institutional factors associated with depression in female prisoners

Name of risk factor	Depression, N (%)		OR [IÎ95%]	p-value
	Yes	No		
	Total	141	59	
First conviction				
Yes	108 (69.5)	41 (69.5)	1.43 [0.72-2.89]	0.301
No	33 (23.4)	18 (30.5)	ref	
Length of sentence				
< 3 years	71 (50.4)	36 (61.0)	0.64 [0.35-1.20]	0.172
> 3 years	70 (49.6)	23 (39.0)	ref	
Receive visitors				
Yes	87 (61.7)	35 (59.3)	1.10 [0.59-2.05]	0.753
No	54 (38.3)	24 (40.7)	ref	
Intention to release				
Conditional	63 (44.7)	22 (37.3)	1.35 [0.72-2.53]	0.340
On time or unknown	78 (55.3)	37 (62.7)	ref	
Conviction for drugs*				

Name of risk factor	Depression, N (%)		OR [I ⁹⁵ %]	p-value
	Yes	No		
Yes	20 (15.2)	20 (35.1)	0.33 [0.16-0.68]	0.003
No	112 (84.8)	37 (64.9)	ref	

Non-response: Conviction for drugs (11)

The analysis revealed no significant associations between depression and quality of living conditions, personal hygiene, dietary quality or the perception that one's diet is comparable to that of men (all $p > 0.05$, Table 7).

In contrast, perceptions of comparability with men revealed two significant associations. Firstly, women who rated their living conditions as worse or unclear compared to men were more likely to experience depression. Of the women with depression, 60.3% (85) perceived comparability negatively or as unclear, compared to 42.4% (25) of those without depression. These differences are statistically significant (OR=2.06; $p=0.021$), suggesting that the perception of inequity in living conditions correlates with an increased risk of depressive symptoms (Table 7).

A similar pattern is observed with regard to the comparability of personal hygiene conditions. Among women who perceived their hygiene conditions to be worse or less favourable than those provided to men, 48.9% (69) reported depression, compared to 32.2% (19) of those without depression. The statistically significant association (OR=2.01; $p=0.030$) indicates that perceiving inequality in personal hygiene is associated with a higher risk of depression (Table 7).

In summary, the results suggest that it is not the objective level of living conditions, hygiene or nutrition that is directly associated with depression, but rather the perception of inequality in relation to men. Where women perceive that their living and hygiene conditions are poorer or more uncertain than those of men, the likelihood of experiencing depressive symptoms is significantly higher.

Table 7. Living conditions, hygiene, and food quality determinants of depression among female prisoners

Name of risk factor	Depression, N (%)		OR [I ⁹⁵ %]	p-value
	Yes	No		
Total	141	59		
Living conditions				
Good/acceptable	115 (81.6)	53 (89.8)	ref	
Poor/extremely poor	26 (18.4)	6 (10.2)	1.99 [0.77-5.14]	0.147
Living conditions comparable to those of men				
Positive or equal perception	56 (39.7)	34 (57.6)	ref	
Negative or unclear perception	85 (60.3)	25 (42.4)	2.06 [1.14-3.82]	0.021
Personal hygiene conditions				
Good/acceptable	106 (75.2)	50 (84.7)	ref	
Poor/extremely poor	35 (24.8)	9 (15.3)	1.83 [0.81-4.10]	0.137
Personal hygiene comparable to men				
Positive or equal perception	72 (51.1)	40 (67.8)	ref	
Negative or unclear perception	69 (48.9)	19 (32.2)	2.01 [1.11-3.82]	0.030
Food quality				

Name of risk factor	Depression, N (%)		OR [IÎ95%]	p-value
	Yes	No		
Good/acceptable	114 (80.9)	52 (88.1)	ref	
Poor/extremely poor	27 (19.1)	7 (11.9)	1.75 [0.71-4.30]	0.216
Food quality comparable to that of men				
Positive or equal perception	74 (52.5)	38 (64.4)	ref	
Negative or unclear perception	67 (47.5)	21 (35.6)	1.64 [0.87-3.07]	0.124

The study data did not identify any significant associations between depression and perceptions of the usefulness of educational and recreational activities ($p > 0.05$). However, a significant association was found between perceptions of gender inequalities and depressive symptoms with regard to employment opportunities. Among women who believed that employment opportunities in prison were unfair to women, 46.1% (65) exhibited depressive symptoms, compared to 27.1% (16) of women who did not. Statistical analysis shows that this perception increases the likelihood of exhibiting depressive symptoms by approximately 2.6 times ($OR=2.61$; $p=0.008$). Conversely, the perception that opportunities are comparable or at least partially fair was more prevalent among women without depression (49.2%; 29) than among those with depression (31.9%; 45). This suggests that a sense of institutional fairness acts as a protective factor (Table 8).

Table 8. Utility of educational activities and employment opportunities as determinants of depression in female prisoners

Name of risk factor	Depression, N (%)		OR [IÎ95%]	p-value
	Yes	No		
Total	141	59		
Utility of educational and recreational activities				
Useful	110 (78.0)	47 (79.7)	ref	
Less useful or not useful at all	18 (12.8)	5 (8.5)	1.53 [0.53-4.38]	0.437
Do not know	13 (9.2)	7 (11.9)	0.79 [0.29-2.11]	0.640
Employment opportunities				
Comparable or partially	45 (31.9)	29 (49.2)	ref	
Inequalities affecting women	65 (46.1)	16 (27.1)	2.61 [1.27-5.37]	0.008
Unable to assess	31 (22.0)	14 (23.7)	1.42 [0.65-3.12]	0.383

Previous experiences of physical abuse and a history of sexual abuse did not show significant associations with depressive symptoms ($p>0.05$, Table 9).

However, the perception of differential treatment by prison staff on the basis of gender was significantly associated with depression. Among women who reported feeling treated differently because of their gender, 24.1% (34) exhibited depressive symptoms, compared to 11.9% (7) of those who did not report depression. Statistical analysis indicates that women who perceive discriminatory treatment from staff are approximately 2.5 times more likely to experience depression ($OR=2.45$; $p=0.043$), suggesting that the perception of institutional inequity and gender-based differences in treatment is an important factor of psychological vulnerability in the prison environment (Table 9).

Regarding physical abuse in prison, notable differences were observed between groups: 14.9% (21) of women with depression had experienced physical abuse, compared with 5.1% (3) of women without depression. The data suggest that women subjected to physical abuse in detention may be more than three times as likely to develop depressive symptoms ($p=0.047$; $OR=3.26$), a result bordering on statistical significance which highlights the need to monitor this issue (Table 9).

Table 9. Experiences of abuse and discrimination as determinants of depression among female prisoners

Name of risk factor	Depression, N (%)		OR [I ^{95%}]	p-value
	Yes	No		
Total	141	59		
History of physical abuse				
Yes	68 (48.2)	24 (40.7)	1.35 [0.73-2.51]	0.334
No	73 (51.8)	35 (59.3)	ref	
Physical abuse in prison				
Yes	21 (14.9)	3 (5.1)	3.26 [0.93-11.4]	0.047
No	120 (85.1)	56 (94.9)	ref	
History of sexual abuse				
Yes	35 (24.8)	12 (20.3)	1.29 [0.61-2.71]	0.507
No	106 (75.2)	47(79.7)	ref	
Have you ever felt that prison staff treated you differently because you are a woman?				
Yes	34 (24.1)	7 (11.9)	2.45 [1.40-6.02]	0.043
Not sure	26 (18.4)	11 (18.6)	1.19 [0.53-2.65]	0.673
No	81 (57.4)	41 (69.5)	ref	

The study's findings emphasise the significant impact of frequent exposure to negative emotional situations on the experience of depression in prison. The high frequency of these adverse experiences reported over the past 12 months was significantly and consistently associated with higher levels of depressive symptoms. Among women with depression, 42.6% (60) reported frequently experiencing such situations, compared to 13.6% (8) of women without depression. The odds ratio indicates that women frequently exposed to these situations are approximately 7.5 times more likely to experience depression ($OR=7.50$; $p=0.001$) (Table 10).

Furthermore, access to counselling for anxiety, depression or stress was associated with higher levels of depressive symptoms. 67.4% (95) of women with depression reported having access to or receiving counselling, compared with 49.2% (29) of women without depression. The estimate shows a twofold risk of depression among women who had access to counselling ($OR=2.13$; $p=0.017$, Table 10). However, it should be noted that this association should be interpreted with caution, as it is likely influenced by reverse causality (i.e. women with clinical symptoms seek counselling more frequently) and selection mechanisms (i.e. referral to services based on severity), rather than being caused by counselling itself.

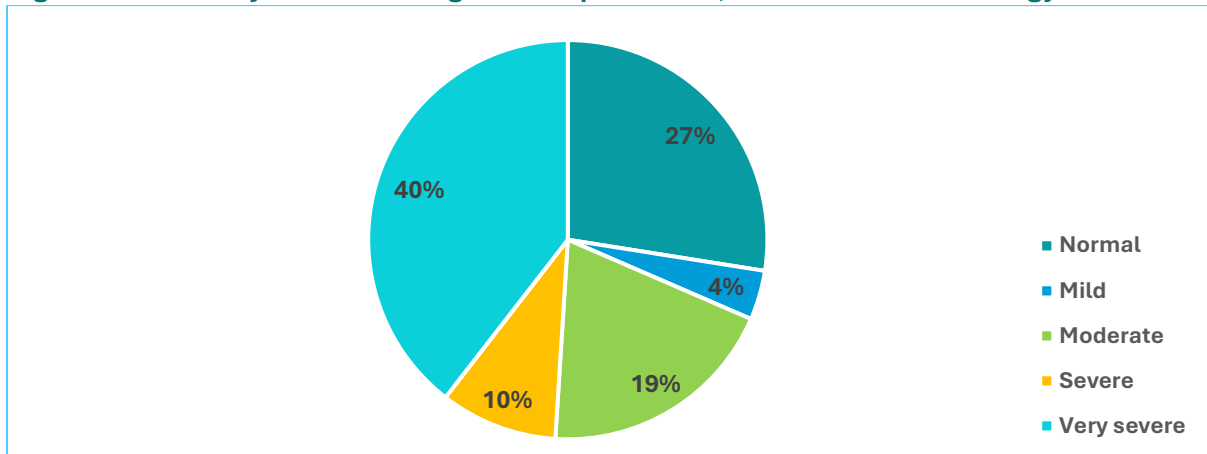
Table 10. Associations between negative emotional experiences, access to counselling and depression among women prisoners

Name of risk factor	Depression, N (%)		OR [I ^{95%}]	p-value
	Yes	No		
	Total	141	59	
Negative emotional experiences in detention (12 months)				
Frequently	60 (42.6)	8 (13.6)	7.50 [2.86-19.6]	0.001
Occasionally	61 (43.3)	31 (52.5)	1.96 [0.92-4.18]	0.083
Not at all	20 (14.2)	20 (33.9)	ref	
Access to counselling for anxiety, depression, or stress				
Yes	95 (67.4)	29 (49.2)	2.13 [1.14-3.97]	0.017
No	46 (32.6)	30 (50.8)	ref	

ANXIETY: A DIMENSION OF EMOTIONAL BURDEN

The structure of anxiety reveals a strongly polarised and imbalanced emotional profile characterised by a high proportion of severe and very severe clinical symptoms. In 27.5% cases (55) participants exhibited a normal level of anxiety, indicating that, for a small minority, the prison environment does not generate a significant anxiety response. Mild anxiety was present in 4.0% of women (8), suggesting a small area of incipient vulnerability (Figure 24).

Figure 24. Anxiety levels among female prisoners, DASS-21 methodology



A considerable proportion (19.5%, 39) fall into the moderate anxiety category, which is associated with a noticeable impact on daily emotional functioning in the clinical literature. At the same time, severe anxiety was present in 9.5% (19) of cases, indicating pronounced symptoms that would be difficult to manage in the restrictive conditions of detention (Figure 24).

Most worryingly, the category of very severe anxiety accounts for 39.5% (79) of women, the highest proportion of all categories, suggesting intense, persistent emotional distress with the potential to significantly affect psychological well-being, behaviour, and the ability to adapt to living conditions in a prison environment (Figure 24).

Anxiety: risk factors and associated contexts

The study results revealed no significant associations between socio-demographic factors, such as age, educational level, marital status, the presence of minor children, and the child's whereabouts, and the presence of anxiety symptoms ($p > 0.05$). The distributions between categories with and without signs of anxiety were similar, suggesting that these personal and family profile variables are not major determinants of anxiety vulnerability in a prison setting (Table 11).

Table 11. Socio-demographic factors associated with anxiety among female prisoners

Name of risk factor	Anxiety, N (%)		OR [IÍ95%]	o-value
	Da	Nu		
Total	145	55		
Age				
< 35 years	71 (49.0)	27 (49.1)	0.99 [0.53-1.85]	1.000
> 35 years	74 (51.0)	28 (50.9)	ref	
Education				
< 9 grade	77 (53.1)	27 (49.1)	1.55 [0.52-4.61]	0.435
Secondary/vocational	57 (39.3)	22 (40.0)	1.41 [0.46-4.28]	0.547
High	11 (7.6)	6 (10.9)	ref	
Marital status *				
In a relationship	58 (40.0)	17 (30.9)	1.49 [0.77-2.88]	0.240
Without a partner	87 (60.0)	38 (69.1)	ref	
Having minors				
Yes	67 (46.2)	29 (52.7)	0.77 [0.41-1.43]	0.415
No	78 (53.8)	26 (47.3)	ref	
Child's location * (n=96)				
Direct/family care	52 (77.6)	21 (72.4)	1.32 [0.48-3.57]	0.588
Institutional/unsafe care	15 (22.4)	8 (27.6)	ref	

* Marital status: with partner (married, cohabiting); without partner (single, divorced, widowed);

* Child's location: direct/family care (with mother in prison, with relatives, in the care of husband/partner); institutional/unsafe care (in care, do not know whereabouts)

The study did not identify any statistically significant associations between judicially and institutionally relevant factors (number of convictions, length of sentence and intended release date) and the presence of anxiety symptoms among female prisoners ($p > 0.05$, Table 12).

Regarding visits, the statistical analysis revealed a roughly twofold increased risk of anxiety among women who receive visits from relatives or close friends (OR=1.97; $p=0.036$). This association may reflect the emotional complexity of family relationships in detention, where visits maintain emotional ties but can also exacerbate anxiety related to separation, responsibilities, children's situations, and reintegration difficulties (Table 12).

Another significant factor is conviction for drug-related offences. The results suggest a protective effect: women convicted of drug-related offences have 2.6-fold lower risk of experiencing anxiety (OR=0.38; $p=0.013$; Table 12). However, this finding should be interpreted with caution, as it may reflect distinct psychosocial profiles, prior access to opioid agonist treatment, different adaptation to the institutional environment or specific psychological coping mechanisms.

Table 12. Judicial and institutional factors associated with anxiety in female prisoners

Name of risk factor	Anxiety, N (%)		OR [IÎ95%]	p-value
	Da	Nu		
Total	145	55		
First conviction				
Yes	112 (77.2)	37 (67.3)	1.65 [0.83-3.27]	0.158
No	33 (22.8)	18 (32.7)	ref	
Length of sentence				
< 3 years	74 (51.0)	33 (60.0)	0.69 [0.37-1.30]	0.262
> 3 years	71 (49.0)	22 (40.0)	ref	
Receive visitors				
Yes	95 (65.5)	27 (49.1)	1.97 [1.15-3.69]	0.036
No	50 (34.5)	28 (50.9)	ref	
Intention to release				
Conditional	62 (42.8)	23 (41.8)	1.04 [0.55-1.94]	0.908
On time or unknown	83 (57.2)	32 (58.2)	ref	
Conviction for drugs *				
Yes	22 (16.3)	18 (33.3)	0.38 [0.18-0.81]	0.013
No	113 (83.7)	36 (66.7)	ref	

Non-responses: Conviction for drugs (11)

No significant associations were found between anxiety and the overall assessment of living conditions, personal hygiene or food quality, nor between the food provided and that offered to men (all $p > 0.05$). The distributions were similar between women with and without anxiety, suggesting that these evaluative dimensions do not explain the variation in anxiety symptoms (Table 13).

However, two relevant associations regarding anxiety were evident, both relating to comparative perceptions in relation to men: perceptions of living and personal hygiene conditions comparable to those of male prisoners. Thus, anxiety was reported at a considerably higher rate (62.1% and 49.0%, respectively) among women who considered their living and personal hygiene conditions to be worse or unknown compared to men (Table 13).

In this context, the data show that it is not the perceived level of conditions that is associated with anxiety, but the perception of inequality compared to men in terms of both living conditions and personal hygiene.

Table 13. Living conditions, hygiene, and food quality determinants of anxiety among female prisoners

Name of risk factor	Anxiety, N (%)		OR [IÎ95%]	p-value
	Da	Nu		
Total	145	55		
Living conditions				
Good/acceptable	121 (83.4)	47 (85.5)	ref	
Poor/extremely poor	24 (16.6)	8 (14.5)	0.85 [0.36-2.04]	0.750
Living conditions comparable to those of men				

Name of risk factor	Anxiety, N (%)		OR [IÎ95%]	p-value
	Da	Nu		
Positive or equal perception	55 (37.9)	35 (63.6)	ref	
Negative or unclear perception	90 (62.1)	20 (36.4)	0.34 [0.18-0.66]	0.001
Personal hygiene conditions				
Good/acceptable	109 (75.2)	47 (85.5)	ref	
Poor/extremely poor	36 (24.8)	8 (14.5)	0.51 [0.22-1.19]	0.117
Personal hygiene comparable to men				
Positive or equal perception	74 (51.0)	38 (69.1)	ref	
Negative or unclear perception	71 (49.0)	17 (30.9)	0.46 [0.24-0.90]	0.022
Food quality				
Good/acceptable	119 (82.1)	47 (85.5)	ref	
Poor/extremely poor	26 (17.9)	8 (14.5)	0.77 [0.32-1.84]	0.587
Food quality comparable to that of men				
Positive or equal perception	80 (55.2)	37 (67.3)	ref	
Negative or unclear perception	65 (44.8)	18 (32.7)	0.59 [0.31-1.14]	0.124

The analysis did not identify any significant associations between anxiety and the perceived usefulness of educational and recreational activities. The categories analysed showed similar distributions among women with and without anxiety ($p > 0.05$, Table 14).

However, employment opportunities show a significant association with anxiety. Women who perceive employment opportunities as unfair to women exhibit anxiety at a significantly higher rate (47.6%). This perception of unfairness is associated with a threefold increase in the likelihood of exhibiting anxiety symptoms (OR = 2.93; $p = 0.006$), suggesting that a sense of injustice regarding access to resources and productive activities may constitute a psychological risk factor in the prison environment (Table 14).

Table 14. Utility of educational activities and employment opportunities as determinants of anxiety in female prisoners

Name of risk factor	Anxiety, N (%)		OR [IÎ95%]	p-value
	Da	Nu		
Total	145	55		
Utility of educational and recreational activities				
Useful	114 (78.6)	43 (78.2)	ref	
Less useful or not useful at all	15 (10.3)	8 (14.5)	0.70 [0.27-1.78]	0.468
Do not know	16 (11.0)	4 (7.3)	1.51 [0.48-4.77]	0.507
Employment opportunities				
Comparable or partially	49 (33.8)	25 (45.5)	ref	
Inequalities affecting women	69 (47.6)	12 (21.8)	2.93 [1.34-6.39]	0.006
Unable to assess	27 (18.6)	18 (32.7)	1.42 [0.65-3.12]	0.383

Analysis of experiences of physical abuse prior to and during detention, and of a history of sexual abuse, did not reveal any significant associations with anxiety ($p > 0.05$), with distributions among women with and without anxiety being relatively similar.

However, a significant trend was observed with regard to the perception of differential treatment by prison staff on the basis of gender, even if it did not reach the threshold of statistical significance. Thus, 24.1% of women with anxiety reported feeling treated differently because of their gender, compared with 10.9% of women without anxiety. The statistical estimate indicates that women who perceive gender discrimination from staff are 2.3 times more likely to experience anxiety (OR=2.34), suggesting a potential relationship between the institutional climate and emotional state. However, this is not formally confirmed at the statistical level (p=0.071).

Table 15. Experiences of abuse and discrimination as determinants of anxiety among female prisoners

Name of risk factor	Anxiety, N (%)		OR [IÎ95%]	p-value
	Da	Nu		
Total	145	55		
History of physical abuse				
Yes	69 (47.6)	23 (41.8)	1.26 [0.67-2.36]	0.471
No	76 (52.4)	32 (58.2)	ref	
Physical abuse in prison				
Yes	19 (13.3)	5 (9.1)	1.29 [0.61-2.71]	0.057
No	124 (86.7)	50 (90.9)	ref	
History of sexual abuse				
Yes	35 (24.1)	12 (21.8)	1.14 [0.54-2.41]	0.744
No	110 (75.9)	43 (78.2)	ref	
Have you ever felt that prison staff treated you differently because you are a woman?				
Yes	35 (24.1)	6 (10.9)	2.34 [0.91-6.07]	0.071
Not sure	23 (15.9)	14 (25.5)	0.66 [0.30-1.43]	0.301
No	87 (60.0)	35 (63.6)	ref	

Frequent exposure to negative emotional situations over the past 12 months is strongly associated with anxiety. In 42.8% of cases, women experiencing anxiety reported such situations, compared to 10.9% of those without anxiety. Statistical estimates indicate a risk of anxiety that is approximately 5.5 times higher (OR=5.47; p=0.001) among women with experience of negative emotional situations, highlighting a clear dose–response relationship between frequency of exposure and anxiety burden (Table 16).

Accessing counselling for anxiety, depression or stress is associated with a higher level of anxiety: 65.5% of women with anxiety received counselling compared to 52.7% of those without anxiety. Consequently, the risk is double (OR=1.88; p=0.048; see Table 16). However, caution is required when interpreting these results, as they are influenced by reverse causality (women with symptoms access counselling more frequently) and clinical selection (referral to services based on severity).

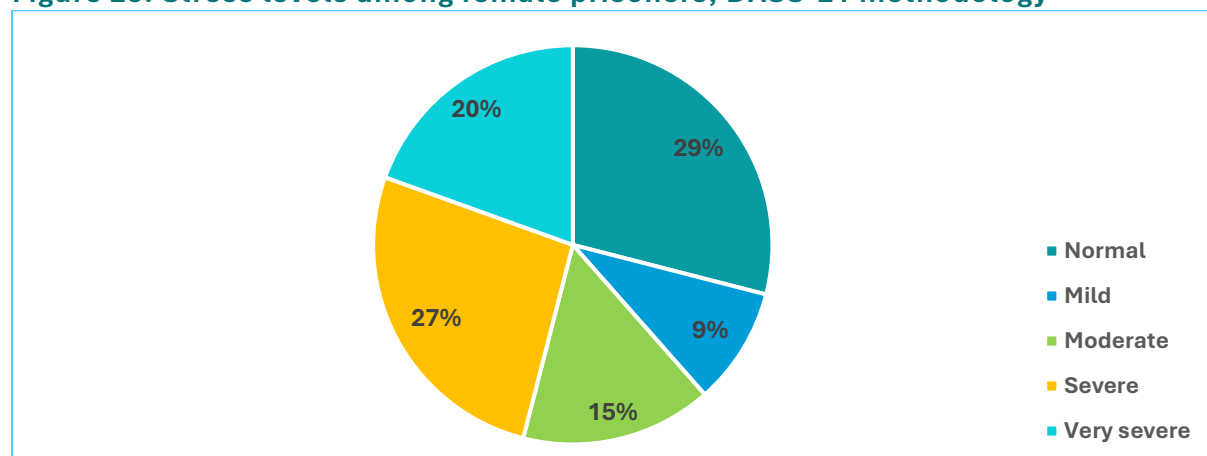
Table 16. Associations between negative emotional experiences, access to counselling and anxiety among women prisoners

Name of risk factor	Anxiety, N (%)		OR [IÎ95%]	p-value
	Da	Nu		
Total	145	55		
Negative emotional experiences in detention (12 months)				
Frequently	62 (42.8)	6 (10.9)	5.47 [1.89-15.8]	0.001
Occasionally	57 (39.3)	35 (63.6)	0.87 [0.40-1.90]	0.748
Not at all	26 (17.9)	14 (25.5)	ref	
Access to counselling for anxiety, depression, or stress				
Yes	95 (65.5)	29 (52.7)	1.88 [1.10-3.55]	0.048
No	50 (34.5)	26 (47.3)	ref	

Stress: a dimension of emotional burden

The stress profile, as measured by the DASS-21, indicates a high prevalence of stress symptoms in the study population. A high emotional stress profile is evident, with almost half of the participants falling into the upper categories of severe (26.5%, 53) and very severe (19.5%, 39) stress, accounting for 46.0% in total. The moderate category accounts for 15.5% (31) of women, while the lower levels are represented by normal (29.0%, 58) and mild (9.5%, 19) stress, totalling 38.5%. Thus, this profile suggests a substantial stress-related burden in detention, with a significant proportion of clinical cases that are potentially fuelled by a lack of control over daily routines, uncertainty about the future, separation from family, and the tensions inherent in the institutional environment (Figure 25).

Figure 25. Stress levels among female prisoners, DASS-21 methodology



Stress: risk factors and associated contexts

The socio-demographic variables analysed (age, educational attainment, marital status, the presence of minor children, and the child’s whereabouts) do not show significant associations with stress levels ($p > 0.05$). Distributions among women experiencing and not experiencing stress are relatively similar across categories. Thus, the results suggest that perceived stress is influenced

more by institutional conditions, emotional experiences, and the prison environment than by personal or family factors (Table 17).

Table 17. Socio-demographic factors associated with stress in female prisoners

Name of risk factor	Stress, N (%)		OR [IÎ95%]	p-value
	Da	Nu		
Total	142	58		
Age				
< 35 years	92 (64.8)	35 (60.3)	1.21 [0.64-2.26]	0.556
> 35 years	50 (35.2)	23 (39.7)	ref	
Education				
< 9 grades	76 (53.5)	28 (48.3)	1.48 [0.50-4.38]	0.485
Secondary/vocational	55 (38.7)	24 (41.4)	1.25 [0.41-3.77]	0.690
Higher	11 (7.7)	6 (10.3)	ref	
Marital status*				
In a relationship	53 (37.3)	22 (37.9)	0.97 [0.52-1.83]	0.932
Without a partner	89 (62.7)	36 (62.1)	ref	
Having minors				
Yes	67 (47.2)	29 (50.0)	0.89 [0.48-1.64]	0.720
No	75 (52.8)	29 (50.0)	ref	
Child's location* (n=96)				
Direct/family care	52 (77.6)	21 (72.4)	1.32 [0.48-3.57]	0.588
Institutional/unsafe care	15 (22.4)	8 (27.6)	ref	

* Marital status: with partner (married, cohabiting); without partner (single, divorced, widowed);

* Child's location: direct/family care (with mother in prison, with relatives, in the care of husband/partner); institutional/unsafe care (in care, do not know whereabouts)

With regard to the legal aspects of detention, variables such as criminal history, length of sentence, access to visits and the prospect of release are not significantly associated with perceived stress levels ($p>0.05$). Similar distributions between women experiencing and not experiencing stress suggest that the legal specifics of detention do not substantially differentiate the experience of stress (Table 18).

As with depression and anxiety, statistical analysis of the variable relating to convictions for drug-related offences indicated a significantly lower risk of depression among women with such convictions ($OR=0.40$; $p=0.016$). Inverse associations of this kind may reflect different psychosocial profiles within this subgroup or differential exposure to stressors within the prison environment (Table 18).

Table 18. Judicial and institutional factors associated with stress in female prisoners

Name of risk factor	Stress, N (%)		OR [IÎ95%]	p-value
	Da	Nu		
Total	142	58		
First conviction				
Yes	106 (74.6)	43 (74.1)	1.03 [0.51-2.06]	1.000
No	36 (25.4)	15 (25.9)	ref	

Name of risk factor	Stress, N (%)		OR [I ^{95%}]	p-value
	Da	Nu		
Length of sentence				
< 3 years	74 (52.1)	33 (56.9)	0.82 [0.44-1.52]	0.544
> 3 years	68 (47.9)	25 (43.1)	ref	
Receive visitors				
Yes	89 (62.7)	33 (56.9)	1.27 [0.68-2.36]	0.451
No	53 (37.3)	25 (43.1)	ref	
Intention to release				
Conditional	63 (44.4)	22 (37.9)	1.30 [0.69-2.43]	0.410
On time or unknown	79 (55.6)	36 (62.1)	ref	
Conviction for drugs*				
Yes	22 (16.4)	18 (32.7)	0.40 [0.19-0.83]	0.016
No	112 (83.6)	37 (67.3)	ref	

Non-response: Conviction for drugs (11)

There are no significant associations between general living conditions, personal hygiene and diet quality and perceived stress ($p > 0.05$, Table 19).

In terms of comparability with men's living conditions, however, significant associations are observed. For women with a negative perception of living conditions and food quality compared to men, the estimated risk of stress is twice as high (OR= 1.97; $p=0.032$) and approximately three times as high (OR=2.93; $p=0.004$), respectively. These results highlight the role of perceived inequity in amplifying the emotional burden of imprisonment (Table 19).

Table 19. Living conditions, hygiene, and food quality determinants of stress among female prisoners

Name of risk factor	Stress, N (%)		OR [I ^{95%}]	p-value
	Da	Nu		
Total	142	58		
Living conditions				
Good/acceptable	116 (81.7)	52 (89.7)	ref	
Poor/extremely poor	26 (18.3)	6 (10.3)	1.94 [0.75-5.0]	0.166
Living conditions comparable to those of men				
Positive or equal perception	57 (40.1)	33 (56.9)	ref	
Negative or unclear perception	85 (59.9)	25 (43.1)	1.97 [1.17-3.65]	0.032
Personal hygiene conditions				
Good/acceptable	108 (76.1)	48 (82.2)	ref	
Poor/extremely poor	34 (23.9)	10 (17.2)	1.51 [0.69-3.30]	0.307
Personal hygiene comparable to men				
Positive or equal perception	75 (52.8)	37 (63.8)	ref	
Negative or unclear perception	67 (47.2)	21 (36.2)	1.57 [0.83-2.95]	0.159
Food quality				
Good/acceptable	115 (81.0)	51 (87.9)	ref	

Name of risk factor	Stress, N (%)		OR [IÎ95%]	p-value
	Da	Nu		
Poor/extremely poor	27 (19.0)	7 (19.0)	1.71 [0.69-4.18]	0.242
Food quality comparable to that of men				
Positive or equal perception	74 (52.1)	43 (74.1)	ref	
Negative or unclear perception	68 (47.9)	15 (25.9)	2.63 [1.34-5.16]	0.004

The perceived usefulness of educational and recreational activities is not significantly associated with stress levels ($p>0.05$). Similar proportions of women experiencing stress and those who are not report the perceived usefulness of these activities (76.1% vs 84.5%). Furthermore, unfamiliarity with the activities does not statistically differentiate between the two groups (Table 20).

In contrast, activities perceived as 'somewhat or not at all useful' are associated with a significantly increased risk of stress. Women in this category experience stress at a rate of 14.8%, compared to 3.4% among those without stress. Statistically, this corresponds to a fivefold increase in the risk of experiencing stress (OR=4.76; $p=0.020$). This suggests that perceiving educational activities as useless may amplify psychological strain and indicates the protective role of involvement in relevant, valuable activities (Table 20).

With regard to employment opportunities, women who perceive inequalities to be to their disadvantage exhibit a significantly higher level of stress: 45.8% in the stressed group compared to 27.6% in the non-stressed group. The statistical analysis highlights a 2.5-fold higher risk of stress among women who consider employment opportunities to be unfair (OR=2.47; $p=0.013$, Table 20).

Table 20. Utility of educational activities and employment opportunities as determinants of stress in female prisoners

Name of risk factor	Stress, N (%)		OR [IÎ95%]	p-value
	Da	Nu		
Total	142	58		
Utility of educational and recreational activities				
Useful	108 (76.1)	49 (84.5)	ref	
Less useful or not useful at all	21 (14.8)	2 (3.4)	4.76 [1.07-21.1]	0.020
Do not know	13 (9.2)	7 (12.1)	0.84 [0.31-2.42]	0.725
Employment opportunities				
Comparable or partially	46 (32.4)	28 (48.3)	ref	
Inequalities affecting women	65 (45.8)	16 (27.6)	2.47 [1.20-5.08]	0.013
Unable to assess	31 (21.8)	14 (24.1)	1.34 [0.62-2.96]	0.466

Previous experiences of physical abuse, a history of sexual abuse and the perception of differential treatment by staff were not significantly associated with stress among female prisoners ($p>0.05$, Table 21).

However, physical abuse in prison was significantly associated with stress. Among women experiencing stress, 14.9% reported physical abuse in the past 12 months, compared to 5.3% of those not experiencing stress. The estimate shows that those who have experienced physical abuse in detention are 1.3 times more likely to experience stress (OR=1.29; $p=0.046$). Although the effect

size is modest, the absolute difference (approximately 9.6 percentage points) and the results of the statistical tests support the relevance of this phenomenon (Table 21).

Table 21. Experiences of abuse and discrimination as determinants of stress among female prisoners

Name of risk factor	Stress, N (%)		OR [I ^{95%}]	p-value
	Da	Nu		
Total	142	58		
History of physical abuse				
Yes	67 (47.2)	25 (43.1)	1.18 [0.64-2.18]	0.604
No	75 (52.8)	33 (56.9)	ref	
Physical abuse in prison				
Yes	21 (14.9)	3 (5.3)	1.29 [0.61-2.71]	0.046
No	120 (85.1)	54 (94.7)	ref	
History of sexual abuse				
Yes	36 (25.4)	11 (19.0)	1.45 [0.68-3.09]	0.342
No	106 (74.6)	47 (81.0)	ref	
Have you ever felt that prison staff treated you differently because you are a woman?				
Yes	34 (23.9)	7 (12.1)	2.33 [0.80-6.76]	0.126
Not sure	83 (58.5)	39 (67.2)	1.02 [0.46-2.43]	0.948
No	25 (17.6)	12 (20.7)	ref	

Negative emotional experiences during detention are the factor most strongly associated with stress.

Table 22. Associations between negative emotional experiences, access to counselling and stress among women prisoners

Name of risk factor	Stress, N (%)		OR [I ^{95%}]	p-value
	Da	Nu		
Total	142	58		
Negative emotional experiences in detention (12 months)				
Frequently	58 (40.8)	10 (17.2)	5.80 [2.32-14.5]	0.001
Occasionally	64 (45.1)	28 (48.3)	2.28 [1.16-4.89]	0.036
Not at all	20 (14.1)	20 (34.5)	ref	
Access to counselling for anxiety, depression, or stress				
Yes	90 (63.4)	34 (58.6)	1.22 [0.65-2.28]	0.532
No	52 (36.6)	24 (41.4)	ref	

Experiencing a high frequency of negative emotional situations over the past 12 months is associated with increased stress levels. 40.8% of women experiencing stress reported such situations 'frequently', compared with 17.2% of women not experiencing stress. Statistical estimates indicate at about sixfold higher risk of stress among women who are frequently exposed to negative emotions (OR = 5.80; p = 0.001) (Table 22).

'Occasional' exposure also shows a significant association, albeit of lesser magnitude: 45.1% of women with stress, compared to 48.3% of women without stress. This corresponds to a risk that is approximately 2.3 times higher (OR=2.28; p=0.036) (Table 22).

Thus, it appears that the more intense or frequent the negative emotional exposure, the higher the likelihood of stress.

THE VOICES OF WOMEN IN PRISON: MAJOR CHALLENGES AND EXPECTED CHANGES

The study participants were asked to list **the three main challenges** faced by women within the prison system. Their responses revealed a clear pattern of concerns centred on material, institutional, and emotional shortcomings (Figure 26).

The most frequently mentioned problems concerned the **quality of drinking water** (32.5%, 65) and the **general conditions of detention**, such as poor hygiene, overcrowded cells, a cold environment, and limited access to the toilet (30%, 60). Such issues are perceived as having a direct and constant impact on health and basic comfort, reflecting systemic structural problems. **Challenges related to food** were also highlighted, such as insufficient or inadequate food, a lack of fruit and vegetables, and an absence of a properly equipped kitchen (12.5%, 25). In a further 12.5% (25) of cases, respondents mentioned a **lack of jobs or low pay**, which indicates limitations on productive activities and financial autonomy during detention.

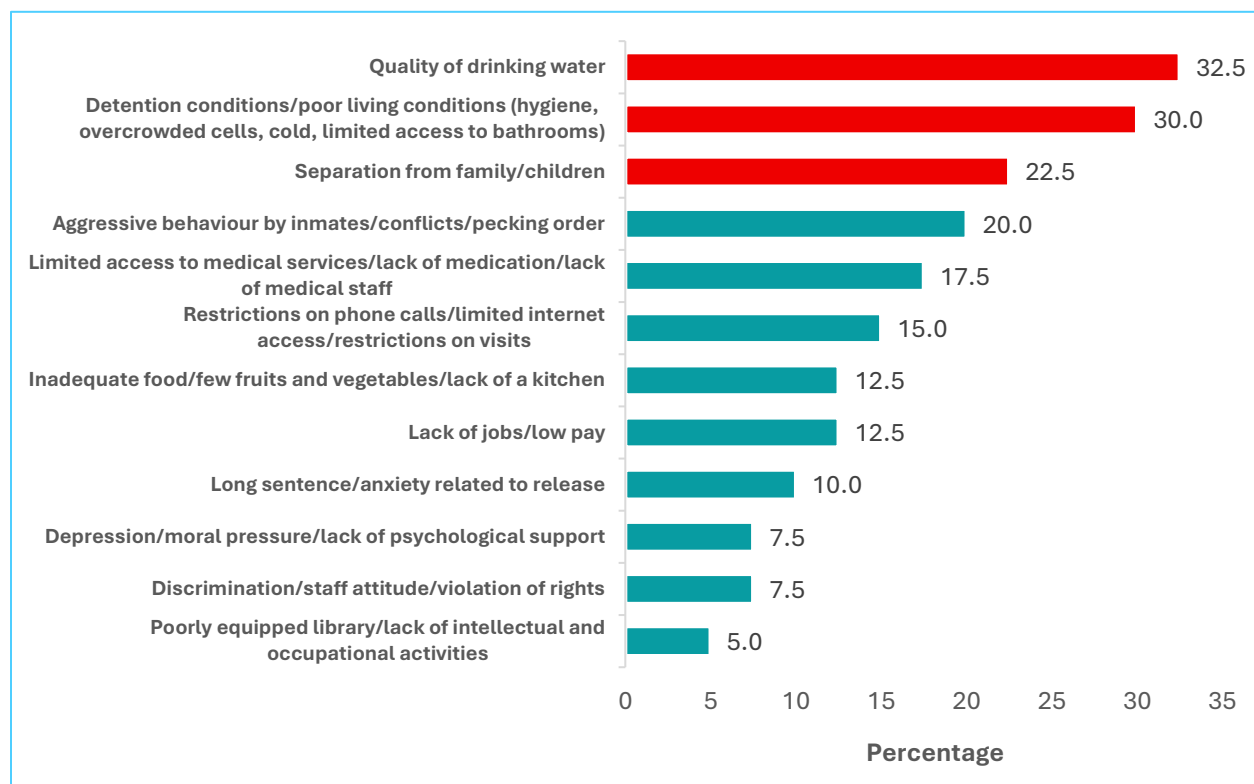
On a **psychological level**, anxiety about the length of the sentence or approaching release date (10%, 20), depression, moral pressure, and a lack of psychological support (7.5%, 15) were reported. A further 7.5% (15) of participants complained of discrimination, negative staff attitudes, or a failure to respect their rights. This suggests a perception of institutional barriers in day-to-day interactions.

On a socio-emotional level, issues mentioned included **separation from family and children** (22.5%, 45) and difficulties caused by the aggressive **behaviour of other detainees**, including conflicts and informal hierarchies (20%, 40). These aspects indicate a tense relational climate with potential effects on perceived safety and emotional well-being.

Another critical area concerns access to essential services, such as limited **access to medical services**, a lack of medication, and a shortage of medical staff (17.5%, 35). Furthermore, restrictions on communication, such as telephone calls, internet access and visits, represent a significant obstacle in 15% of cases (30), which may exacerbate social isolation and anxiety.

The **occupational-educational dimension** includes the poor provision of library services and a lack of intellectual and occupational activities, which were mentioned in 5.0% (10) of cases.

Figure 26. Main challenges identified by women in detention



A summary of the participants' responses regarding desired changes to improve conditions for women in detention reveals a coherent set of priorities, reflecting basic structural needs, as well as institutional, safety, and personal development dimensions (Figure 27).

The top solutions are interventions regarding **infrastructure and standards of daily living**. The quality of drinking water is the top priority (30.0%, 60), followed by personal hygiene conditions such as access to a bathroom and washing clothes (27.5%, 55), and improving living conditions, including cells, ventilation, personal space, and general hygiene (25.0%, 50).

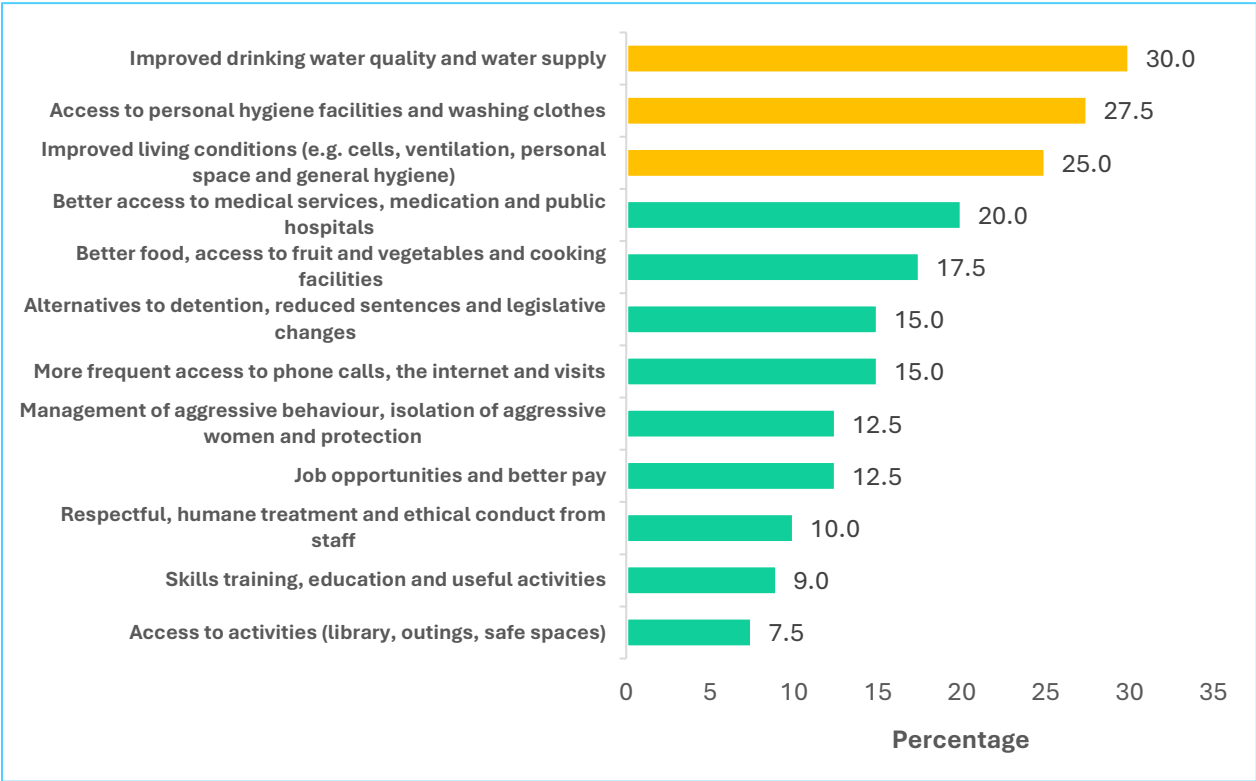
In terms of services, participants requested better **access to medical services**, medicines and public hospitals (20.0%, 40), as well as **better nutrition**, including access to fruit and vegetables and facilities for preparing their own food (17.5%, 35). Beyond infrastructure, the profile suggests that priorities extend to the quality of care and nutritional adequacy — components that directly influence health status and recovery.

The dimensions of **regime and connectivity** are represented by more frequent access to telephone calls, the internet, and visits (15%, 30), as well as alternatives to detention, such as sentence reductions and legislative changes (15%, 30). These options indicate a desire to maintain social ties and an interest in legal solutions that reduce the duration or intensity of imprisonment.

Changes relating to **internal security and employment** were mentioned in similar proportions, such as managing aggressive behaviour and isolating aggressive female prisoners for protection, as well as providing jobs and better pay, which suggests the need for a predictable institutional climate and relevant, fair employment opportunities.

The **relational-institutional component** is explicit: respect, humane behaviour, and ethics on the part of staff (10.0%, n = 20). In terms of personal development, participants suggest providing training and educational courses, as well as opportunities to get involved in useful activities (9.0%, 18). Furthermore, in 7.5% (15) of cases, participants request access to additional activities, such as improving the library and taking more walks, as well as the provision of safe spaces. Such measures have the potential to reduce stress and strengthen reintegration.

Figure 27. Changes that are perceived as improving conditions for women in detention



TRANSITION TO COMMUNITY LIVING AFTER RELEASE: PERCEIVED SUPPORT NEEDS

Analysis of responses regarding the areas in which participants believe they will need support after release reveals the anticipated difficulties in transitioning to community life (Figure 28).

The vast majority (79.5%, 159) mentioned **maintaining freedom and preventing reoffending**, highlighting the intensity of anxiety associated with returning to the community and the perception of vulnerability in the absence of adequate support. The next most common responses were **finding a job or a stable source of income** (66.0%, 132) and regular access to food (60.5%, 121) — two areas that are fundamental to achieving immediate socio-economic stability following release.

The **emotional aspect** also plays a significant role. Participants indicated that they would require support for emotional issues (49.0%, 98), financial support from family or friends (47.5%, 95), and assistance in restoring family and social relationships (36.5%, 73). These findings suggest that

reintegration is perceived as not only a material challenge, but also a relational one, requiring emotional and social reconstruction.

In terms of **parenting and housing**, participants anticipate difficulties in regaining custody of their children (27.0%, 54), finding permanent housing (24.5%, 49) and identifying a safe, temporary place to stay on the first night after release (19.5%, 39). This highlights the precariousness of housing as an immediate risk factor.

Concerning **education**, 23.5% (47) of women wish to access further education, while 22.0% (44) indicate a need for financial support from their partner. This may reflect previous economic dependency and the absence of other sources of support.

Emotional aspects were mentioned less frequently, but significantly: 15.0% (30) mentioned reuniting with their partner and 12.0% (24) anticipated needing state assistance due to a loss of working capacity.

Figure 28. Areas of support identified by female prisoners for the post-release period



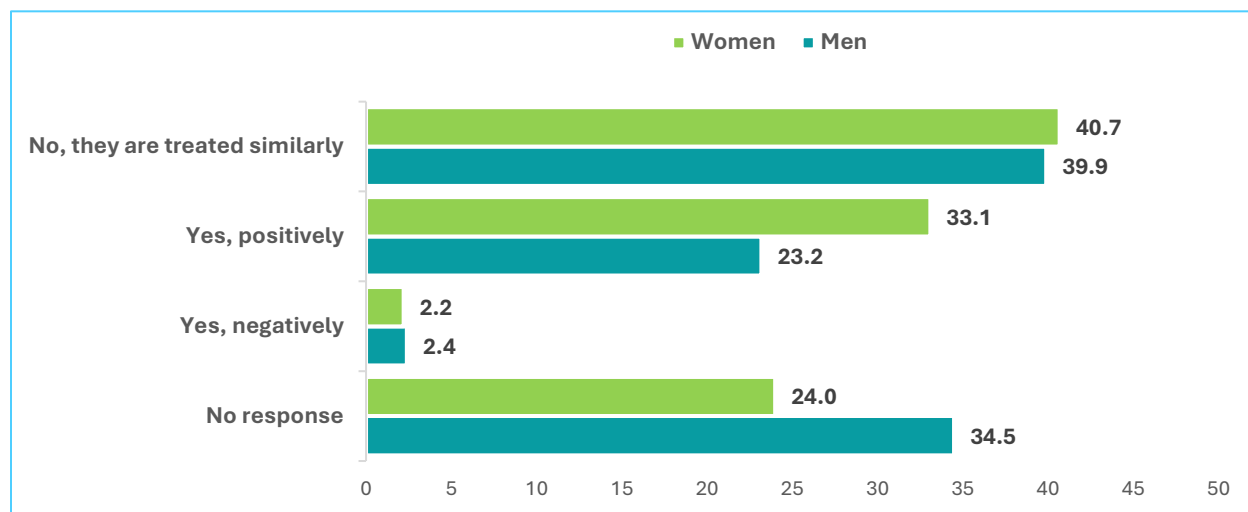
PRISON STAFF'S PERCEPTIONS OF FEMALE INMATES

The prevailing perception among prison staff is that women in detention are treated the same as men. Approximately 40% of staff explicitly support equal treatment (39.9% of men and 40.7% of women). At the same time, a substantial proportion indicate 'positive' differential treatment for women (23.2% of men and 33.1% of women), while the perception of 'negative' treatment remains marginal in both groups (2.4% of men and 2.2% of women). The high level of non-responses (34.5%

of men and 24.0% of women) suggests a degree of caution or uncertainty in publicly expressing a stance on a sensitive institutional issue, or an absence of knowledge with which to make a comparison (Figure 29).

Statistical tests indicate a significant association between staff gender and response type ($p = 0.005$). Female staff are estimated to be 64% more likely than male staff to perceive positive differential treatment of female prisoners, while male staff are 10 percentage points more likely to not answer this question, which may reflect a reluctance to express an opinion.

Figure 29. Do you consider women in detention to be treated differently to male prisoners? (%)



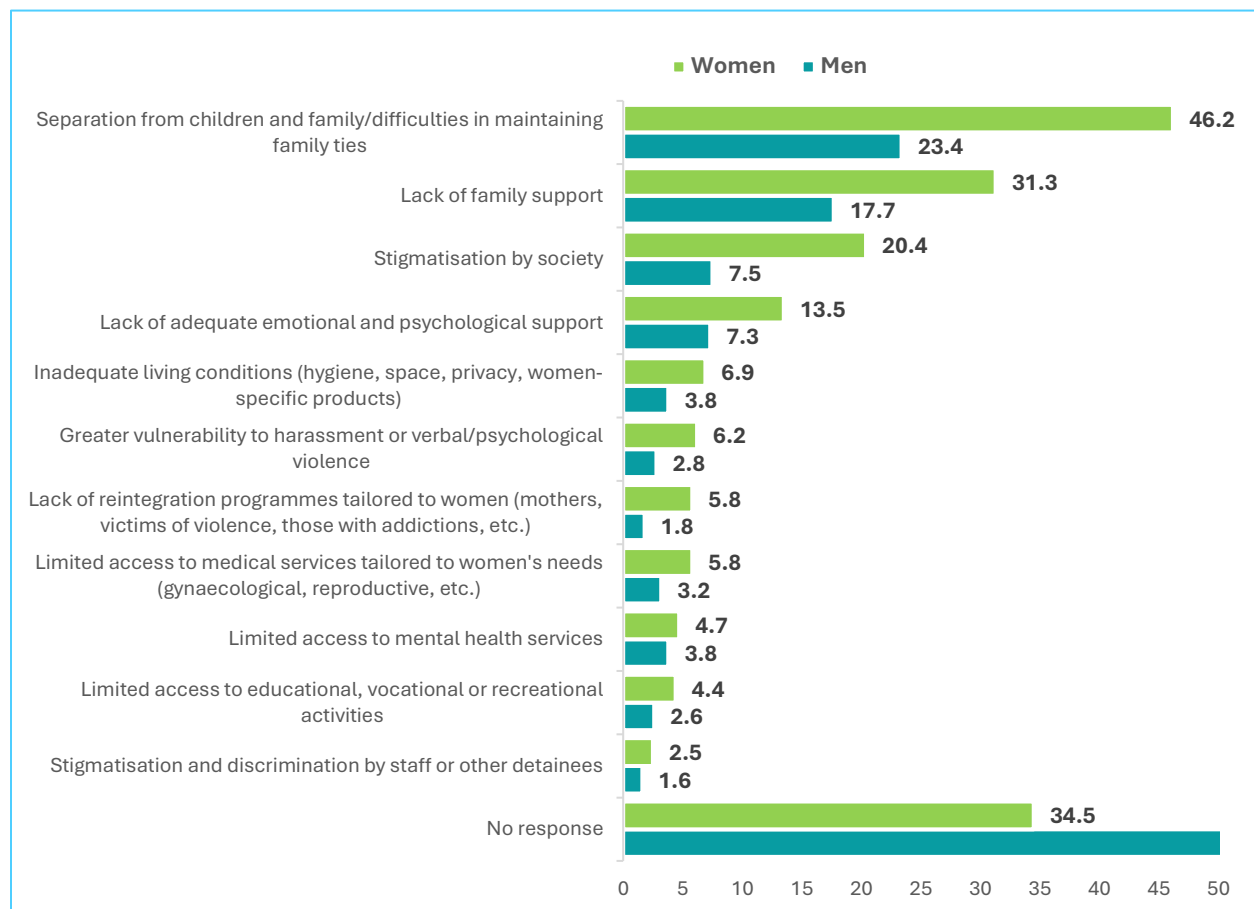
Triangulation with the perceptions of female prisoners. Staff perceptions need to be compared with what female prisoners report. The vast majority of female prisoners describe their relationship with staff as 'acceptable but distant' (60%) or 'respectful and fair' (31%). At the same time, 21.5% indicate noticeable differences in treatment based on staff gender, while 19.0% are unsure, suggesting that a considerable proportion experience or sense variations in behaviour based on gender.

Regarding the question of whether staff has differently treated them because they are women, the responses are mixed: 61% say 'no', 20% say 'yes', and 19% are 'not sure'. This pattern, far from indicating systemic discrimination, suggests diversity of practice and subjective interpretation. Furthermore, female prisoners describe female staff as being more empathetic and supportive, while male staff are described as being more distant and authoritative – a picture consistent with female staff's perception of 'positive treatment' (sensitivity to specific needs) and male staff's caution.

In the view of prison staff, the **main difficulties faced by female prisoners** relate to relationships and parenting. Separation from children and family and maintaining contact were cited by 46.2% of female staff and 23.4% of male staff. This was followed by a lack of family support (31.3% of women versus 17.7% of men) and social stigma (20.4% versus 7.5%, respectively). Female employees reported higher levels than male employees across all categories, with marked contrasts regarding tailored reintegration programmes (5.8% versus 1.8%), social stigma, and vulnerability to verbal or

psychological harassment (6.2% versus 2.8%). On a psycho-emotional level, a lack of emotional and psychological support was reported by 13.5% of women and 7.3% of men. On a material level, inadequate conditions, hygiene, and privacy affected 6.9% of women and 3.8% of men. The prominent level of non-response among male staff (54.2% versus 34.5% of female staff) suggests caution and a possible underestimation of certain difficulties within this subgroup (Figure 30).

Figure 30. The most significant challenges confronted by women in custody, as perceived by prison personnel (%)



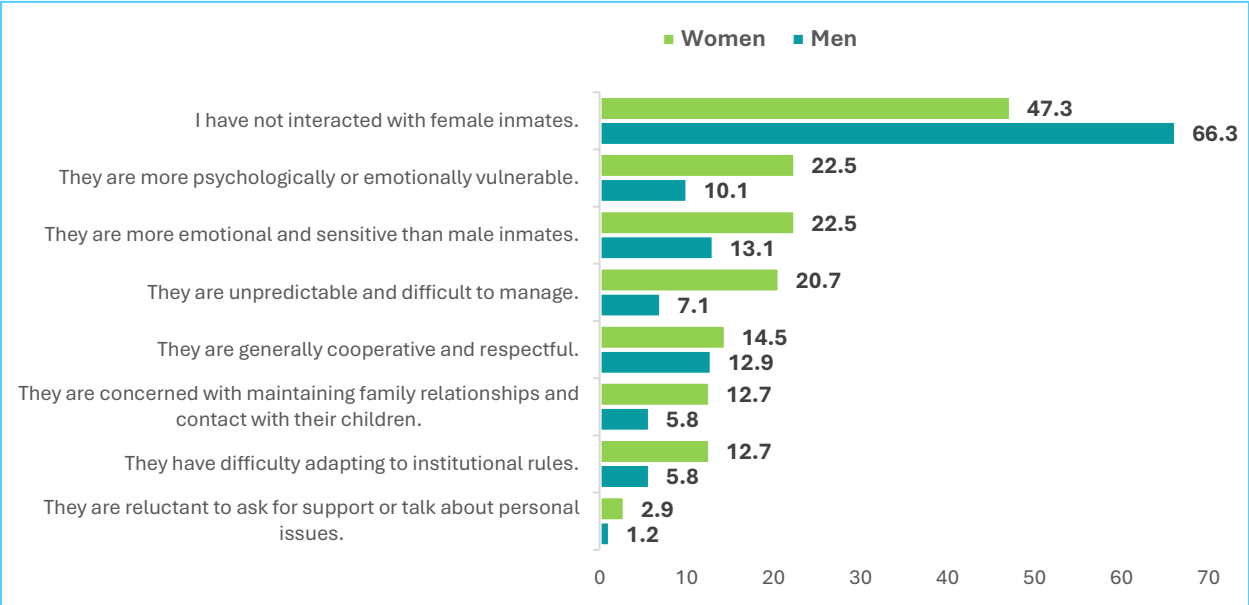
Triangulation with the voices of female prisoners confirms this hierarchy: the prisoners themselves highlight separation from family and limited contact as major problems, alongside living conditions, personal hygiene, and access to healthcare services. Furthermore, perceptions of inequity compared to men are associated with emotional distress (depression and anxiety), which reinforces the importance of interventions focused on relationships and psychosocial support.

Regarding **staff perceptions of women's behaviour in detention**, staff perceptions are primarily shaped by exposure: 66.3% of male staff and 47.3% of female staff stated that they had not interacted with female prisoners. In actual interactions, however, there is a generally positive view: 'They are generally cooperative and respectful' – mentioned by 14.5% of women and 12.9% of men (Figure 31).

It is worth noting that female staff members more frequently report the following behavioural traits:

- emotional reactivity and vulnerability: *'more emotional and sensitive than male prisoners'* (22.5% of women versus 13.1% of men), and *'more psychologically or emotionally vulnerable'* (22.5% versus 10.1%)
- manageability and adaptation to rules: *'unpredictable and difficult to manage'* (20.7% versus 7.1%), *'find it difficult to adapt to the institution's rules'* (12.7% versus 5.8%)
- dominant family focus: *'concerned with maintaining family relationships and contact with children'* (12.7% versus 5.8%)
- openness and seeking help: *'reluctant to ask for support or talk about personal problems'* (2.9% versus 1.2%) (Figure 31).

Figure 31. Perceptions of the behaviour of female inmates in the view of prison personnel, %



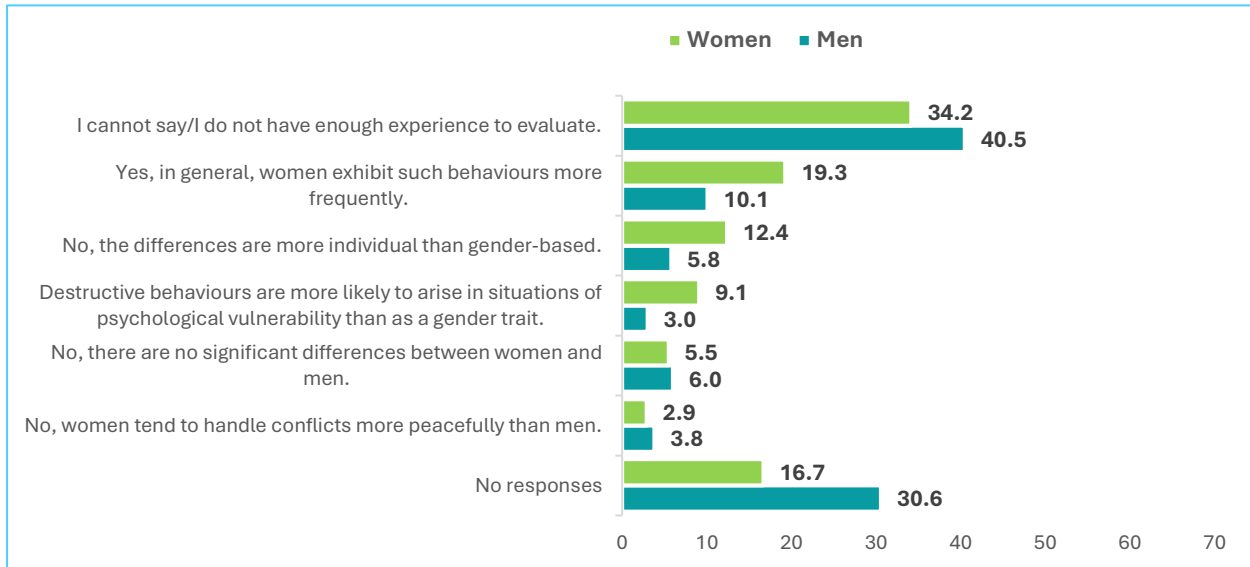
Triangulation with female prisoners' experiences. A high emotional burden is evident, with female prisoners frequently describing stress, as well as a high prevalence of depressive and anxiety symptoms, sleep disturbances and rumination regarding guilt and the future. More than half of female prisoners have experienced situations with significant emotional impact in the last 12 months - the findings support staff perceptions of emotional vulnerability and reactivity observed in interactions.

The central family axis – female prisoners cite separation from family and children, and difficulties in maintaining ties, as major problems. Structural constraints, such as distance, costs, and access to means of communication, complicate relationships. In context, the findings are directly in line with staff observations regarding concerns about family relationships.

Regarding prison staff's views on whether **women in detention are more prone to emotional manipulation or destructive behaviour than male prisoners**, female staff were more inclined to believe that women exhibit such behaviour more frequently (19.3% of women versus 10.1% of men). At the same time, however, female staff members were more likely to support explanations unrelated to gender, such as: *'the differences are more individual than gender-based'* (12.4% of

women versus 5.8% of men), and ‘destructive behaviours arise more from psychological vulnerability than as a gender trait’ (9.1% versus 3.0%) (Figure 32).

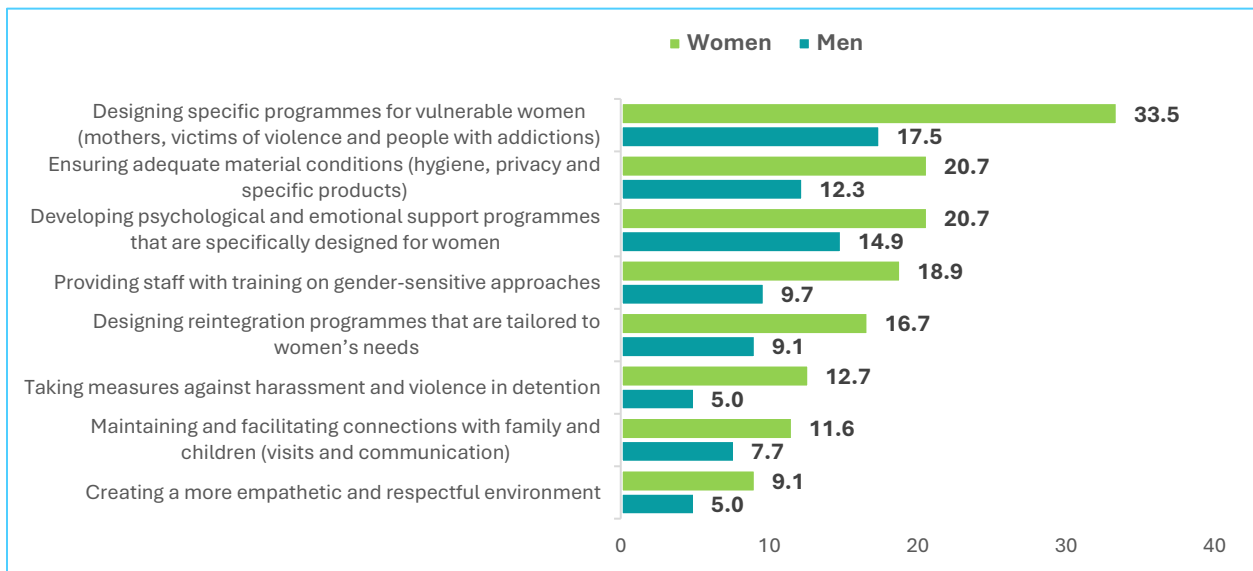
Figure 32. Do you consider women in detention to be more susceptible to emotional manipulation or destructive behaviour than male inmates? (%)



Triangulation with the voices of women in detention. Data reported directly by female prisoners reveals a significant emotional burden, including frequent stress, clinical levels of depression and anxiety, and disrupted sleep. Additionally, persistent family concerns are evident. When the perceived fairness of living conditions and hygiene compared to those experienced by male prisoners is deemed poor or unclear, the risk of emotional symptoms escalates. Furthermore, the primary source of tension is often the behaviour of other detainees and institutional rules and practices rather than an inherent ‘gender trait’ — this perspective aligns with staff preferences for situational explanations (e.g. vulnerability, individual differences).

Regarding the **measures deemed necessary to improve detention conditions and ensure respect for the rights of female prisoners**, both male and female staff prioritise interventions targeting vulnerability and providing psychological, emotional, or material support. The top choices among female staff are specific programmes for vulnerable women (33.5%), psychological and emotional support programmes (20.7%), and ensuring adequate material conditions, such as hygiene, privacy and feminine hygiene products (20.7%). This is followed by staff training in a gender-sensitive approach (18.9%) and tailored reintegration programmes (16.7%). Among male staff, the order is similar, but with lower percentages: programmes for vulnerable women (17.5%), psychological support (14.9%), material conditions (12.3%), staff training on gender-sensitive approaches (9.7%), and reintegration programmes (9.1%) (Figure 33).

Figure 33. What measures do you consider are necessary to improve prison conditions and ensure that women prisoners' rights are respected? (%)



Triangulation with the voices of women in detention. Staff observations align with the women’s statements regarding their acute needs: living conditions and hygiene, access to medical services (including reproductive health), emotional support and maintaining ties with family. Furthermore, depressive and anxiety symptoms increase significantly when perceived equity (compared to male inmates) is fragile regarding living conditions and hygiene — an argument for visible, consistent measures communicated as equity, not 'favours'. Women also demand concrete changes, such as access to drinking water, hygiene facilities, medical services, communication, and visits. Post-release support, including help with employment and reintegration, is central to breaking cycles of vulnerability.

VOICE OF PRISON PERSONNEL: PERCEPTIONS OF EQUITY AND THE WORKING ENVIRONMENT

GENERAL CHARACTERISTICS

The socio-demographic profile of 771 PAS employees (496 men and 275 women) reveals statistically significant differences in age distribution and educational attainment ($p = 0.003$ and $p = 0.001$, respectively). Female staff are characterised by higher levels of education, while male staff predominate in younger age groups and in categories with secondary education (Table 23).

The largest age group is 36–45 years old (43.7%), with women accounting for 49.5% of this group, proportionally outnumbering men (40.5%). The 18–25 age group is smaller (13.4%) and dominated by men (16.3%), while women account for only 8.0%. The 46-and-over age group comprises 77 employees (10.0%), with a slight female majority (11.6% compared to 9.1%) (Table 23).

The distribution of educational attainment highlights clear differences between the sexes: female staff are characterised by a high proportion holding higher education qualifications (60.4%) and postgraduate qualifications (13.1%), while specialised secondary education is mainly characteristic of men (30.8%), compared to 10.9% of women. Similar differences are evident in general secondary education, with men accounting for 13.9% compared to 8.7% of women (Table 23).

Table 23. Socio-demographic profile of penitentiary personnel

Variable name	Total, N (%)	Men, N (%)	Women, N (%)	p-value
Total	771	496	275	
Age group				0.003
18-25 years	103 (13.4)	81 (16.3)	22 (8.0)	
26-35 years	254 (32.9)	169 (34.1)	85 (30.9)	
36-45 years	337 (43.7)	201 (40.5)	136 (49.5)	
≥ 46 years	77 (10.0)	45 (9.1)	32 (11.6)	
Level of education				0.001
Secondary	93 (12.1)	69 (13.9)	24 (8.7)	
Vocational	183 (23.7)	153 (30.8)	30 (10.9)	
Incomplete higher education	62 (8.0)	43 (8.7)	19 (6.9)	
Complete higher education	365 (47.3)	199 (40.1)	166 (60.4)	
Postgraduate	68 (8.8)	32 (6.5)	36 (13.1)	

The distributions presented in Table 24 highlight a prison system characterised by a professional structure that is strongly differentiated by gender, directly impacting institutional functioning and career equity ($p = 0.001$). Men dominate operational roles, making up the majority of prison officers (28.0%) and other non-commissioned officers (30.0%), while women are better represented in specialist roles, holding officer positions (43.3%) and management posts (17.1%, compared to 14.1% for men) (Table 24).

The length of service within the prison system is relatively evenly distributed, with a strong core of experienced staff: 31.5% have worked there for over 10 years, while 27.8% have worked there for between 5 and 10 years. The fact that gender differences are not statistically significant ($p=0.609$) suggests that both categories exhibit similar institutional stability (Table 24).

The institutional distribution reveals significant occupational segregation: about half of the staff work in men's prisons (47.0%), where male staff outnumber female staff (50.2%). Meanwhile, women are concentrated in women's prisons (12.7%), pre-trial detention centres (41.4%), and in the central and auxiliary subdivisions of the NAP. Statistically significant differences ($p=0.001$) confirm that the institutional distribution is strongly influenced by structural and cultural considerations (type of institution) as well as the distinct professional profile of employees (Table 24).

Table 24. Distribution of employees by position, length of service and prison

Name	Total, N (%)	Bărbați, N (%)	Femei, N (%)	Valoare p
Total	771	496	275	
Position held				0.001
Supervisory officer (non-commissioned officer)	188 (24.4)	139 (28.0)	49 (17.8)	
Officer in other positions (non-commissioned officer)	193 (25.0)	149 (30.0)	44 (16.0)	
Officer (psychologist, physician, educator, social worker)	246 (31.9)	127 (25.6)	119 (43.3)	
Contracted staff (psychologist, physician, educator, social worker, medical assistant)	27 (3.5)	11 (2.2)	16 (5.8)	
Management position (head of department, deputy director, director)	117 (15.2)	70 (14.1)	47 (17.1)	
Length of service in the prison system				0.609
< 1 year	67 (8.7)	47 (7.3)	20 (7.3)	
1 – 3 years	175 (22.7)	118 (23.8)	57 (20.7)	
4 – 5 years	72 (9.3)	47 (9.5)	25 (9.1)	
5 – 10 years	214 (27.8)	133 (26.8)	81 (29.5)	
> 10 years	243 (31.5)	151 (30.4)	92 (33.5)	
Correctional facility where staff currently work				0.001
Men's prison (including minors)	362 (47.0)	249 (50.2)	113 (41.1)	
Women's prison (including minors)	72 (9.3)	37 (7.5)	35 (12.7)	
Pretrial detention centre	140 (18.2)	82 (16.5)	58 (21.1)	
Other NAP units (Training Centre, Logistics Centre, etc.)	139 (18.0)	105 (21.2)	34 (12.4)	
Prison hospital	24 (3.1)	9 (1.8)	15 (5.5)	
NAP Central Administration	34 (4.4)	14 (2.8)	20 (7.3)	

WORKING CONDITIONS AND GENDER EQUALITY

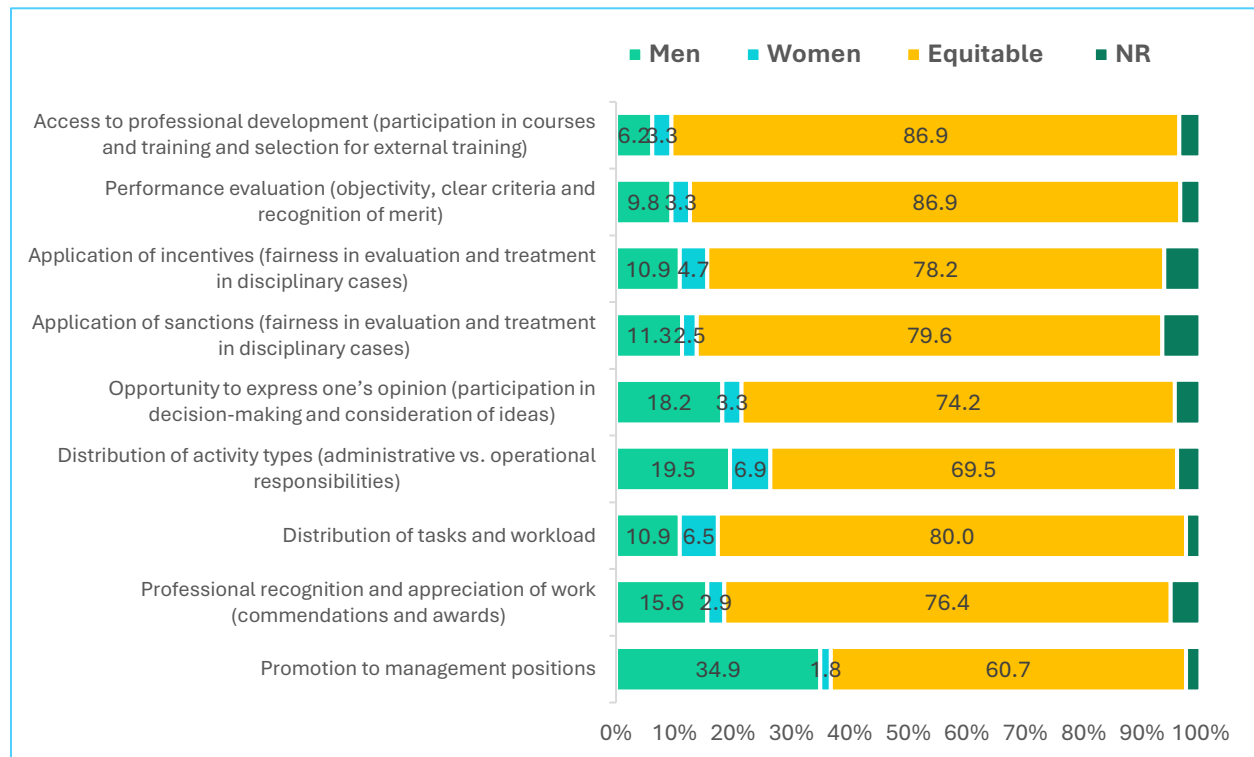
EQUITY AND PROFESSIONAL OPPORTUNITIES

The views of female employees paint a picture of a predominantly equitable working environment within the organisation, with an average of 77% of responses indicating a perception of fairness across all analysed areas. The highest perceptions of equity were found in performance appraisals and access to professional training (86.9% each) (Figure 34).

Beyond this, four areas of vulnerability stand out, in which women perceive a significant male advantage: promotion to management positions (34.9%), distribution of work types (administrative versus operational) (19.5%), opportunity to express opinions and participate in decision-making (18.2%), and professional recognition (15.6%). Promotion is the area with the most pronounced perceived imbalance (a 19:1 advantage for men), followed by participation in decision-making (5.5:1) and recognition of work (5.4:1) (Figure 34).

In areas relating to the allocation of tasks, workload, and fairness in sanctions and/or incentives, the balance remains equitable. However, there are signs of asymmetry in favour of men, with advantages for women being mentioned less frequently (Figure 34).

Figure 34. Women’s opinions: Who benefits more or has an advantage in the following aspects of work within the prison institution?

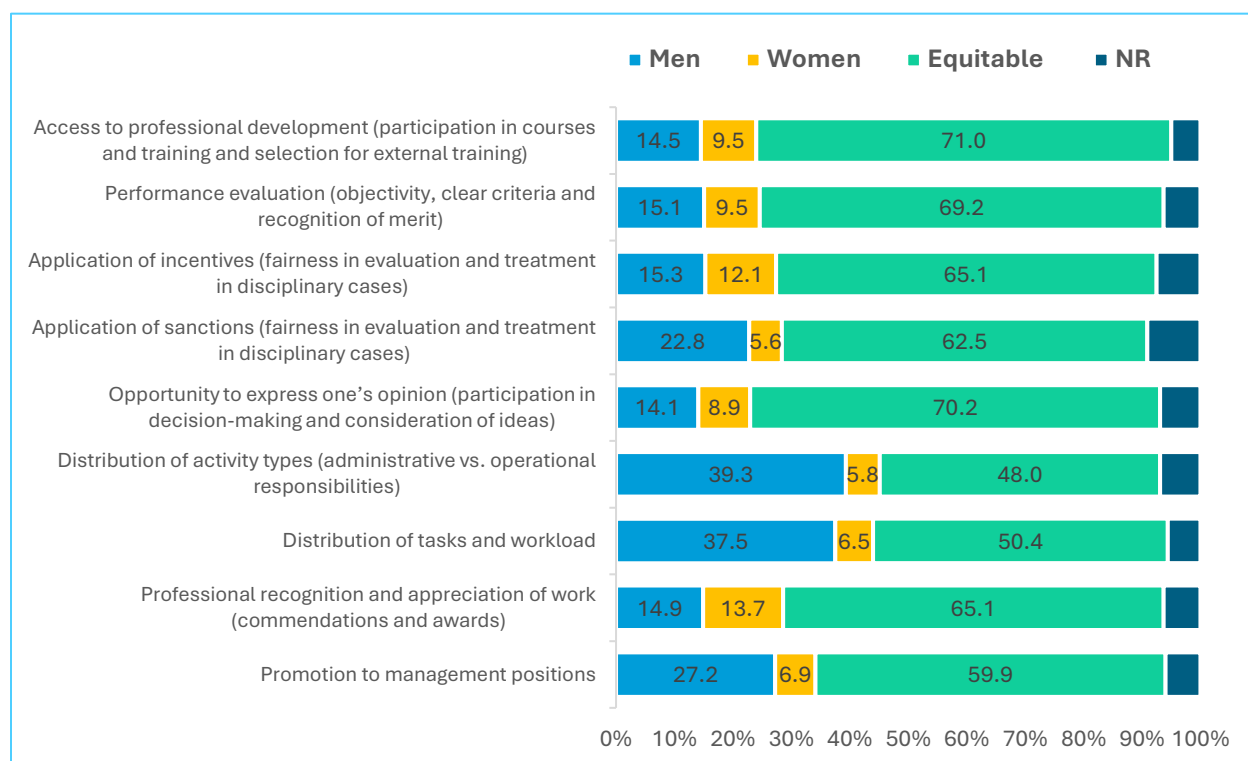


The perceptions of male staff suggest a general belief in institutional equity but also highlight two areas where men continue to have advantages. Overall, between 48.0% and 71.0% of men consider the practices to be fair. The highest proportions relate to access to professional training and

development (71.0%), the opportunity to express their opinion (70.2%), and performance appraisal (69.2%). However, the proportion of those considering the practices to be fair falls below 55% in two operational areas: the distribution of tasks and workload (50.4%), and the allocation of administrative versus operational activities (48.0%). Men frequently report a male advantage in these areas, at 37.5% and 39.3%, respectively. A significant male advantage is also reported in promotion to management positions (27.2%), as well as in the application of sanctions (22.8%) (Figure 35).

In terms of resources and evaluation, the picture is more nuanced: comparable proportions of respondents indicate either fairness or a slight advantage for women. Thus, professional recognition (mentions, awards) is considered fair by 65.1%, whilst 14.9% see an advantage for men and 13.7% for women; similar trends emerge regarding the application of incentives, performance evaluation and access to training. Participation in decision-making is perceived as fair by 70.2%, 14.1% see an advantage for men and 8.9% for women (Figure 35).

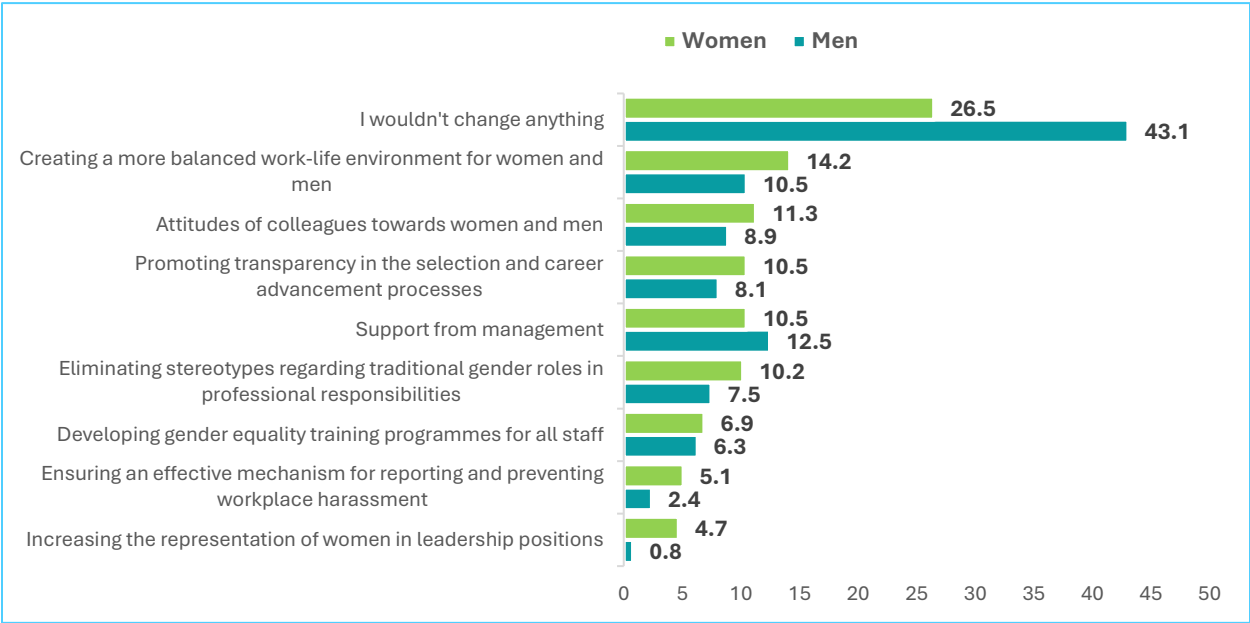
Figure 35. Men’s opinions: Who benefits more or has an advantage in the following aspects of work within the prison institution?



In a comparative context, women and men generally perceive the institution as equitable, yet women report higher proportions of fair treatment (approximately 77% across all areas, peaking at 86.9% for performance appraisal and professional development), while men report more variable percentages (48–71%), particularly in operational areas. At the same time, both groups agree on the existence of persistent male advantages, which are most pronounced in promotion (women: 34.9%; men: 27.2%) and involvement in operational activities (women: 19.5%; men: 39.3%). This confirms a common area of institutional vulnerability (Figure 34, Figure 35).

Perceptions of the need for changes related to gender equity differ markedly between women and men, highlighting distinct priorities and levels of institutional satisfaction. Women more frequently indicate the need for structural changes to increase gender equity, expressing heightened concerns about creating a work-life balance (14.2% compared to 10.5% of men), eliminating gender stereotypes (10.2% versus 7.5%), and improving colleagues' attitudes (11.3% versus 8.9%). By contrast, nearly half of men (43.1%) state that they would not change anything, compared to 26.5% of women, suggesting a more pronounced sense of institutional comfort among men. This confirms the existence of differences in perception regarding the need for reform and the perceived level of equity within the PAS (Figure 36).

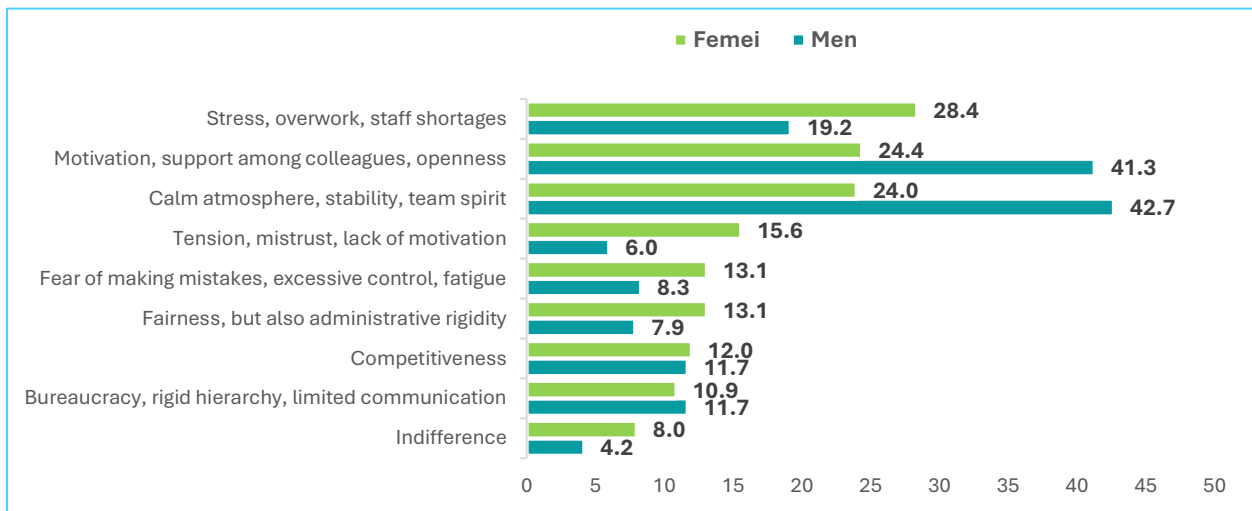
Figure 36. If you could change one thing related to gender equity at your institution, what would it be? (%)



Regarding employees' views on the organisational atmosphere, the survey data reveal clear differences between men and women, suggesting distinct experiences of the institutional working environment. Men are much more likely than women to describe a positive atmosphere, citing cooperation, respect, professionalism (43.8%), stability and team spirit (42.7%), while women are much more likely to report negative perceptions, such as tension, mistrust and a lack of motivation (15.6% versus 6.0%), as well as stress and overwork (28.4% versus 19.2%). At the same time, women report communication difficulties much more frequently (41.8% versus 15.7%) and instances of administrative rigidity or fear of making mistakes (13.1% each, compared to 7.9% and 8.3% for men), suggesting a perceived atmosphere that is more oppressive and less predictable (Figure 37).

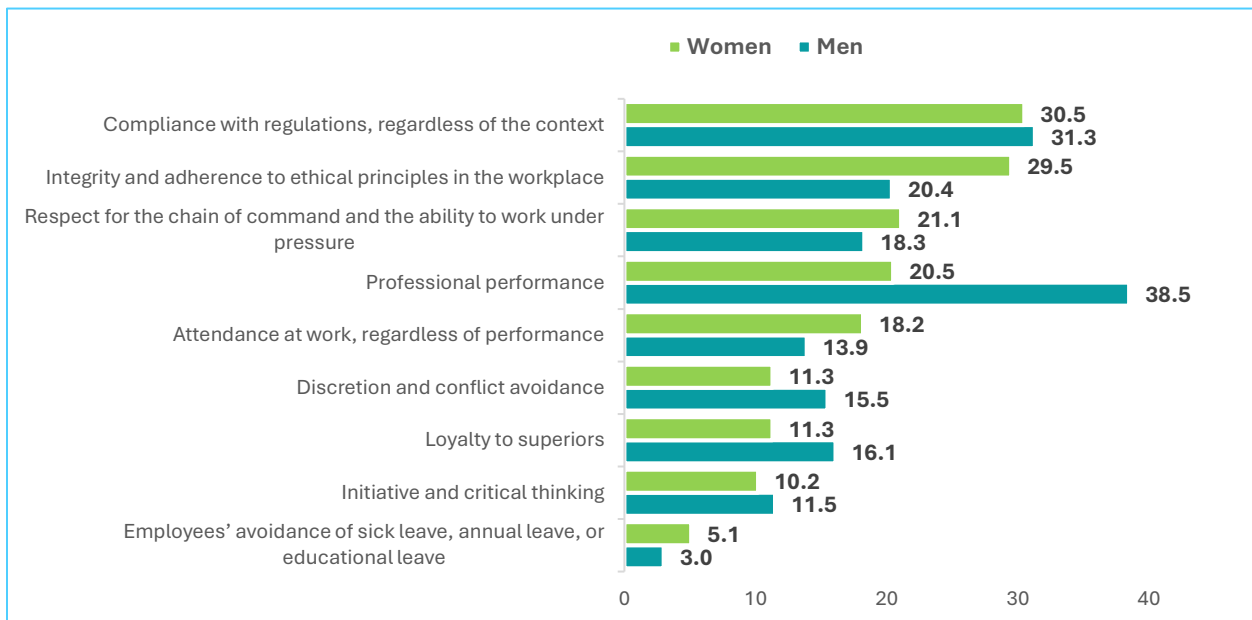
In this context, men tend to describe the environment as stable and collaborative, while women perceive structural challenges, tensions, and communication barriers more acutely.

Figure 37. If you were to describe the general atmosphere at your workplace, what words would instinctively come to mind? (%)



The study analysed opinions regarding the values promoted in the workplace. For men, the emphasis was on professional performance (38.5%), followed by compliance with regulations (31.3%), responsibility towards prisoners and colleagues (28.0%), and loyalty and discretion (16.1% and 15.5%, respectively). For women, responsibility ranked first (32.4%), followed by fairness and ethics (29.5%), and compliance with regulations (30.5%). Performance was mentioned less frequently (20.5%), as were loyalty and discretion (11.3% each) (Figure 38)

Figure 38. If you were to describe what is most encouraged at the institution where you work, what would you say is truly valued? (%)



There is evidence of convergence in initiative and critical thinking (11.5% of men versus 10.2% of women), as well as in respect for hierarchy and ability to work under pressure (18.3% versus 21.1%). However, the fact that a significant proportion of staff (13.9% of men and 18.2% of women) indicate

that attendance at work, regardless of performance, is valued, suggests the risk of a culture that rewards conformity and availability over merit (Figure 38).

Overall, women describe a normative-procedural model (ethics, rules, and responsibility), while men describe a model that is more oriented towards efficiency and loyalty. There is a common core of rules and responsibility, but consistent differences in the valuation of performance.

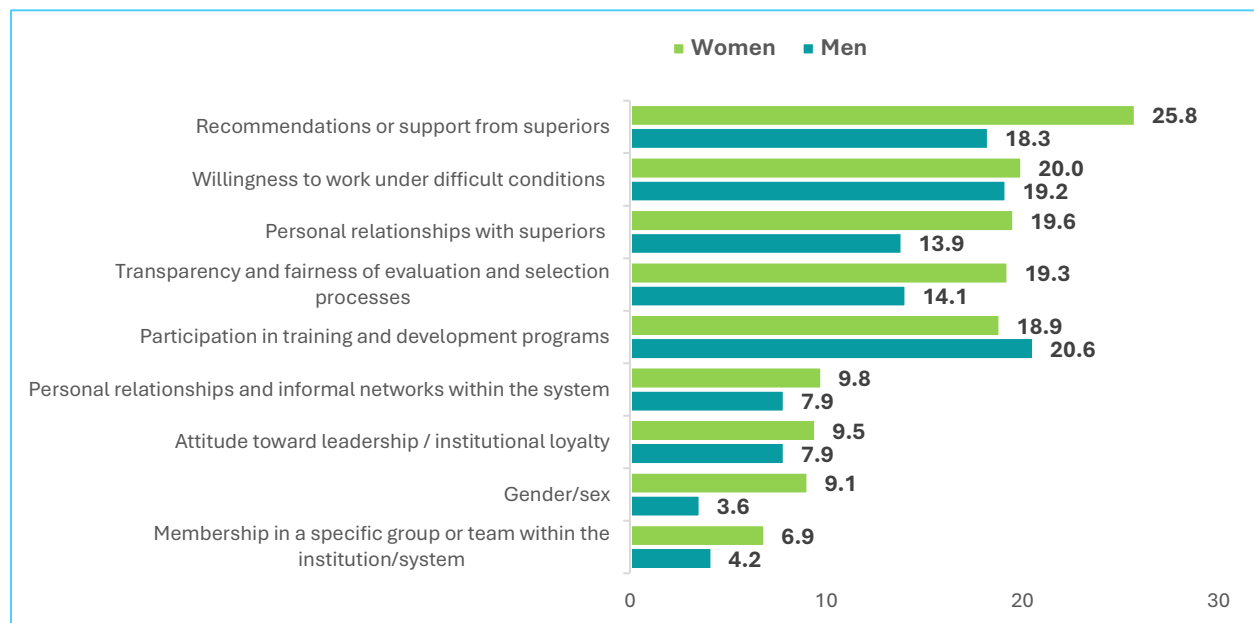
CAREER ADVANCEMENT

An analysis of employees' views on the factors influencing promotion within the prison system reveals significant differences between men and women, indicating that the perception of advancement mechanisms varies depending on organisational experience (Figure 39).

While men recognise the importance of professional performance (54.6%) and experience or seniority within the system (35.7%), they attach greater importance to these factors than women do. Women mention these factors to a lesser extent (40.7% and 37.8% respectively) and place greater emphasis on personal motivation (36.4% versus 28.0%) and support from superiors (25.8% versus 18.3%) (Figure 39)

The study also reveals that women are more acutely aware of the influence of informal or structural factors, such as personal relationships with superiors (19.6% versus 13.9%) and gender (9.1% versus 3.6%). This suggests that they are more vulnerable to perceiving discrimination or favouritism. In contrast, men place greater value on institutional loyalty (7.9% versus 9.5% for women) and are less likely to mention group dynamics or gender (4.2% and 3.6% respectively). Thus, women appear to perceive a promotion context that is more dependent on support, relationships, and structural factors, while men remain anchored in a classic meritocratic model with an emphasis on performance and length of service within the system (Figure 39).

Figure 39. Which of the following do you think has the greatest influence on the chances of promotion in the prison system? (%)

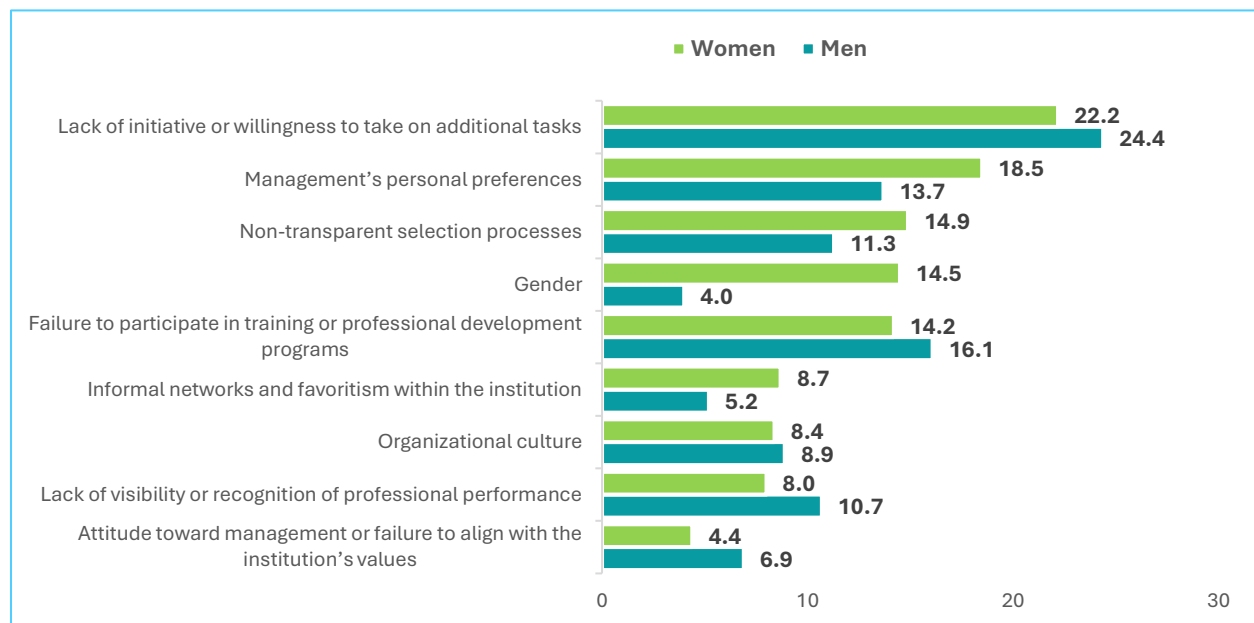


Understanding how staff perceive **the barriers to accessing leadership roles** provides a revealing insight into the structural and cultural tensions within the institution. A comparison of the views of women and men highlights significant differences in how these barriers are experienced (Figure 40).

Both women and men identify a lack of experience as the main limiting factor, but women mention it more frequently (49.1% compared to 41.9%). The same pattern emerges with regard to insufficient education or qualifications (38.5% versus 39.3%). In contrast, women perceive barriers related to non-transparent processes (14.9% versus 11.3%) and management’s personal preferences (18.5% versus 13.7%), as well as the influence of gender (14.5%, which is more than three times higher than that reported by men at 4.0%), indicating a heightened vulnerability regarding the perception of discrimination. However, men place more responsibility on individual factors, such as a lack of initiative or willingness to take on additional tasks (24.4% versus 22.2%), and aspects related to the visibility of professional performance (10.7% versus 8.0%) (Figure 40).

In this context, a higher proportion of women cite structural and cultural barriers, while men attribute limitations to factors of preparation and willingness, suggesting differing perceptions regarding access to leadership and the actual degree of fairness in the promotion process.

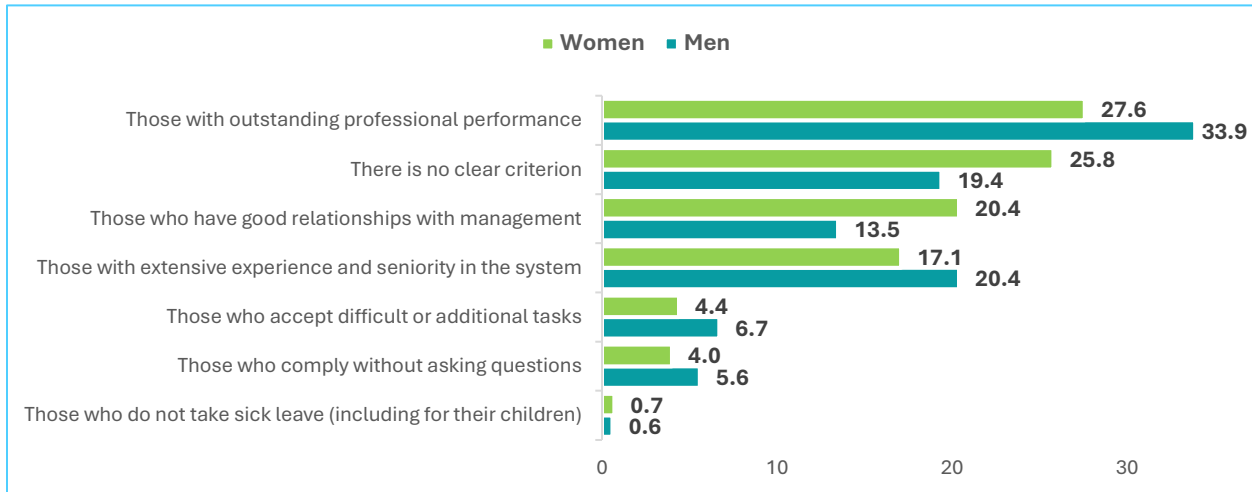
Figure 40. What factors do you believe may limit access to leadership positions in the institution where you work? (%)



Perceptions of who **is most frequently promoted** within the organisation reveal two distinct perspectives shaped by the different experiences and positions of women and men. While men primarily attribute promotion to professional performance (33.9%) and long-standing experience (20.4%), women mention these criteria less frequently (27.6% and 17.1%, respectively), and significantly more often cite the importance of good relations with management (20.4% versus 13.5%) or the lack of clear criteria (25.8% versus 19.4%). Women are more aware of the dependence of promotion on informal and subjective mechanisms, whereas men are more inclined to view promotion as the result of professional merit. Thus, there is a perceptual gap between an

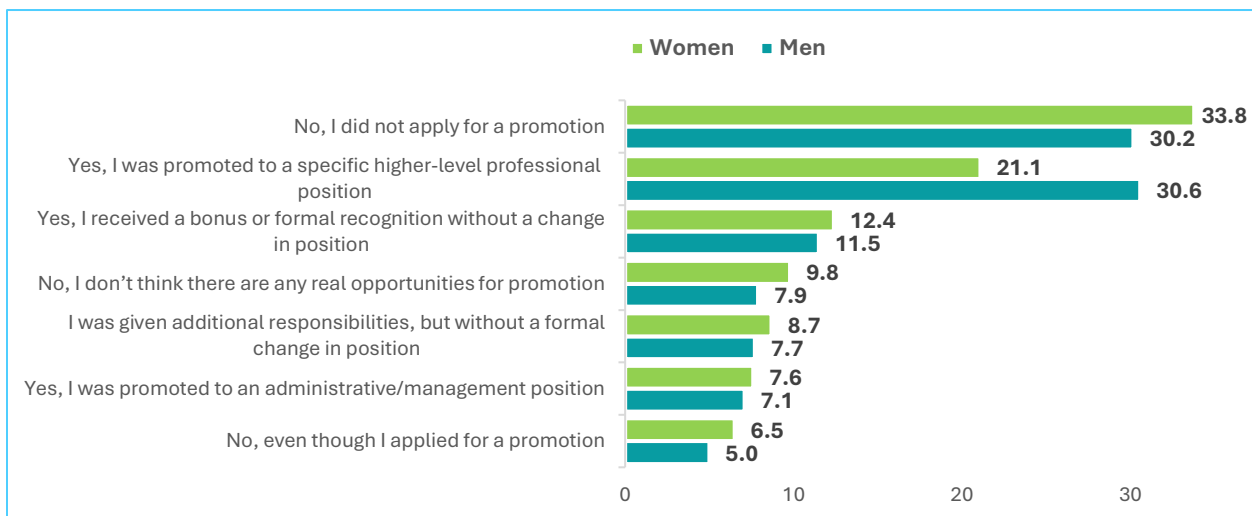
organisational culture that rewards visibility and informal networks, and one that should prioritise performance (Figure 41).

Figure 41. Which employees do you think are most frequently promoted at your workplace? (%)



When interpreting responses about professional promotion over the last five years, two different perspectives emerged on how advancement takes place within the institution. These perspectives revealed objective patterns and subjective nuances related to perceived opportunities. Men indicated a higher proportion of promotion to a senior professional role (30.6%) than women (21.1%), suggesting easier access to vertical career progression in this field. However, women were more likely to state that they had not applied for promotion (33.8% versus 30.2%) or that they believed there were no real opportunities for advancement (9.8% versus 7.9%), indicating a more sceptical perception of internal mobility (Figure 42).

Figure 42. Have you received a promotion at your place of work in the correctional facility in the past 5 years? (%)

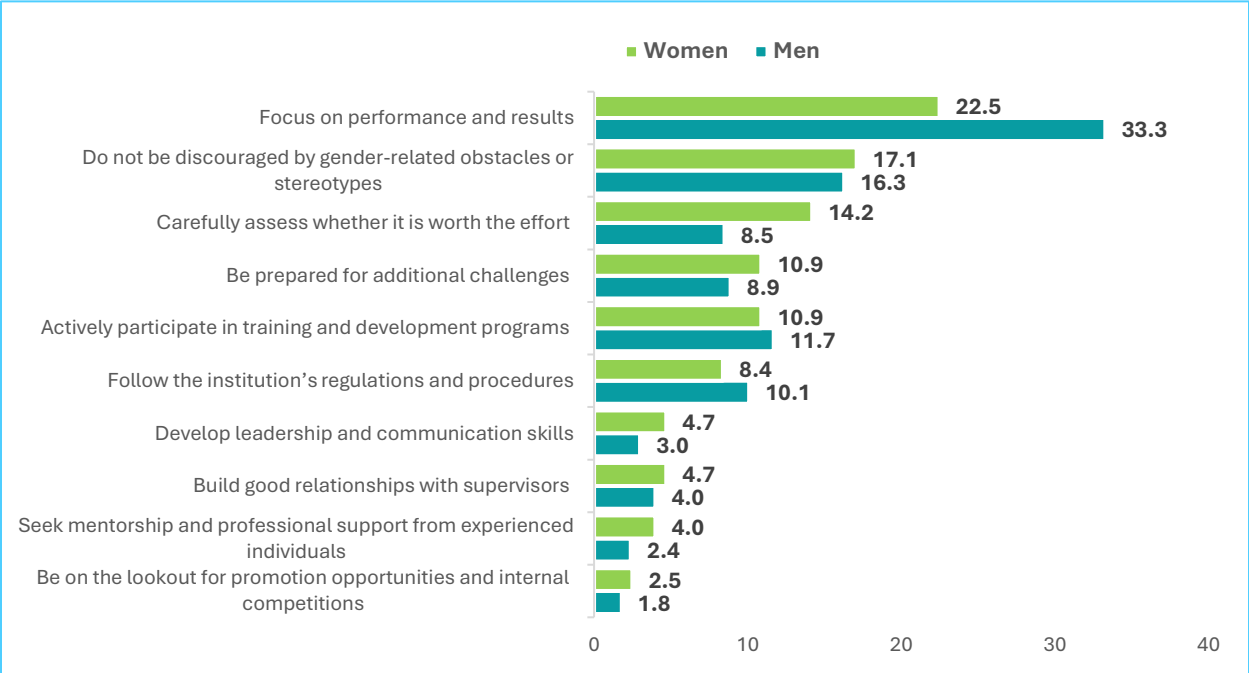


Differences are also evident in the area of indirect rewards. Formal recognition without a change in role was mentioned in 12.4% of cases involving women and 11.5% of cases involving men. Meanwhile, the assignment of additional responsibilities without promotion was slightly more common among women (8.7% versus 7.7%). At the same time, women more frequently report situations in which they applied for a promotion but were unsuccessful (6.5% versus 5.0%), suggesting the persistence of barriers to effective career progression. Thus, men describe a more predictable, formally rewarded career path, while women describe a professional landscape marked by missed opportunities and incomplete promotions, as well as a willingness to work extra hours without formal promotion (Figure 42).

Two complementary but not identical perspectives emerge in the way employees describe the ideal **advice for a woman aspiring to promotion**, reflecting both institutional expectations and realities experienced differently by women and men.

For men, the central message focuses on merit and performance. Men emphasise the need to concentrate on achieving solid professional results (33.3%) and to maintain motivation and resilience in the face of gender-related obstacles (16.3%). In contrast, women emphasise not only performance (22.5%), but also realistically assessing the personal costs of advancement (14.2%) and seeking professional support and mentoring (4.0%, compared to 2.4% for men). Women also mention the importance of developing leadership skills more frequently (4.7% versus 3.0%), as well as the need to not be discouraged by stereotypes (17.1%). This suggests a greater awareness of structural and cultural barriers (Figure 43).

Figure 43. What one piece of advice would you offer to a woman who wants to advance in the prison system? (%)



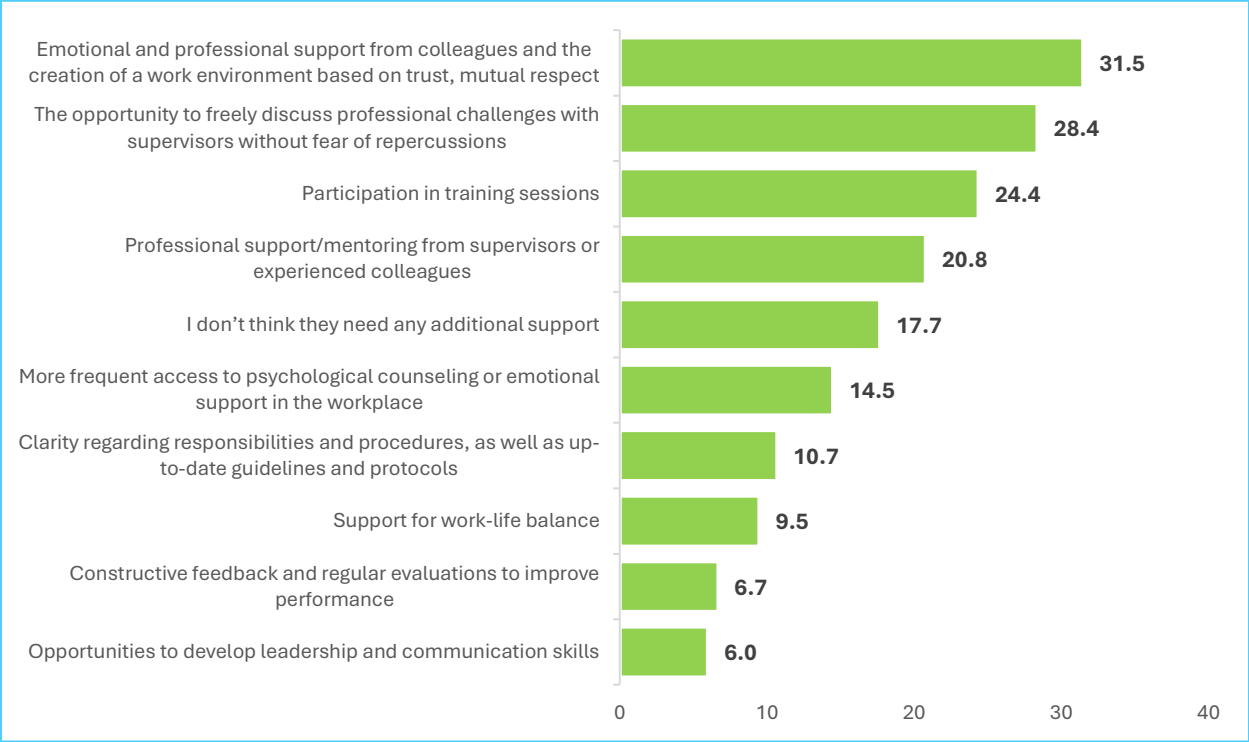
In this context, men convey a message centred on performance and strategic compliance, while women emphasise balancing ambition and adaptability with managing the additional pressures that can affect a woman's career path within the prison system.

The types of support that men perceive as useful for helping women feel more confident and effective in their professional work paint a complex picture of institutional culture and needs that are perceived differently depending on one's position within the system. According to the men surveyed, the most valuable forms of support are emotional and professional support from colleagues (31.5%), the opportunity to openly discuss difficulties with superiors without fear of consequences (28.4%), and participation in training sessions (24.4%). This indicates that a climate of psychological safety and access to continuous development are, in their view, essential for women's advancement (Figure 44).

Men recognise the importance of professional mentoring (20.8%) and access to psychological support in the workplace (14.5%), highlighting the need for an ongoing support system. Other forms of support, such as clarity of responsibilities (10.7%) and work-life balance (9.5%), were mentioned to a lesser extent, while only 17.7% believed that women did not need additional support (Figure 44).

Overall, men's perspectives suggest that women would benefit most from an organisational environment based on trust, open dialogue, professional cohesion, and genuine access to training and mentoring. This view also implicitly recognises the structural and emotional pressures that women face within the prison system.

Figure 44. Men's opinions: What kind of support would be most helpful in making a woman feel more confident and effective in her current professional position within the system? (%)



In contrast to men, who emphasise cohesion, mentoring and open dialogue, women highlight the need for opportunities to speak freely with superiors without fear of consequences (34.9%) and for emotional and professional support from colleagues (33.8%). This signals the importance of psychologically safe environments and trusting relationships within teams (Figure 45).

Women highlight the need for training (23.3%), clarity in roles and procedures (20.7%) and genuine support for work-life balance (20.0%), aspects that are essential for managing institutional pressures. Support geared towards professional development, such as mentoring (19.3%) or leadership skills development (17.1%), is also mentioned. While reflecting women’s desire to advance, this also highlights an awareness of the obstacles that mean progress is not always linear or accessible (Figure 45).

Consequently, women describe a professional landscape in which emotional support, institutional clarity and access to development are perceived as fundamental conditions for efficiency and security, to a noticeably greater extent than in the perspective of male employees.

Figure 45. Women’s opinions: What kind of support would be most helpful in making you feel more confident and effective in your professional life? (%)



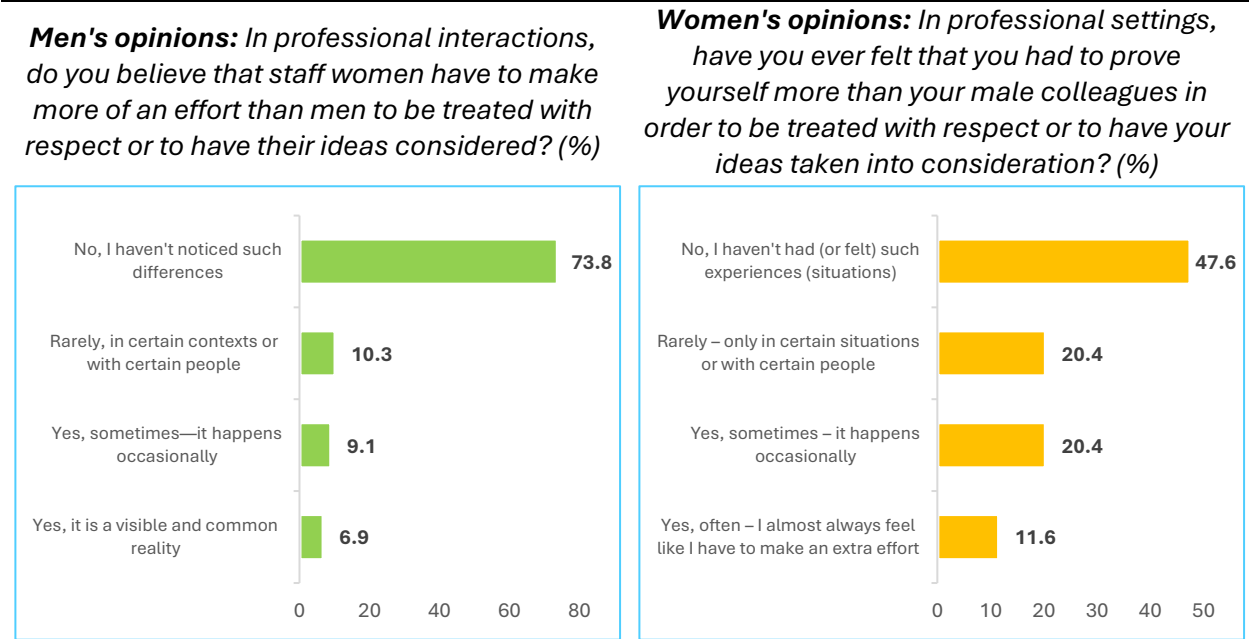
HARASSMENT, VIOLENCE AND DISCRIMINATION IN THE WORKPLACE

An analysis of professional interactions reveals a significant discrepancy between men's and women's perceptions of the workplace. Men tend to downplay the issue of fairness and professional recognition, while women report experiencing subtle yet persistent tensions in this regard.

According to men, the vast majority do not notice any differences in the way women are treated (73.8%), while only 6.9% consider that women frequently have to make extra efforts and 9.1% state that such situations occur occasionally (Figure 46).

In contrast, women's experiences reveal a far more nuanced reality: 47.6% state that they have not experienced such situations, while considerably higher proportions state that they frequently (11.6%) or occasionally (20.4%) have to make extra effort. Furthermore, a further 20.4% of women report such situations 'in certain contexts', further reinforcing the discrepancy between perception and experience (Figure 46).

Figure 46. Prison staff's perceptions of the need for extra effort in professional interactions, broken down by gender



When analysing the differences between what is seen and what is felt within the organisation, the data in Figure 47 reveals a stark discrepancy between men’s perceptions and women’s direct experience. This outlines two organisational realities that coexist, but do not overlap.

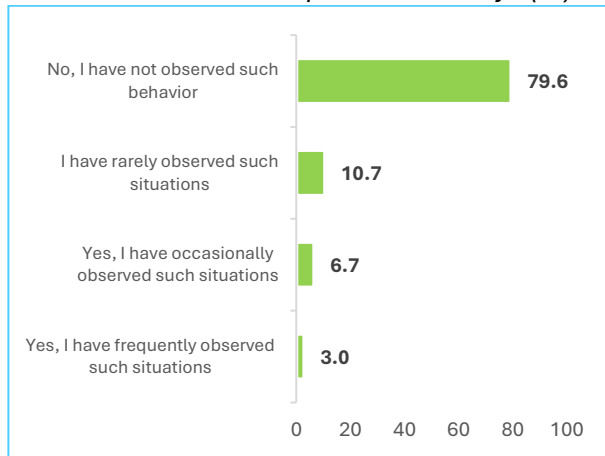
From a male perspective, the vast majority do not observe such behaviour (79.6%), with only a small proportion acknowledging occasional (10.7%) or frequent (3.0%) instances. In contrast, women's experiences reveal much greater exposure: 48.0% state that they have not experienced such situations, while 23.6% mention 'occasional' incidents, 17.8% identify them in isolated situations and 10.5% experience them frequently (Figure 47).

Women perceive nearly three times as many **frequent episodes of belittling, ignoring, or uncomfortable positioning** as men acknowledge (10.5% versus 3.0%), and more than double the proportion of women observe repeated behaviours (23.6% versus 10.7%). This clearly highlights the lack of visibility of such situations for men and the fact that women operate in a professional environment where subtle microaggressions are significantly more prevalent, even if they are rarely explicitly articulated (Figure 47).

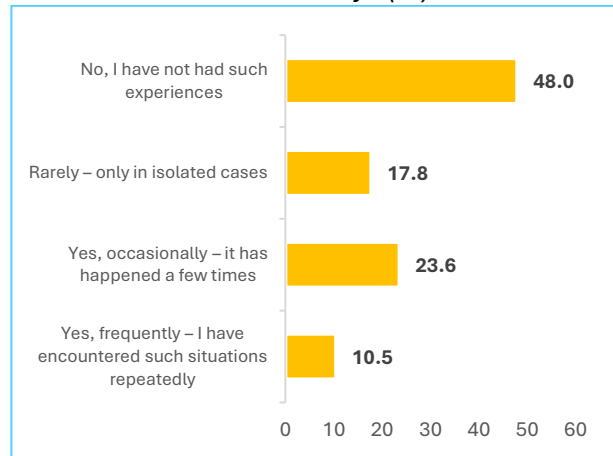
In summary, there is a perceptual gap that warrants institutional attention: men tend to view the professional atmosphere as balanced, whereas women report an organisational culture in which appreciation, active listening and respect are not distributed evenly. The impact of these differences often becomes invisible to those who do not experience them directly.

Figure 47. Gender perceptions among prison staff regarding situations of belittlement or disregard in the workplace

Men's opinions: Do you believe that working women face comments, gestures, or attitudes from colleagues or supervisors that can make them feel belittled, ignored, or put in an uncomfortable position, even if these behaviours are not expressed directly? (%)



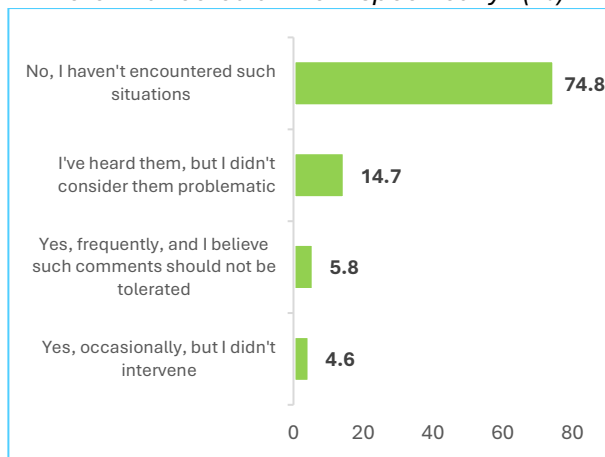
Women's opinions: Have you ever felt that certain repeated remarks, gestures, or attitudes from colleagues or supervisors made you feel belittled, ignored, or put in an uncomfortable position, without this being stated directly? (%)



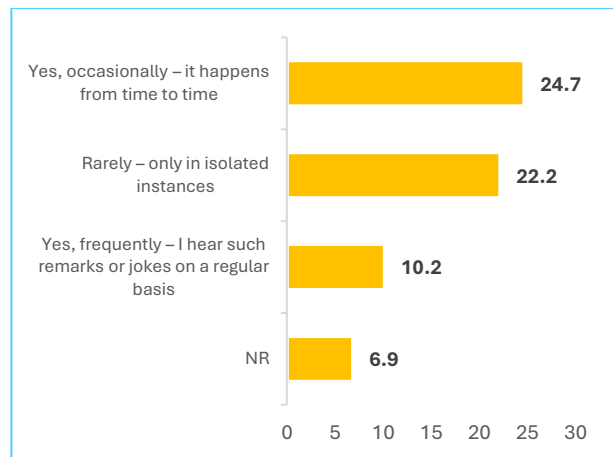
The subtle dynamics of professional conversations can reveal the invisible contours of organisational culture. Figure 48 illustrates how men and women perceive the potential for certain comments to become uncomfortable or offensive differently.

Figure 48. Gender perceptions among prison staff regarding informal comments that affect psychosocial well-being

Men's opinions: Have you ever noticed any remarks, jokes or comments in conversations at work that you think might make your female colleagues feel uncomfortable, even if they weren't directed at them specifically? (%)



Women's opinions: Have you ever heard remarks, jokes or comments in conversations at work that made you feel uncomfortable, even if they weren't directed at you? (%)



While 74.8% of men state that they have not encountered such situations, this figure is 48.0% for women, indicating a difference of almost 27 percentage points in the visibility of the phenomenon.

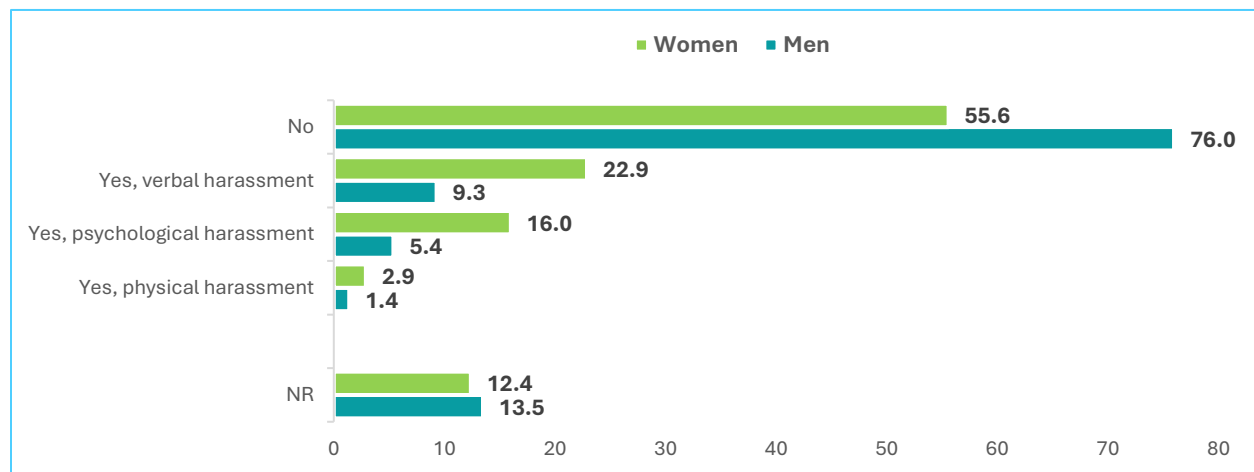
Furthermore, significantly fewer men acknowledge the existence of potentially problematic comments or jokes: 14.7% say that they 'have heard them, but did not consider them problematic', while 10.4% of women view such situations as isolated incidents, and 24.7% experience them occasionally (Figure 48).

The difference becomes more pronounced when it comes to frequent experiences: 5.8% of men consider such comments to be frequent or believe they should be curtailed, while 10.2% of women state that they regularly encounter such remarks. Thus, women report nearly twice as many recurring experiences of discomfort as men acknowledge, suggesting a discrepancy between lived and perceived reality that has direct implications for psychological safety and the quality of workplace interactions (Figure 48).

According to the survey, the majority of men (76.0%) state that they have not witnessed harassment, whereas the corresponding proportion among women is significantly lower (55.6%). The differences become more pronounced when the types of harassment are analysed: women mention verbal harassment almost twice as often (22.9% versus 9.3%), psychological harassment three times as often (16.0% versus 5.4%), and physical harassment more than twice as often (2.9% versus 1.4%). The proportion of non-responses is similar (approximately 13%), which suggests possible under-reporting in both groups (Figure 49).

By comparison, not only are there differences in perception, but there are also clear differences in actual exposure: women are significantly more exposed to incidents of harassment and identify them much more frequently, while men tend to consider such situations to be rare or non-existent (Figure 49).

Figure 49. Percentage of staff who have witnessed harassment in the workplace, (%)



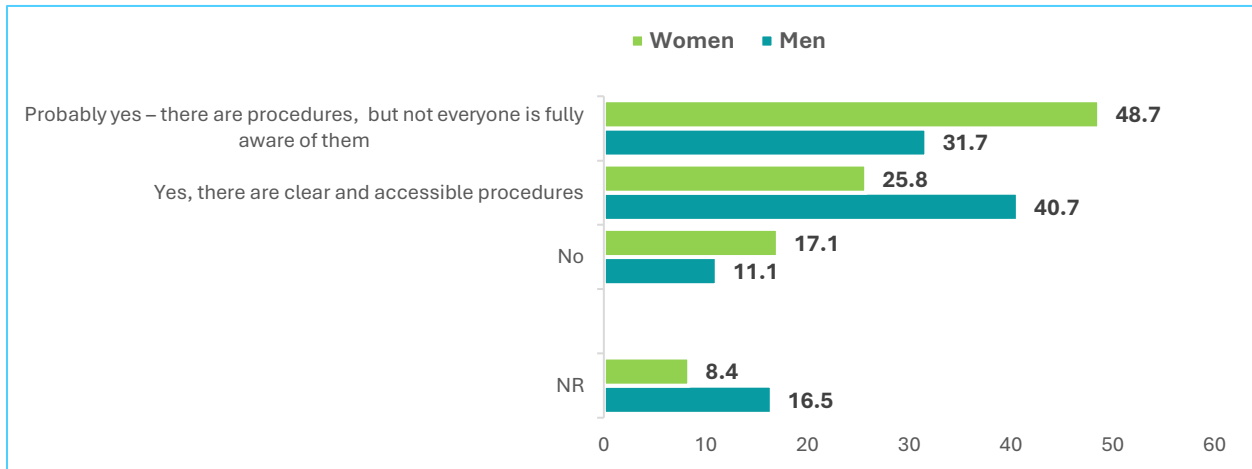
Analysis of the data regarding the clarity of reporting procedures for unpleasant experiences in the workplace reveals a significant disparity in access to information on institutional procedures. Men express greater confidence in formal mechanisms, while women describe a procedural framework that is insufficiently understood and less predictable (Figure 50).

Men appear significantly more confident in the existence of clear and accessible procedures: 40.7% of men state that they know exactly how a female colleague should proceed in unpleasant situations, compared to 25.8% of women. Women tend to give a more uncertain response: 48.7%

state that 'there are probably procedures, but not everyone is fully aware of them', compared to 31.7% of men. This suggests that these tools are not sufficiently visible or communicated to female employees (Figure 50).

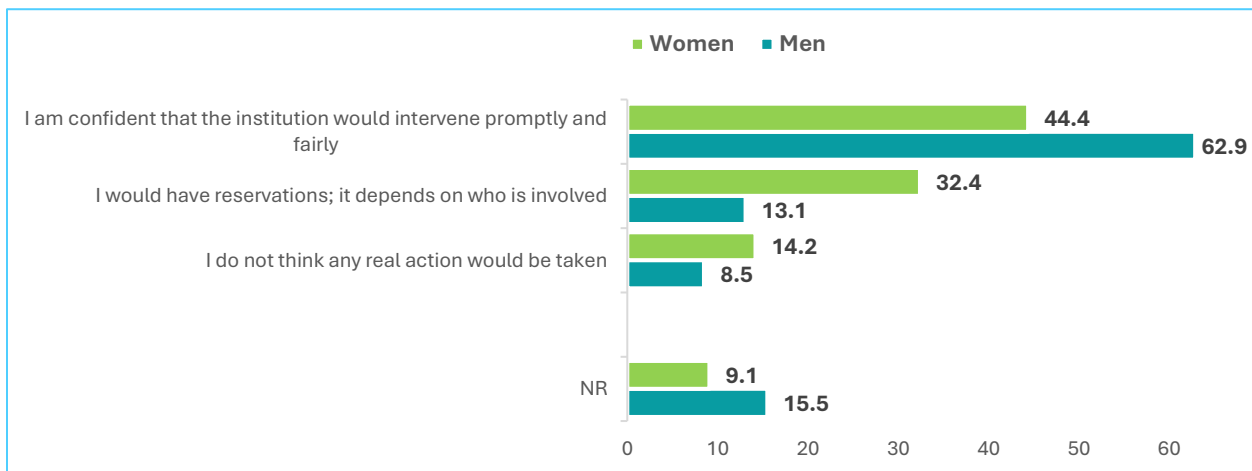
Furthermore, women are more than twice as likely to say that there are no clear procedures (11.1% versus 5.8% of men), while men are almost twice as likely to not respond (16.5% versus 8.4%), suggesting that some prefer not to comment on a sensitive topic (Figure 50).

Figure 50. Would a female colleague know exactly who to turn to and how to proceed if she were to have an unpleasant experience at work? (%)



Analysis of data on **employees' confidence in the institution's ability to respond correctly and fairly in uncomfortable or abusive situations** reveals two distinct components of the same system: a more optimistic one, characteristic of men, and a more cautious one, reflected by women (Figure 51).

Figure 51. How confident are you that your employer would respond appropriately and fairly if you witnessed an uncomfortable or abusive situation at work? (%)



Men have much more confidence in the organisation's response: 62.9% of men say it would intervene promptly and fairly, compared to 44.4% of women. Women, on the other hand, more frequently express reservations with qualifications. In 32.4% of cases, they state that the response

depends on 'who is involved', compared to 13.1% of men — a difference of almost 20 percentage points. At the same time, a higher proportion of women (14.2%) than men (8.5%) believe that the institution would not take real action (Figure 51).

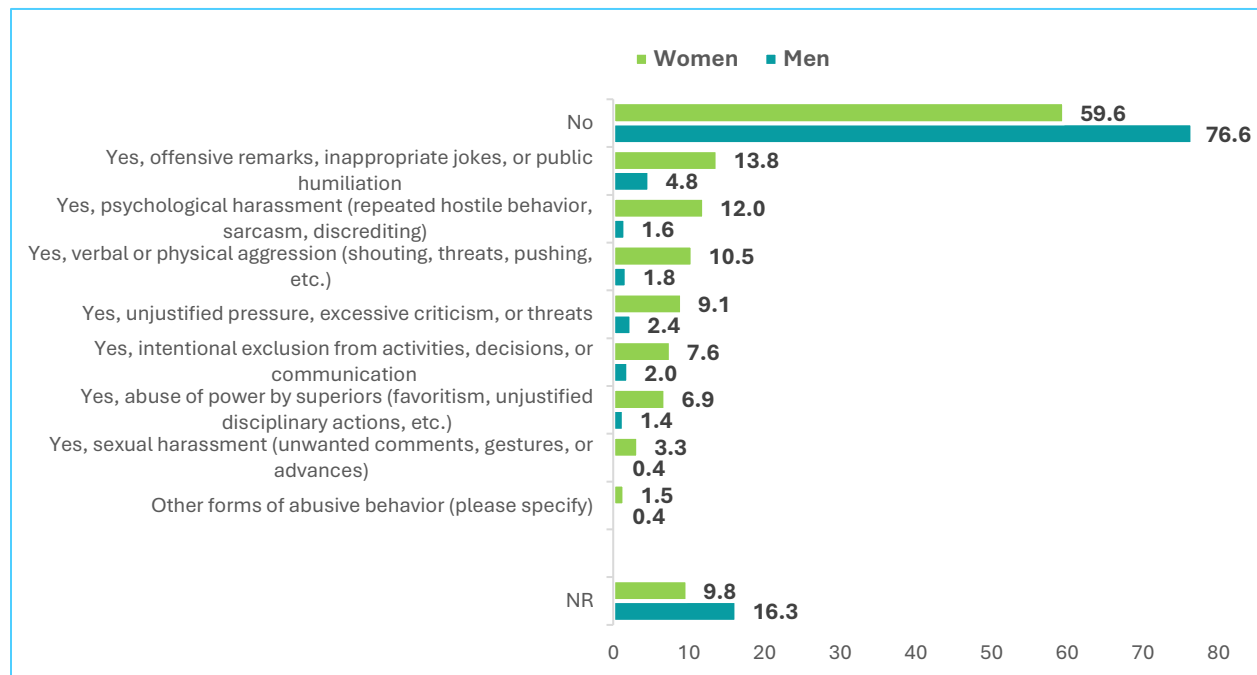
Furthermore, men have a higher non-response rate (15.5% vs. 9.1%), which may indicate a distancing from this sensitive topic or greater difficulty in assessing how the institution would intervene concretely (Figure 51).

Analysis of the data reveals consistent differences between men and women with regard to **exposure to abusive behaviour in the workplace.**

A much higher proportion of men (76.6%) state that they have never been victims of such behaviour, compared with 59.6% of women – a difference of almost 17 percentage points, indicating that women are exposed to such behaviour much more frequently. This difference becomes even more apparent when specific forms of abuse are considered: verbal harassment is reported by 22.9% of women compared to 9.3% of men, and psychological harassment is reported significantly more frequently by women (16.0% versus 5.4%). The discrepancies widen further in severe forms: verbally or physically aggressive behaviour is reported by 10.5% of women compared to 1.8% of men, and deliberate exclusion from activities or communication by 7.6% of women compared to 2.0% of men. Even sexual harassment, which is rarely reported by either group, occurs more than eight times as frequently among women (3.3% versus 0.4%) (Figure 52).

In this context, a profoundly asymmetrical professional reality emerges men perceive the environment as largely free of abuse, while women report concrete experiences of violence, exclusion and harassment at rates two to eight times higher.

Figure 52. Have you ever been the victim of abusive or violent behaviour at work? (%)

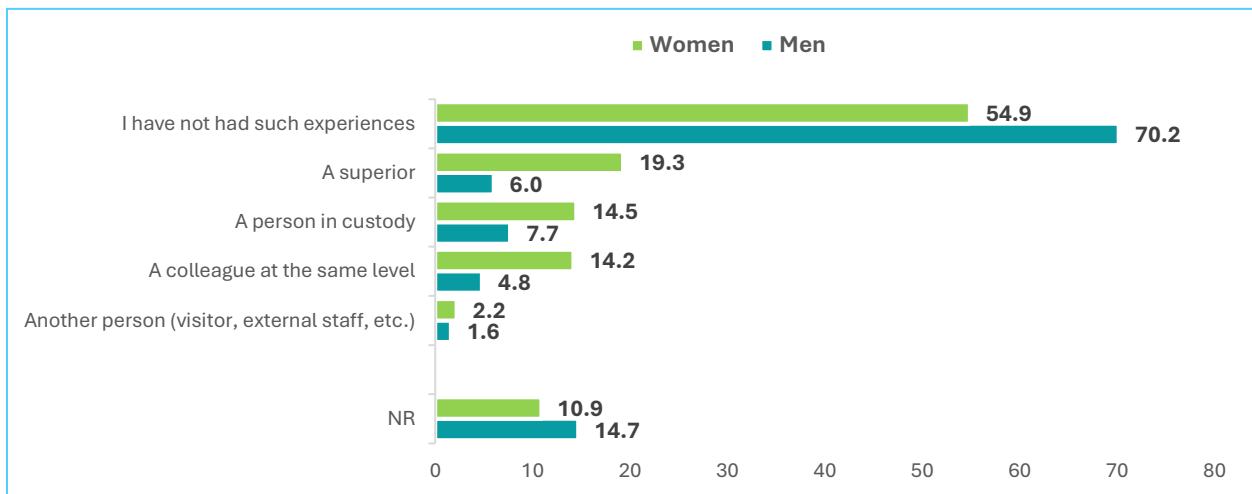


Analysis of the data reveals clear differences in the experiences reported by women and men regarding abusive behaviour in the workplace.

While 70.2% of men indicated that they had not had such experiences, 54.9% of women stated the same, indicating a difference of almost 15 percentage points in exposure to abusive behaviour. Among those who have experienced such behaviour, women reported higher figures in all categories: deliberate exclusion (7.6% versus 2.0%), abuse of power by superiors (6.9% versus 1.4%), offensive remarks or public humiliation (13.8% versus 4.8%), and psychological harassment (12.0% versus 1.6%). These differences persist in interactions with persons deprived of their liberty (14.5% of women versus 7.7% of men) and with colleagues at the same level (14.2% versus 4.8%) (Figure 53).

Overall, the data paint a consistent picture: women describe a much broader and more diverse spectrum of aggression, from colleagues, superiors and detainees, whereas men perceive the working environment as largely free from abuse.

Figure 53. If you have experienced abusive behaviour, who was responsible for it? (%)



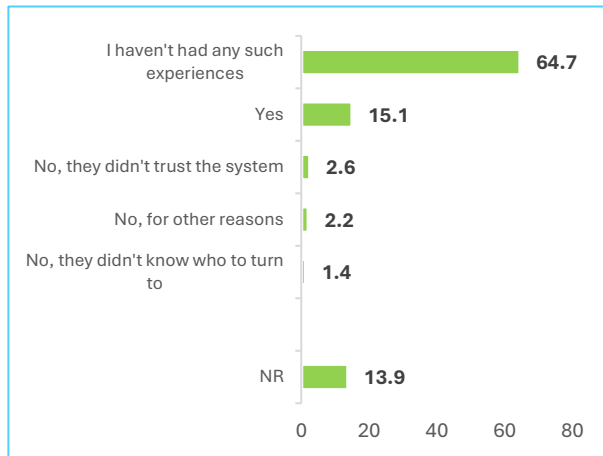
The data highlights significant differences in how men and women perceive and handle **reports of abusive incidents in the workplace**.

According to the men surveyed, 64.7% stated that they had not witnessed situations in which a woman was the victim of abusive behaviour. Of those who had witnessed such incidents, 15.1% believed that the incident had been reported. The reasons for not reporting are cited in small proportions: lack of trust in the system (2.6%), other unspecified reasons (2.2%), and lack of knowledge of procedures (1.4%) (Figure 54).

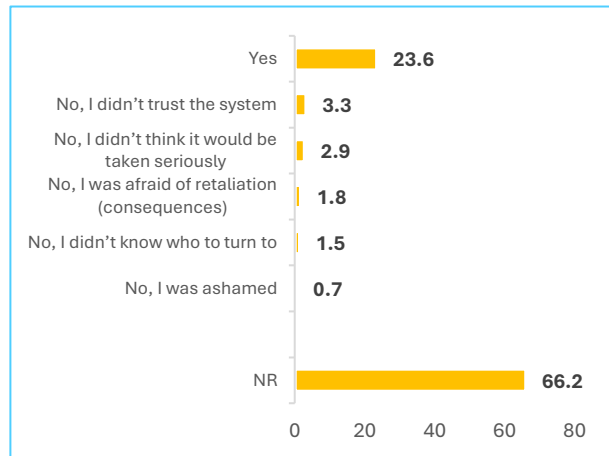
In contrast, women's experiences paint a complex picture fraught with barriers. Although 23.6% of women state that they reported the incidents, significant proportions cite direct difficulties in the reporting process, such as a lack of trust in the system (3.3%), believing that the complaint would not be taken seriously (2.9%), fearing consequences (1.8%), and being unfamiliar with procedures (0.7%). The most significant aspect is the high percentage of non-responses (66.2%), which may suggest reluctance or the sensitivity of the subject, and possibly the persistence of institutional silence surrounding situations of abuse (Figure 54).

Figure 54. Discrepancies between witnesses' perceptions and victims' experiences in reporting abuse among employees

Men: *If you have witnessed a situation in which a female employee was the victim of abusive or violent behaviour at work, do you think she reported the incident??*



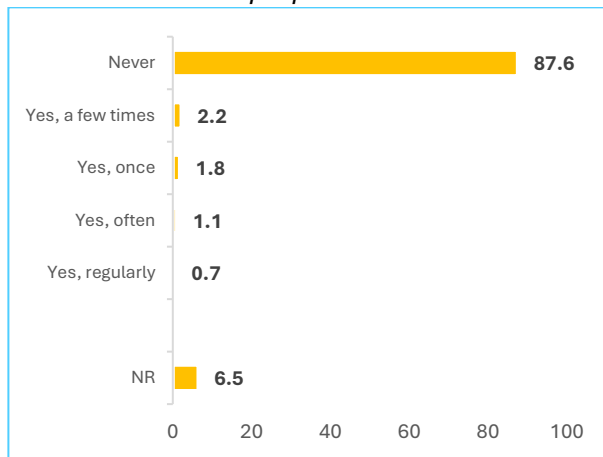
Women: *Have you ever been the victim of abusive or violent behaviour at work? If so, did you report the incident?*



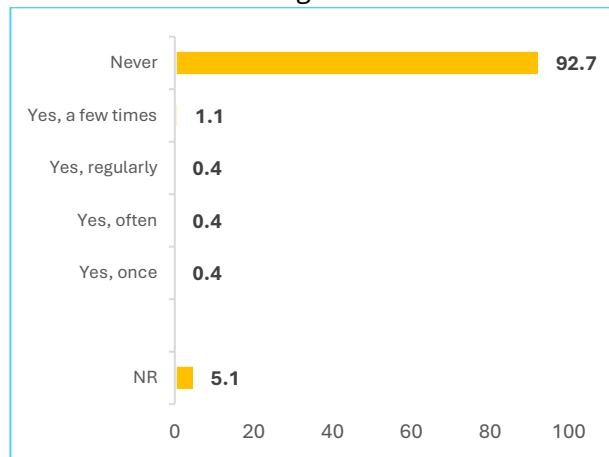
The results of the analysis indicate that **experiences of unwanted sexual advances and the offering of benefits conditional on sexual favours**, although reported by a minority of female employees, represent a present and relevant phenomenon.

Figure 55. Prevalence of sexual harassment and conditional favours among employed women (%)

Have you ever experienced unwanted sexual advances or propositions at work?



Have you ever been offered preferential treatment in exchange for sexual favours?



The data show that approximately 12.0% of women indicated that they had faced unwanted sexual advances at work. These advances were either occasional (2.2%), one-off (1.8%), or recurring (1.1% frequently and 1.1% regularly). To this figure, we must add the 6.5% of non-responses, which suggests a possible additional level of under-reporting (Figure 55).

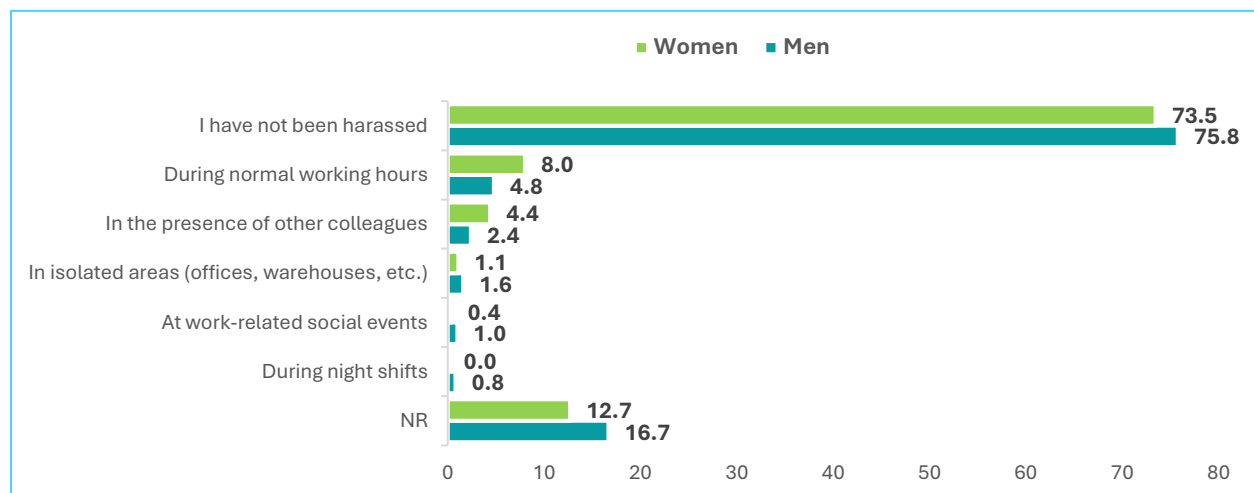
When asked about preferential treatment offered in exchange for sexual favours, 7.3% of women said that they had encountered such situations, either as isolated incidents or repeatedly. This is a

small proportion, but it is still significant in a professional context characterised by clearly defined hierarchical and authority relationships (Figure 55).

Overall, men report a largely incident-free working environment, with 75.8% stating that they have not experienced harassment. This proportion is slightly lower among women (73.5%), suggesting more frequent exposure. The differences become more apparent when the contexts are analysed: women mention harassment during normal working hours almost twice as often as men (8.0% versus 4.8%), and incidents occurring in the presence of other colleagues are almost twice as common among women (4.4% versus 2.4%) Figure 56).

Situations in isolated spaces are mentioned less frequently, with women reporting experiences in institutional social contexts (0.4%) or during vulnerable moments at work, such as ad hoc interactions. Men rarely mention such situations (1.0% at social events and 0.8% during night shifts). The non-response rate is higher among men (16.7% versus 12.7%), suggesting a reluctance to discuss the subject or a detachment from the phenomenon (Figure 56).

Figure 56. Context of harassment incidents among personnel (%)



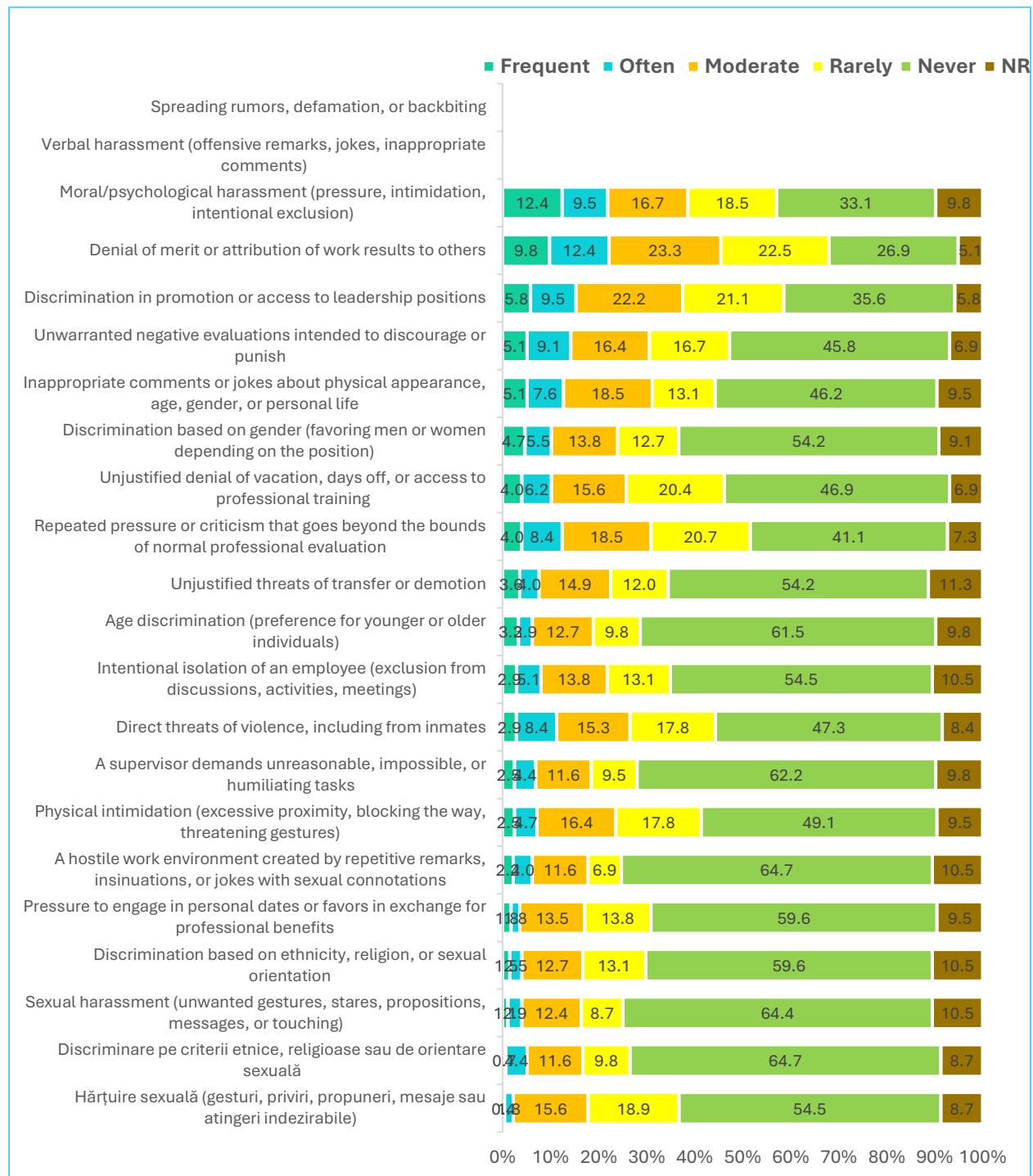
Data on **the frequency of harassment and discrimination** in prison show that, while severe forms are absent for most women, a worrying level of exposure to hostile, recurrent and structural behaviours remains. The frequency with which female staff report experiencing harassment and discrimination reveals that, while the majority do not face severe forms on a daily basis, a significant proportion report moderate and repeated exposure to verbal, moral or institutional hostility. Over a third of respondents indicate experiencing at least one moderate form of discrimination or intimidation (Figure 57).

The highest levels of harassment ('frequently' plus 'often') were reported for spreading rumours and defamation (21.9%), verbal harassment (22.2%), and moral/psychological harassment (15.3%). Added to these are forms of discrimination affecting career progression, such as discrimination in promotion (12.7%) and gender-based discrimination (12.4%) (Figure 57).

Behaviours with the potential to be severe, including direct threats of violence (7.2%) and verbal or physical aggression (3.3%), occur less frequently, but are nonetheless significant in a sector with a strict hierarchical structure and high security requirements. Pressure regarding unreasonable tasks

(6.2%), excessive criticism (6.2%) and deliberate exclusion (6.9%) signal the presence of subtle yet persistent institutional abuse. In contrast, although present, explicit sexual harassment remains at low levels (2.2%), far outweighed by psychological and verbal forms of aggression (Figure 57).

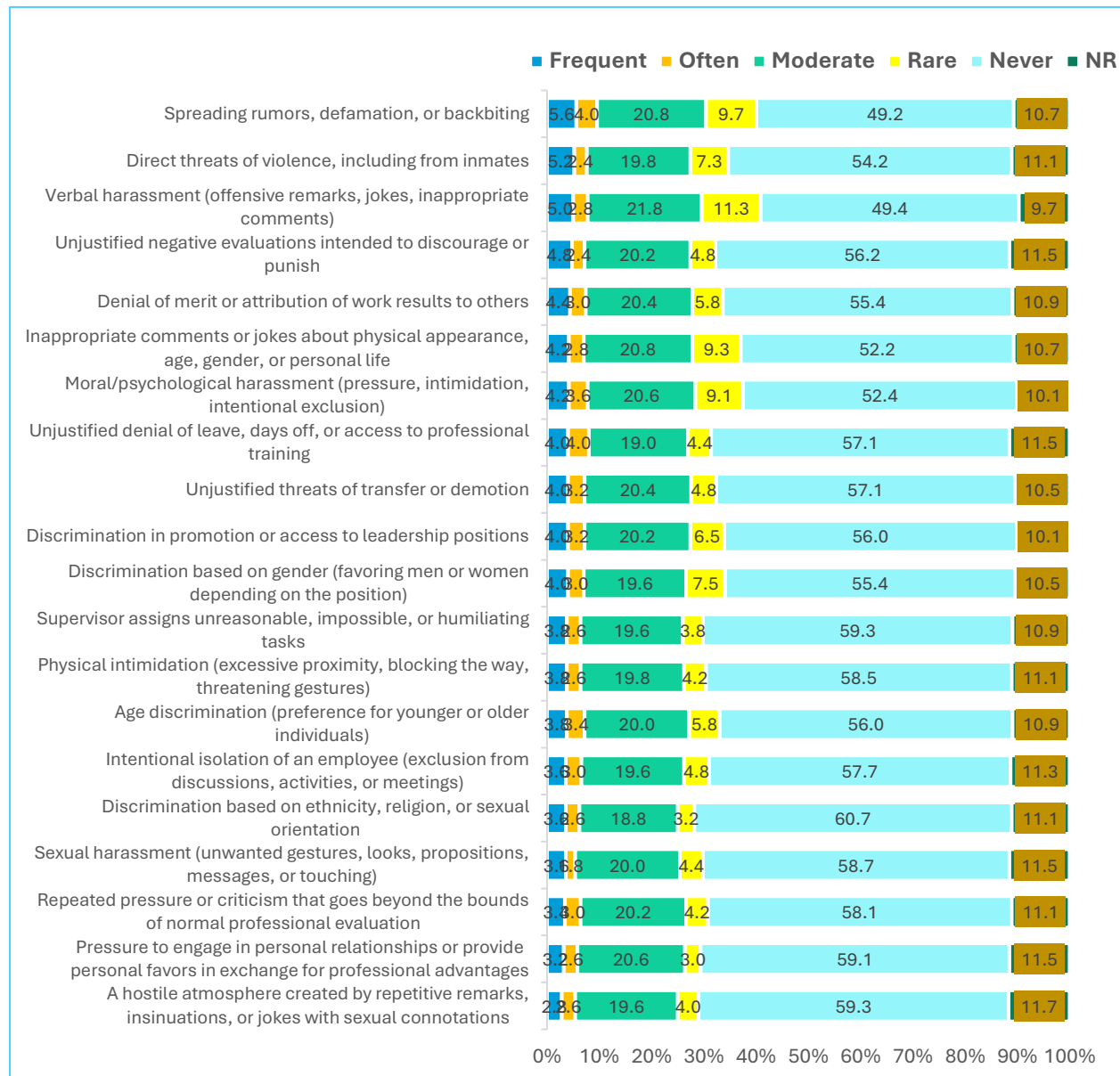
Figure 57. Women’s perceptions: How often do the following types of harassment or discrimination occur against women employed in the prison system?



In this context, the data show that, while severe forms of sexual harassment are rare, hostile verbal, psychological and discriminatory behaviours are prevalent, with figures ranging between 6% and 22% (Figure 57).

When viewed from the perspective of those within the system, current practices appear normal, but men's responses also suggest the existence of recurring incidents that define the organisational climate, albeit not dominant ones.

Figure 58. Men's perceptions: How often do the following types of harassment or discrimination occur against women employed in the prison system?



The highest levels of harassment ('frequently' and 'often') are observed in rumourmongering and defamation (9.6%), moral and psychological harassment (7.8%), and verbal harassment (7.8%). Direct threats of violence (7.6%) and the denial of merit or attribution of results to others (7.4%)

follow closely behind. A 'core' of institutional pressure emerges in the form of unmotivated negative appraisals, threats of transfer or demotion, and discrimination in promotion or age (7.2% each), while gender discrimination and comments or jokes about appearance, age, gender or personal life account for 7.0% each. Forms with an explicit sexual component are present lower down the hierarchy, such as pressure for personal favours (5.8%), sexual harassment, and a hostile atmosphere with sexual connotations (5.4% each) (Figure 58).

A comparative analysis of gender perceptions shows that women report higher combined levels ('frequently' plus 'often') of verbal harassment (22.2% versus 7.8% for men), rumours/defamation (21.9% versus 9.6%), moral/psychological harassment (15.3% versus 7.8%), discrimination in promotion (12.7% versus 7.2%) and gender-based discrimination (12.4% versus 7.0%). The only notable exception is sexual harassment, where men estimate the phenomenon more frequently than women report it (5.4% versus 2.2%), whilst for threats of violence the figures are similar (7.6% of men versus 7.2% of women) (Figure 57, Figure 58).

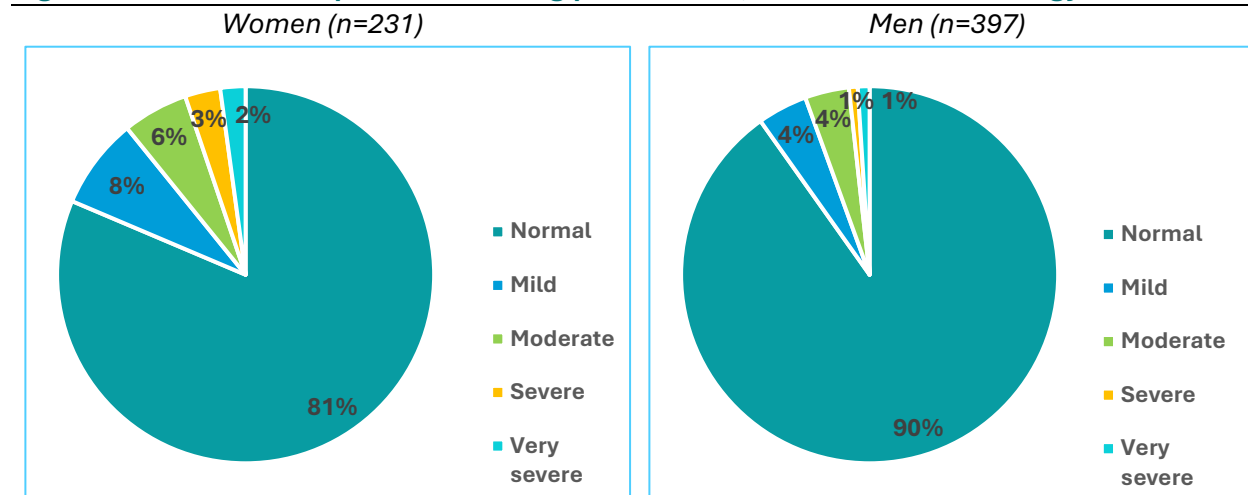
THE PSYCHO-EMOTIONAL STATE OF PRISON PERSONNEL

DEPRESSION IN THE EMOTIONAL BURDEN PROFILE OF PERSONNEL

Differences in the level of depressive symptoms experienced by women and men reveal two distinct professional realities. Women appear to feel the psychological pressure of the prison environment more intensely (Figure 59).

While 81.4% (188) of women are in the normal range, compared to 90.2% (358) of men, clinical forms are almost twice as prevalent among women: mild depression affects 7.8% of women versus 4.3% of men; moderate depression affects 5.6% of women versus 3.8% of men; and severe and very severe forms combined affect 5.2% of women versus 1.8% of men.

Figure 59. Levels of depression among prison staff, DASS-21 methodology



Cumulatively, the 'depression' category accounted for 18.6% (43 cases) among women, compared to 9.8% (39 cases) among men. This indicates that depressive symptoms are almost twice as

prevalent among female staff. Statistical tests confirm that women are approximately twice as likely to experience depression as men (OR = 2.10; 95% CI: 1.32–3.35; p = 0.002) (Figure 59).

Profile of vulnerability to depression among personnel

The study results revealed no statistically significant association between age and depression in women. However, the internal distribution revealed a high proportion of cases in the 26–35 (30.2%) and 36–45 (44.2%) age groups, with no significant differences compared to women without depression. In contrast, the only statistically significant association ($p < 0.05$) among men appears in the 18–25 age group, where 30.8% experience depression, compared to 13.1% of those without depression. This suggests significantly higher vulnerability in young men (Table 25).

Educational attainment does not appear to significantly influence depression in men. Among women, however, a higher prevalence of depression is observed in the group with higher education (65.1% of those with depression), suggesting vulnerability varies according to age and educational status (Table 25).

Table 25. Socio-demographic characteristics as determinants of depression among prison personnel

Name	Women, N (%)			Men, N (%)		
	Depression Yes	Depression No	p-value	Depression Yes	Depression No	p-value
Total	43	188		39	358	
Age group						
18–25	5 (11.6)	15 (8.0)	> 0.05	12 (30.8)	47 (13.1)	< 0.05
26–35 years	13 (30.2)	56 (29.8)	> 0.05	11 (28.2)	120 (33)	> 0.05
36–45 years	19 (44.2)	95 (50.5)	> 0.05	14 (35.9)	157 (44)	> 0.05
≥ 46 years	6 (14.0)	22 (11.7)	> 0.05	2 (5.1)	34 (9.5)	> 0.05
Level of education						
Secondary	2 (4.7)	18 (9.6)	> 0.05	6 (15.4)	49 (13.7)	> 0.05
Vocational	2 (4.7)	23 (12.2)	> 0.05	8 (20.5)	111 (31)	> 0.05
Incomplete higher education	5 (11.6)	11 (5.9)	> 0.05	5 (12.8)	31 (8.7)	> 0.05
Complete higher education	28 (65.1)	110 (58)	> 0.05	16 (41.0)	146 (41)	> 0.05
Postgraduate	6 (14.0)	26 (13.8)	> 0.05	4 (10.3)	21 (5.9)	> 0.05

Among women, depression is significantly associated with the role of prison officer ($p < 0.01$), suggesting that operational roles involving direct stress and intense contact with the prison environment amplify emotional risk. By contrast, no statistically significant association with job role is observed among men ($p > 0.05$ in all cases), although prevalence is higher among those in specific professional roles (22.8%, Table 26)

Regarding the institution in which staff work, only one statistically significant effect is observed: men working in the central administration of the ANP have a significantly higher depression prevalence (12.5%) than those without depression (2.5%, $p < 0.01$). For women, the distribution of depression is not significantly influenced by the type of institution ($p > 0.05$), although higher proportions are found

in men’s prisons (34.9%) and pre-trial detention centres (30.2%) — environments characterised by high operational intensity (Table 26).

The distribution of depression according to length of service within the prison system shows that there are no statistically significant differences for either women or men ($p > 0.05$ in all categories), but an analysis of the proportions reveals distinct trends. Thus, among women, depression is relatively widespread across all length-of-service groups, but the highest levels are found among those with 5–10 years’ experience (32.6%) and those with over 10 years (34.9%), suggesting a cumulative effect of institutional stress. Among men, the distribution is more uniform, with moderate prevalence in the 1–3 year (25.6%), 5–10 year (30.8%) and over 10 year (28.2%) intervals, with no variations indicating a differentiated risk (Table 26).

Therefore, the results suggest that women are more vulnerable in supervisory roles and men in central administrative roles, indicating that the nature of the tasks (operational for women and strategic administrative for men) is a significant factor impacting mental health. Length of service within the prison system is not a statistical predictor of depression; however, women appear to accumulate a higher emotional risk over time, while the level of depression for men remains relatively stable regardless of duration of service in the system (Table 26).

Table 26. Depression among prison personnel in relation to job position and institutional environment

Name	Women, N (%)			Men, N (%)		
	Depression Yes	Depression No	p-value	Depression Yes	Depression No	p-value
Total	43	188		39	358	
Position held						
Supervisory officer (non-commissioned officer)	3 (7.0)	37 (19.7)	< 0.01	9 (23.1)	99 (27.7)	> 0.05
Officer in other positions (non-commissioned officer)	6 (14.0)	34 (18.1)	> 0.05	12 (30.8)	114 (32)	> 0.05
Officer (psychologist, physician, educator, social worker)	20 (46.5)	76 (40.4)	> 0.05	11 (28.2)	85 (23.7)	> 0.05
Contracted staff (psychologist, physician, educator, social worker, medical assistant)	4 (9.3)	9 (4.8)	> 0.05	2 (5.1)	6 (1.7)	> 0.05
Management position (head of department, deputy director, director)	10 (23.3)	32 (17.0)	> 0.05	5 (12.8)	54 (15.1)	> 0.05
Length of service in the prison system						
< 1 year	4 (9.3)	12 (6.4)	> 0.05	2 (5.1)	32 (8.9)	> 0.05
1 – 3 years	7 (16.3)	40 (21.3)	> 0.05	10 (25.6)	82 (22.9)	> 0.05
4 – 5 years	3 (7.0)	17 (9.0)	> 0.05	4 (10.3)	29 (8.1)	> 0.05
5 – 10 years	14 (32.6)	55 (29.3)	> 0.05	12 (30.8)	97 (27.1)	> 0.05

Name	Women, N (%)			Men, N (%)		
	Depression		p-value	Depression		p-value
	Yes	No		Yes	No	
> 10 years	15 (34.9)	64 (34.0)	> 0.05	11 (28.2)	118 (33)	> 0.05
Correctional facility where staff currently work						
Men's prison (including minors)	15 (34.9)	79 (42.0)	> 0.05	16 (41.0)	175 (49)	> 0.05
Women's prison (including minors)	4 (9.3)	29 (15.4)	> 0.05	9 (23.1)	26 (7.3)	< 0.05
Pretrial detention centre	13 (30.2)	37 (19.7)	> 0.05	5 (12.8)	57 (15.9)	> 0.05
Other NAP units (Training Centre, Logistics Centre)	4 (9.3)	22 (11.7)	> 0.05	7 (17.9)	81 (22.6)	> 0.05
Prison hospital	4 (9.3)	8 (4.3)	> 0.05	0 (0.0)	9 (2.5)	< 0.01
NAP Central Administration	3 (7.0)	13 (6.9)	> 0.05	2 (5.1)	10 (2.8)	> 0.05

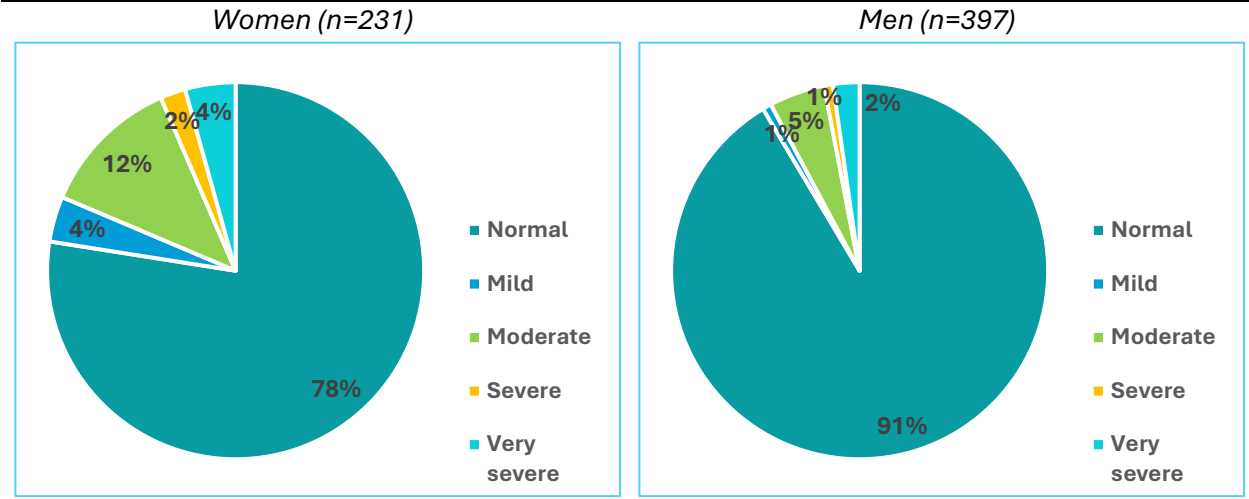
ANXIETY IN THE EMOTIONAL BURDEN PROFILE OF PERSONNEL

Data on anxiety levels show that the majority of men (91.4%, 363) fall into the 'normal' category, while the proportion of women with normal levels is significantly lower (77.5%, 179). However, anxiety is more prevalent among women, with 12.1% (28) experiencing moderate anxiety compared to 4.8% (19) of men, and 4.3% (10) experiencing very severe anxiety compared to 2.3% (9) of men. Severe anxiety was identified in 2.2% (5) of women and 0.8% (3) of men (Figure 60).

Overall, 22.5% (52) of women and 8.6% (34) of men fall into the 'anxiety' category, indicating a more than twofold difference in prevalence (Figure 60).

Bivariate analysis statistically confirms this difference, showing that women are **approximately three times more likely to experience anxiety** than men (OR=3.10; 95% CI: 1.94–4.95; p=0.001).

Figure 60. Level of anxiety among prison staff, DASS-21 methodology



Profile of vulnerability to anxiety among personnel

There are no statistically significant differences in anxiety levels across age groups for either women or men ($p > 0.05$ for all groups). However, higher descriptive proportions are noted in younger age groups. Among women, anxiety is present in 32.7% of cases in the 26–35 age group and 44.2% in the 36–45 age group. Among men, the proportions are relatively constant, ranging from 23.5% to 13.8%, with no significant fluctuations across age groups (Table 27).

Regarding educational attainment, no statistically significant differences are observed among women ($p > 0.05$), although the figures indicate an upward trend in anxiety with increasing educational attainment: 3.8% for general secondary education, 9.6% for incomplete higher education, and 67.3% for complete higher education. For men, however, educational level generates a statistically significant difference in the 'special secondary' segment ($p < 0.01$), where 11.8% report anxiety compared to 32.0% without anxiety. This suggests that men with technically oriented vocational training constitute a less vulnerable category than those with other levels of education, possibly due to more clearly defined operational roles and reduced exposure to complex tasks involving administration or decision-making (Table 27).

Table 27. Socio-demographic characteristics as determinants of anxiety among staff

Name	Women, N (%)			Bărbați, N (%)		
	Anxiety		p-value	Anxiety		p-value
Total	Yes	No		Yes	No	
	52	179		34	363	
Age group						
18–25	5 (9.6)	15 (8.4)	> 0.05	8 (23.5)	51 (14.0)	> 0.05
26–35 years	17 (32.7)	52 (29.1)	> 0.05	10 (29.4)	121 (33)	> 0.05
36–45 years	23 (44.2)	91 (50.8)	> 0.05	13 (38.2)	158 (44)	> 0.05
≥ 46 years	7 (13.5)	21 (11.7)	> 0.05	3 (8.8)	33 (9.1)	> 0.05
Level of education						
Secondary	2 (3.8)	18 (10.1)	> 0.05	6 (17.6)	49 (13.5)	> 0.05
Vocational	3 (5.8)	22 (12.3)	> 0.05	4 (11.8)	115 (32)	< 0.01
Incomplete higher education	5 (9.6)	11 (6.1)	> 0.05	6 (17.6)	30 (8.3)	> 0.05
Complete higher education	35 (67.3)	103 (57)	> 0.05	15 (44.1)	147 (41)	> 0.05
Postgraduate	7 (13.5)	25 (14.0)	> 0.05	3 (8.8)	22 (6.1)	> 0.05

Based on an analysis of the distribution of anxiety according to job role and institutional environment, substantial differences emerge between women and men, reflecting a distinct impact of occupational responsibilities and organisational context on emotional health (Table 28).

The data show that anxiety is significantly associated with job role among women ($p < 0.05$), but not among men. Among women, the highest level of anxiety is observed among officers (psychologists, doctors, educators and social workers), where 46.2% were assessed as showing signs of anxiety, compared with 40.2% showing no signs of anxiety. In contrast, women in e and supervisory roles exhibit a much lower level of anxiety (9.6%), a proportion comparable to that of non-commissioned officers in other roles (11.5%, Table 28)

The only occupational category significantly associated with anxiety for men is contract staff, with 8.0% showing signs of anxiety compared to 8.2% showing no signs; a difference which, although statistically significant ($p < 0.01$), is modest in numerical terms and does not substantially alter the overall risk profile. Otherwise, there are no relevant differences between operational roles, specialised functions and management roles, suggesting relatively uniform emotional stability among male staff (Table 28).

Regarding length of service, no statistically significant associations were observed for either women or men. However, the descriptive distributions revealed interesting trends. Among women, anxiety increases noticeably after 10 years of service, with 38.5% showing signs of anxiety compared to 33%. This suggests a possible cumulative effect of long-term exposure to a demanding environment. Among men, the distribution remains constant, with no major increases depending on length of service within the system (Table 28).

Analysis by institutional setting highlights gender differences even more clearly. In men’s prisons, the main working environment, 46.2% of women report anxiety, compared to 39.1% of women without anxiety. By contrast, in women’s prisons, the proportion is substantially lower at 11.5%. This indicates potential psychological strain on female staff working in men’s prisons, where behavioural dynamics and the institutional climate may be characterised by heightened tensions. Among men, anxiety is significantly associated with working in women’s prisons ($p < 0.05$), where 26.5% exhibit symptoms of anxiety compared to 26.7% who do not, suggesting a different emotional response to working in a female detention environment (Table 28).

Within the NAP central administration, anxiety is present in 3.8% of women and 1.2% of men, with no statistical significance. However, this modest difference confirms that environments with less direct interaction with detainees generally represent areas of reduced emotional risk (Table 28).

Table 28. Anxiety among staff in relation to job position and institutional environment

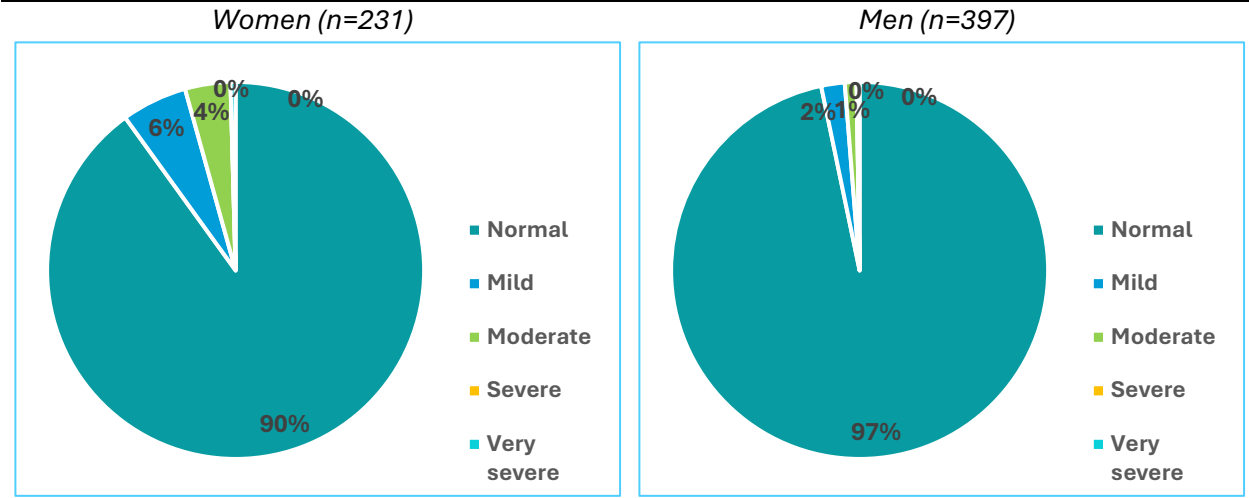
Name	Women, N (%)			Men, N (%)		
	Anxiety Yes	Anxiety No	p-value	Anxiety Yes	Anxiety No	p-value
Total	52	179		34	363	
Position held						
Supervisory officer (non-commissioned officer)	5 (9.6)	35 (19.6)	< 0.05	12 (35.4)	96 (26.4)	> 0.05
Officer in other positions (non-commissioned officer)	6 (11.5)	34 (19.0)	> 0.05	8 (23.5)	118 (33)	> 0.05
Officer (psychologist, physician, educator, social worker)	24 (46.2)	72 (40.2)	> 0.05	9 (26.5)	87 (24.0)	> 0.05
Contracted staff (psychologist, physician, educator, social worker, medical assistant)	6 (11.5)	7 (3.9)	> 0.05	0 (0.0)	8 (2.2)	< 0.01

Name	Women, N (%)			Men, N (%)		
	Anxiety		p-value	Anxiety		p-value
	Yes	No		Yes	No	
Management position (head of department, deputy director, director)	11 (21.2)	31 (17.3)	> 0.05	5 (14.7)	54 (14.9)	> 0.05
Length of service in the prison system						
< 1 year	5 (9.6)	11 (6.1)	> 0.05	2 (5.9)	32 (8.8)	> 0.05
1 – 3 years	7 (13.5)	40 (22.3)	> 0.05	7 (20.6)	85 (23.4)	> 0.05
4 – 5 years	4 (7.7)	16 (8.9)	> 0.05	5 (14.7)	28 (7.7)	> 0.05
5 – 10 years	16 (30.8)	53 (29.6)	> 0.05	11 (32.4)	98 (27.0)	> 0.05
> 10 years	20 (38.5)	59 (33.0)	> 0.05	9 (26.5)	120 (33)	> 0.05
Correctional facility where staff currently work						
Men's prison (including minors)	24 (46.2)	70 (39.1)	> 0.05	16 (47.1)	175 (48)	> 0.05
Women's prison (including minors)	6 (11.5)	27 (15.1)	> 0.05	9 (26.5)	26 (7.2)	< 0.05
Pretrial detention centre	11 (21.2)	39 (21.8)	> 0.05	5 (14.7)	57 (15.7)	> 0.05
Other NAP units (Training Centre, Logistics Centre)	4 (7.7)	22 (12.3)	> 0.05	3 (8.8)	85 (23.4)	> 0.05
Prison hospital	4 (7.7)	8 (4.5)	> 0.05	0 (0.0)	9 (2.5)	< 0.01
NAP Central Administration	3 (5.8)	13 (7.3)	> 0.05	1 (2.9)	11 (3.0)	> 0.05

STRESS IN THE EMOTIONAL BURDEN PROFILE OF PERSONNEL

The study results indicate that stress is prevalent among the entire staff (94.3%). Men show a significantly higher prevalence at the normal level (96.7%, 384) compared to women (90.0%, 208). Forms of stress (mild, moderate, severe) are noticeably more common among women: 5.6% versus 2.0% at the mild level and 3.9% versus 1.0% at the moderate level (Figure 61).

Figure 61. Stress levels among prison staff, DASS-21 methodology



Overall, the 'stress' category accounts for 10.0% (23 cases) among women, compared with 3.3% (13 cases) among men, indicating a difference in prevalence of more than twofold. Bivariate analysis confirms this statistically and shows that women are **approximately three times more likely to experience stress** than men (OR=3.26; 95% CI: 1.62–6.58, p=0.001) (Figure 61).

Profile of vulnerability to stress among personnel

Among women, the highest number of stress cases occurs in the 36–45 age group, where 12 out of a total of 23 cases are recorded, while among men, the same group accounts for only 5 out of a total of 13 cases. In contrast, in the 18–25 age group, women and men show similar proportions, with 3 cases among women and 5 among men, and in the over 45 age group, no cases are recorded among men, unlike women, where 3 cases occur.

The differences become even more apparent when broken down by **level of education**. Among women, 15 of the 23 stress cases are among those with a full university degree, while six cases are among those with postgraduate qualifications. At the other end of the spectrum, there are no cases in the general secondary education category. Among men, the cases are much more evenly distributed: Four of the 13 cases occur in the general secondary education category, one case is found among those with specialised secondary education, one case is found among those with incomplete higher education, and five cases are found among those with a full higher education.

The analysis highlights clear differences between women and men depending on the **position held**. The highest number of stress cases among women occurs in the officer category, with 10 out of a total of 23 cases recorded. This is followed by management roles, with five cases, and contract staff, with three cases. In operational categories, women account for three cases in the officer category and two cases in the supervisory officer category.

Among men, stress is less prevalent and varies across professional categories. In operational roles, there are six cases among officers and three cases among supervisory officers. Four cases are recorded in the officer category, while no cases are recorded among contract staff or in management roles.

An analysis of **length of service** highlights differences between women and men experiencing stress. Among women, cases of stress are distributed across all length-of-service categories: two cases occur among those with less than one year's experience, three cases among those with one to three years' experience, one case among those with four to five years' experience, nine cases among those with five to ten years' experience, and eight cases among those with over ten years' experience. The distribution shows that **stress among women increases numerically with length of service**, reaching its highest levels in the 5–10 and over 10 years intervals.

The total number of stress cases among men is lower, and the distribution is different. In the group with less than one year's experience, there are two cases. In the 1–3 year group, there are a further three cases. In the 4–5 year category, there are no cases. Three cases are identified in the 5–10 year interval, and five cases occur among those with over 10 years' experience. Unlike women, stress does not occur consistently across all groups among men. It is completely absent in the 4–5 year category and shows a lower accumulation in the higher experience categories.

Depending on the **institutions where staff work**, the highest number of stress cases among women is recorded in men’s prisons (8 out of 23 cases). In female detention facilities, there were 3 cases; in pre-trial detention centres, there were 5 cases; and in NAP subdivisions, there was 1 case. There are three cases each in prison medical facilities and the ANP central administration. These results show that stress among women is present in all types of institution, with a higher concentration in male-only facilities and remand centres.

The 13 cases of stress among men are distributed differently: seven cases in men’s prisons, one case in women’s prisons, three cases in pre-trial detention centres, and two cases in ANP subdivisions. No cases were found in the prison hospital or within the ANP central administration. Unlike women, men do not report cases within central administrative structures or medical services, and the number of cases is lower across all institutions.

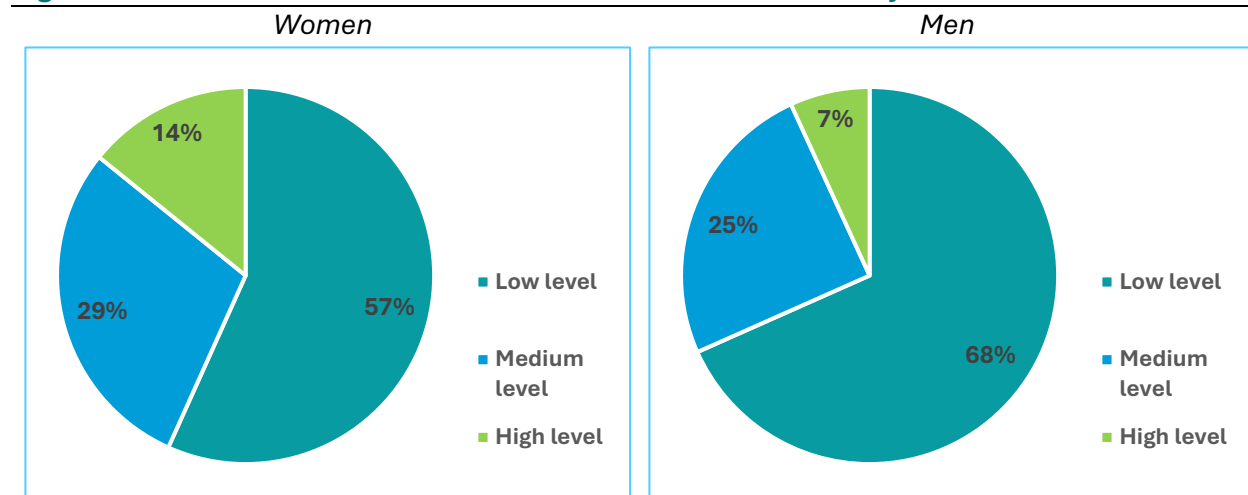
PROFILE OF BURNOUT SYNDROME AMONG PERSONNEL

Burnout emotional exhaustion as a dimension of Burnout syndrome

A summary of the differences between women and men in terms of emotional exhaustion levels shows that men predominantly fall into the low category, while women account for a higher proportion of those in the medium and high categories. Low levels are present in 68.3% (339) of men compared to 56.7% (156) of women, indicating a more favourable profile for men. Women are more represented in the medium range (29.1%, 80), and the difference becomes more pronounced in the high range, where 14.2% (39) of women experience severe burnout — almost double the proportion of men (6.9%, 34) (Figure 62).

The cumulative analysis indicates that 31.7% (157) of men and 43.3% (119) of women fall within the emotional exhaustion dimension ('medium level' plus 'high level'). Statistical tests reveal that women experience a higher emotional burden and are 1.6 times more likely than men to fall into the medium or high exhaustion category (OR=1.65; 95% CI: 1.21–2.23, p=0.001).

Figure 62. Emotional exhaustion as a dimension of Burnout syndrome



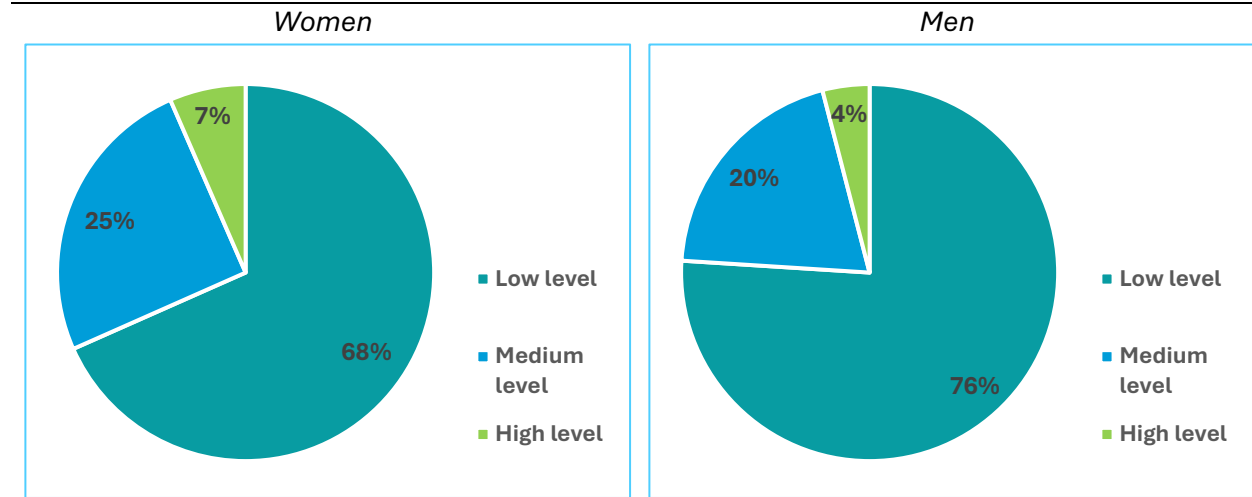
Depersonalisation as a dimension of Burnout syndrome

Regarding the level of depersonalisation, the analysis of the distributions reveals a distinct pattern of emotional burden among prison staff.

Men more frequently exhibit a low level of depersonalisation (76.0%; 377), suggesting a lower degree of emotional detachment from their professional activities, compared to women (68.4%; 188). A moderate level is more prevalent among women (25.1%; 69) than men (20.0%; 99), and this difference persists at the high level: women account for 6.5% (18), compared to 4.0% (20) of men (Figure 63).

The cumulative assessment ('moderate level' plus 'high level') confirms these trends: 31.6% (87) of women fall into the high depersonalisation category, compared with 24.0% (119) of men. Statistical analysis highlights a significant difference between the sexes ($p = 0.022$), and the odds ratio shows that women are 1.5 times more likely to experience depersonalisation than men (OR = 1.47; 95% CI: 1.05–2.03) (Figure 63).

Figure 63. Depersonalisation as a dimension of Burnout syndrome



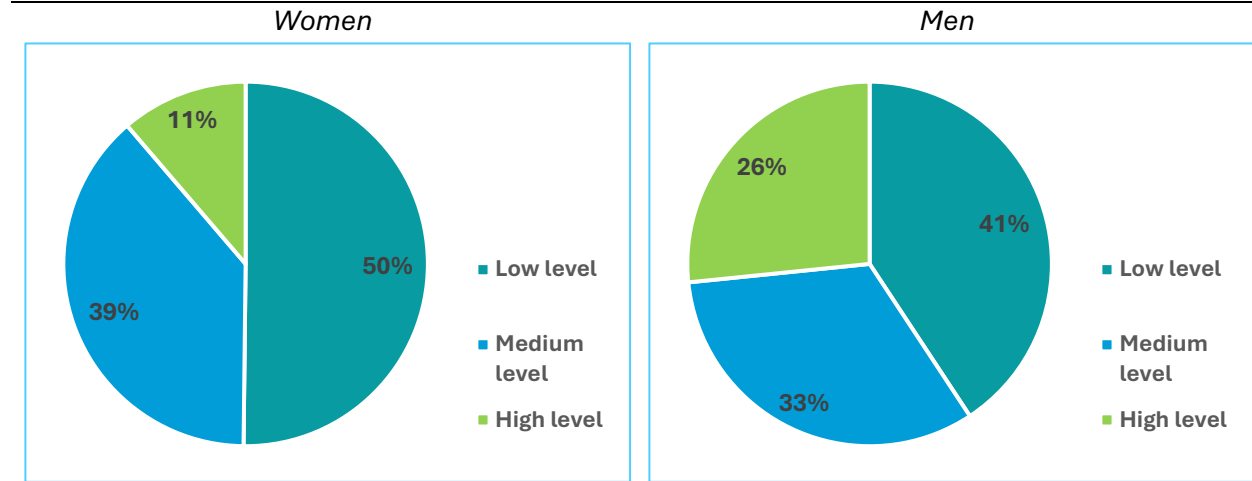
Reduced personal accomplishment as a dimension of Burnout syndrome

The study results highlight a distinct vulnerability profile among staff, with significant gender differences in terms of reduced personal accomplishment, which is a dimension of Burnout syndrome. Women demonstrate a higher prevalence of reduced personal fulfilment within the lower range compared to men, at 50.2% (138) versus 40.7% (202). The medium level is also more prevalent among women at 38.5% (106) compared to 32.7% among men (162). However, the differences become particularly evident in the high range, where the proportion of women drops to 11.3% (31), while the proportion of men increases to 26.6% (132). This suggests that men are more likely to experience a high level of reduced personal fulfilment (Figure 64).

The cumulative analysis reinforces this interpretation: 49.8% (137) of women fall into the reduced personal fulfilment category, compared to 59.3% (294) of men. This indicates that men are more likely to fall into the moderate or high personal fulfilment categories. The odds ratio shows that women are approximately 32% less likely than men to fall into the reduced (unfavourable) category

(OR = 0.682; 95% CI: 0.51–0.91, p = 0.011). In this context, it appears that women have a more stable perception of professional achievement, while men bear a greater burden of reduced personal achievement (Figure 64).

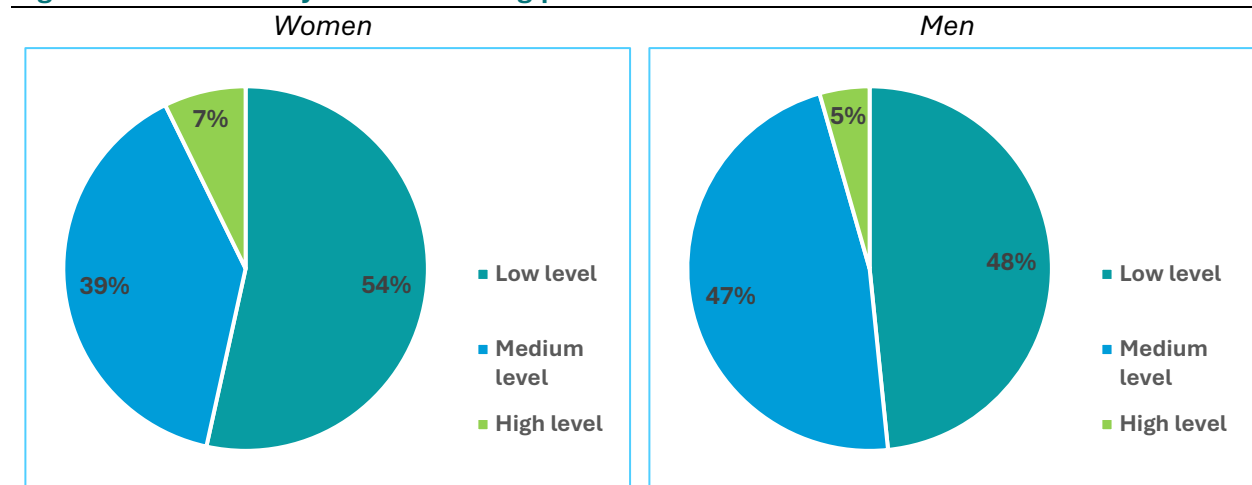
Figure 64. The reduction of personal accomplishments as a dimension of Burnout



Burnout syndrome among personnel

A low level of burnout was estimated in 53.5% (147) of women, compared to 48.4% (240) of men. By contrast, a moderate level of burnout was more prevalent among men, accounting for 234 cases (47.2%), compared to 108 cases (39.3%) among women. At the highest level, corresponding to severe burnout, women accounted for a relatively higher proportion: 7.3% (20) compared to 4.4% (22) among men (Figure 65).

Figure 65. Burnout syndrome among personnel



The combined category of 'manifest burnout' (moderate and high levels) is slightly more prevalent among men (51.6%, or 256 individuals) than among women (46.5%, 128), though there are no statistically significant differences (p=0.178). The picture suggests a comparable burden between the sexes, with a slight excess of cases among men and signs of relatively more pronounced severity among women (Figure 65).

KEY ISSUES, PROPOSED MEASURES, AND ASSESSMENT OF THE CULTURE OF GENDER EQUALITY

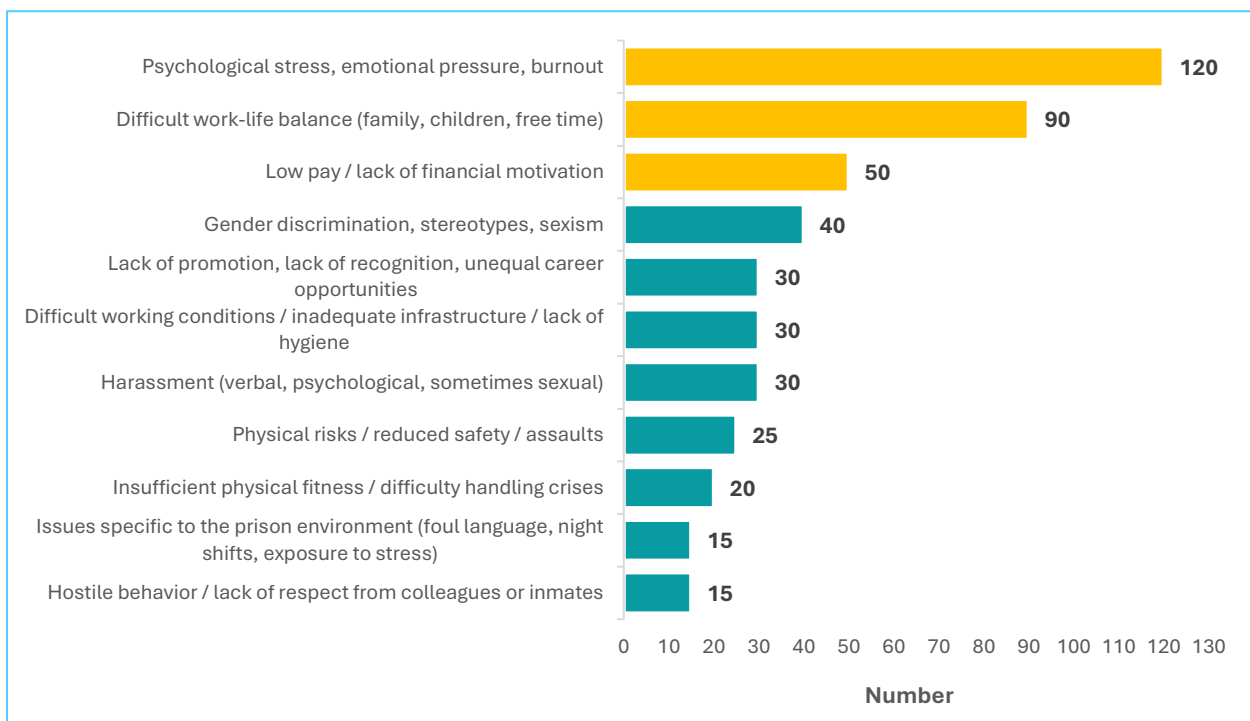
According to staff, the main problems faced by women working in the prison system are **psychological stress, emotional pressure and professional burnout** (mentioned 120 times), which highlights the demanding nature of the profession (Figure 66).

The **difficulty of maintaining a work-life balance** (90 mentions) comes second, indicating constant pressure on family and social roles, exacerbated by shift work and exposure to critical situations (Figure 66).

Material and organisational issues, such as insufficient pay (50 mentions), gender discrimination (40 mentions), and unequal opportunities for promotion (30 mentions), suggest the presence of persistent structural barriers affecting motivation, retention, and career progression. Meanwhile, issues such as poor working conditions, harassment and physical risks (25–30 mentions) indicate operational vulnerabilities that amplify stress, affect safety and the institutional climate (Figure 66).

Overall, the results reveal a prison system in which psychological pressure, difficulties in achieving work-life balance, structural deficiencies and occupational risks accumulate, significantly impacting the well-being of female staff.

Figure 66. Which three problems do you think staff women face most frequently in the prison system?

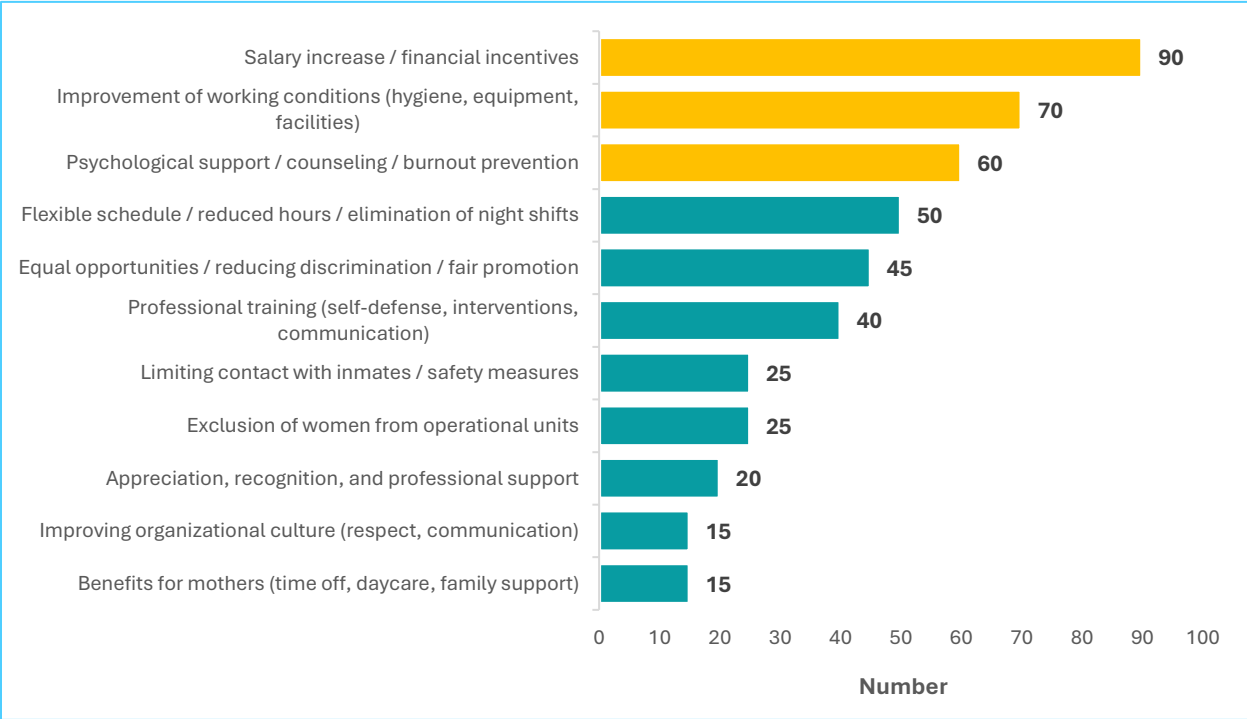


Prison staff have identified three critical areas for improving their working conditions: financial incentives (90 mentions), improved material working conditions (including hygiene, equipment and

premises; 70 mentions) and access to psychological support and burnout prevention (60 mentions) (Figure 67).

Following these are measures relating to work organisation, such as flexible and reduced working hours and the elimination of night shifts (50 mentions), as well as equal opportunities and fair promotion (45 mentions). Professional development was also highlighted, with mentions of training in self-defence, interventions and communication (40 mentions). Operational security (limiting contact with prisoners and implementing safety measures) and role structure (exclusion from operational groups) were identified as specific areas for improvement (25 mentions each). The least popular suggestions were professional recognition (20 mentions), organisational culture interventions (respect and communication, 15 mentions each) and facilities for mothers (days off, nurseries and support, 15 mentions each) (Figure 67).

Figure 67. What specific measures would you suggest improving the situation of women employed in prisons?

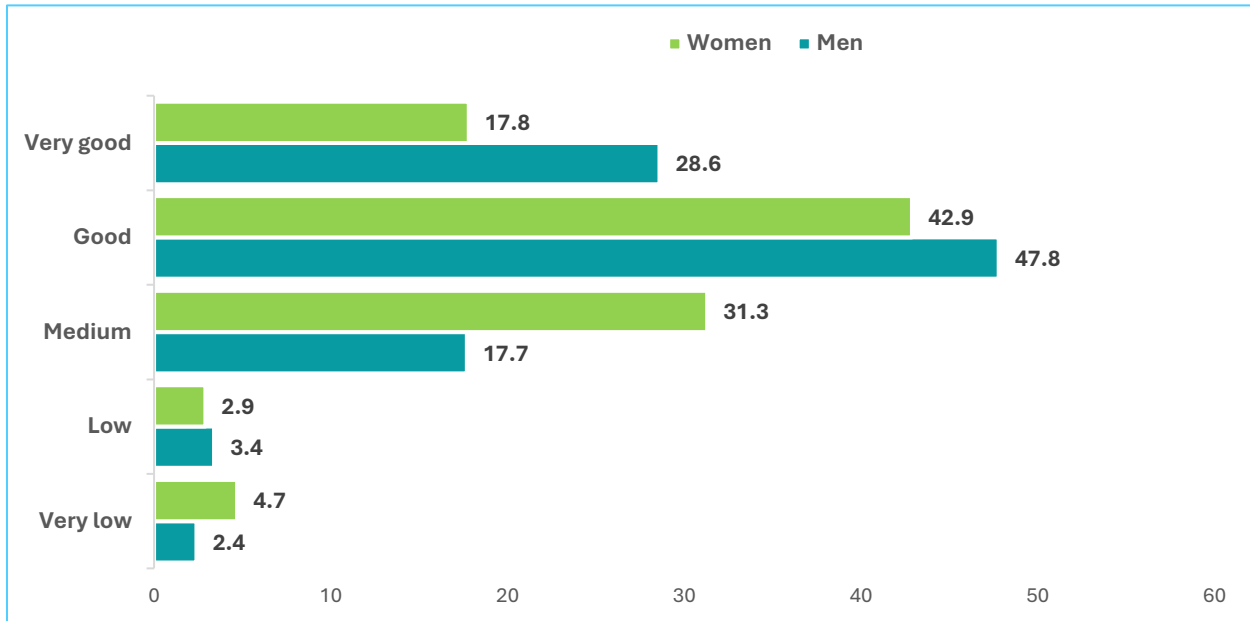


Men are more optimistic than women about the organisational culture regarding gender equality. In 76% of cases, men rate the organisational culture as favourable to gender equality (28.6% 'very good' and 47.8% 'good'), whereas women share this assessment in 61% of cases (17.8% 'very good' and 42.9% 'good'). Women are more likely to rate the organisational culture as 'average' (31.3% compared to 17.7% of men) (Figure 68).

This difference in perception suggests a gap between institutional discourse and women's day-to-day experience within the system, where subtle barriers relating to access to opportunities, professional legitimacy, and equal treatment may be felt more acutely. In this context, a culture emerges that is perceived as 'functional' but not sufficiently consolidated. Men see more progress

in this culture, while women highlight areas for improvement regarding real equity, consistency of practices, and the predictability of opportunities.

Figure 68. How would you rate your institution's current organisational culture in terms of gender equality? (%)



REALITIES OF WOMEN'S INCARCERATION AND PROFESSIONAL EXPERIENCES IN THE PRISON SYSTEM

The qualitative research focused on three focus groups: female prisoners (15), SAP staff: women (12) and men (15)

FROM INSIDE THE CELLS: THE EXPERIENCES OF FEMALE PRISONERS

Opinions and perceptions of female detainees

Focus group participants described daily life in detention as strict and repetitive, with little variety. The routine is dominated by very early wake-up times, compulsory roll calls and meals, and activities carried out in a rigid sequence. Women reported that the days '*repeat endlessly*' or '*blend into one another*', amplifying the feeling of stagnation and reducing the perception of control over one's own life. Monotony, combined with a lack of personal space, can contribute to emotional tension and exacerbate feelings of anxiety or depression. In this context, activities that break the routine are highly valued. Daily work (where available), participation in educational, recreational or creative workshops, and brief moments of individual relaxation offer rare opportunities for autonomy and privacy. For many of the women, these moments represent the only times when they can experience a sense of personal control.

The connection with family is described as the primary source of emotional support. Phone calls, letters and visits — even if infrequent — act as emotional anchors, offering hope and meaning during detention. For most participants, thoughts of their children and loved ones were a key source of resilience, mitigating the impact of isolation. At the same time, some women emphasised the importance of inmates supporting each other. Solidarity, discussion and sharing experiences help alleviate psychological strain and reduce feelings of loneliness, particularly in the absence of constant external support.

The transition to life in prison

Participants described the transition to prison life as extremely difficult, primarily due to the loss of freedom and separation from family. Initial feelings were dominated by shock and fear, and by the perception of an extremely strict regime. Several inmates mentioned: *'The transition was very difficult; it seemed impossible to endure'; 'Everything seemed terrible: the strict rules, the harsh regime and the lack of freedom. The hardest thing to bear is the separation from family.' Often, even time does not help you to cope with life in prison.'*

On arrival, women were taken aback by the strictness of the regime and the high level of discipline required daily. Over time, it became clear that their relationships with other inmates and prison staff directly impacted their emotional state and how they coped with daily difficulties. Longing for family, lack of freedom and privacy, and the strict routine were perceived as the hardest aspects of life in detention. For mothers in prison with their children, one of the most painful experiences is being separated from their children when they are transferred to another facility.

Access to healthcare

Most women said that they had needed medical care while in detention. Their experiences varied: some considered the care relatively satisfactory, while others expressed dissatisfaction regarding its quality and availability. Consultations are perceived as difficult to access due to a lack of medical staff and busy schedules, which leads to long waiting times and care being postponed.

Access to a psychologist is generally considered easier than access to a psychiatrist. However, participants mentioned that their emotional and psychological needs are not always fully understood or addressed. Prisoners sometimes perceive a lack of trauma-sensitive approaches, although they also acknowledge the desire of the specialists to help them.

The women emphasised that they would like medical and mental health services to be more accessible and frequent, with quicker and more predictable appointments. They also suggested a more consistent presence of medical staff in the blocks, as well as a more empathetic approach in situations of crisis or emotional distress.

Relationships with prison staff

Perceptions of relationships with prison staff vary, ranging from distant or cold to fair and cooperative. Most women try to maintain respectful relationships in order to make life in detention more bearable. Tensions can arise when rules are strictly enforced or when misunderstandings occur. Participants generally state that they are treated with respect and dignity. However, there are also situations in which they feel they are not being listened to, or in which they feel that unjustified rules or sanctions are being applied to them. As one participant mentioned: *'Generally, yes, most*

staff try to treat us with respect and dignity. However, sometimes situations arise where we feel less listened to, or are subjected to rules or punishments that we feel are unjustified, which can be quite frustrating. It is important to strike a balance between enforcing the rules and treating prisoners with respect, with the exception of aggressive prisoners who deliberately cause chaos.”

Participants reported positive experiences when staff were responsive and offered support, as well as negative experiences that generated tension and conflict. As they emphasised: *‘We have had both positive and negative experiences. When staff are responsive and offer support, life is more bearable. Negative experiences, however, lead to tense moments, misunderstandings, and conflicts, making life in prison more difficult. Negative moments can be resolved through communication, an open attitude, and mutual respect — this depends on the prisoners as well as the staff.’*

Perceptions of treatment and equity

With regard to the treatment of women in prison, participants believe that, while many rules are formally the same for all prisoners, the regime for women is sometimes perceived as more restrictive in practice. They feel that supervision is stricter, freedom of movement is more limited, and work opportunities are fewer and lower-paid. As some of the participants stated: *‘Yes, in some respects you can feel a difference: the rules and supervision seem stricter, freedom is more limited, and there are fewer and lower-paid job offers.’*

Several women also reported experiencing discrimination regarding access to work or pay and said that their opinions and requests were given less consideration. They also mentioned situations in which they felt they had been discriminated against, for example due to a lack of job offers or payment for services provided, or because their opinions and requests were not given consideration. They also mentioned comments made by staff or preferential treatment of other inmates that they perceived as unfair: *‘I have sometimes felt discriminated against, for example due to a lack of job offers or payment for services provided, or because my opinions and requests as an inmate were not given consideration. Sometimes it was the comments made by staff or the way they were discussed, and the preferential and undeserved treatment they received.’*

Unmet needs and suggestions for improvement

In order to feel safer, the participants believe that staff should be present more frequently in certain areas and that there should be closer monitoring during tense situations between inmates. In situations involving aggressive individuals, a lack of staff or delayed interventions can allow conflicts to escalate. As the participants explained: *‘To feel safer, there would need to be a greater staff presence in certain areas and closer monitoring, especially during moments of tension between inmates. They are referring to aggressive inmates who cause conflicts, chaos and fights. Staff shortages or delays in intervention mean that conflict situations spiral out of control, and sometimes innocent people are punished. We have repeatedly requested that aggressive inmates who do not comply with the rules and regime be placed in isolation.’*

The women also highlighted the need for expanded rehabilitation, counselling, emotional support and educational and recreational activities to help with adapting to the prison environment and managing stress. *‘It would be useful to have more rehabilitation, counselling and emotional support*

programmes, as well as educational and recreational activities to facilitate adaptation to a closed or semi-closed environment and help manage stress.'

Furthermore, the participants would like prison staff to be more open to communication and more empathetic, as well as more consistent in how they apply the rules. They believe that an atmosphere based on respect, dialogue, and recognition of each person's dignity would create a safer environment and have a positive effect on the rehabilitation and social reintegration process. As they stated: *'It is important for staff to be open to communication and treat all female prisoners with respect and dignity to create a safer and more balanced environment.'*

BEHIND CLOSED DOORS: THE EXPERIENCES OF PRISON PERSONNEL

Opinions and perceptions of female employees

Professional experiences

The participants described the working day as intense and dynamic, often unpredictable, involving a combination of administrative tasks and numerous direct interactions with prisoners. The day typically starts with taking over the shift and checking the operational situation. This is followed by constant presence in the wards or communal areas of the institution. Unplanned situations frequently arise throughout the day that require rapid responses, self-control and firm decisions, making the working environment demanding both physically and emotionally. As one of the participants noted: *'A typical day is extremely busy and unpredictable. Urgent situations often arise that require attention, composure, and quick decisions.'*

Despite these challenges, the women employed their state that their work has a real impact on maintaining order and safety within the prison. The opportunity to prevent conflicts, reduce tensions and support prisoners in adapting offers a strong sense of professional purpose. *'We feel that our role matters and that we can influence the atmosphere in the unit.'* One consistently appreciated aspect is the solidarity among colleagues, with mutual support and collaboration in difficult situations being essential for managing day-to-day stress. Many participants described situations in which they resolved conflicts through communication and active listening rather than coercive measures. They also mentioned instances in which they offered support to newly admitted detainees, particularly new mothers, helping them to adapt to the institutional environment.

Career path and challenges

The participants described how their career paths had been built gradually through experience and adaptation to the specific nature of the prison environment. Initially, many felt the need to prove that they could meet the professional demands of a field that was perceived as predominantly male. Over time, through commitment and training, they gained confidence in their abilities and earned the respect of their colleagues. Reasons for choosing this career include job stability, professional benefits, the possibility of early retirement and the desire to contribute to maintaining order and, at times, the social reintegration of prisoners. The participants mentioned significant challenges such as psychological pressure, heavy workloads and frequently having to manage tense situations.

Opportunities for development and promotion

The participants believe that there are formal professional training programmes and clear career development paths. In practice, however, access to training is often limited due to heavy workloads and a lack of staff to cover shifts. As one participant noted: *'Training and promotion opportunities do exist and are generally well structured on paper, but the reality is harsher... access to certain courses may be limited due to heavy workloads or staff shortages.'*

Although the promotion criteria are theoretically the same for women and men, the participants noted that certain gender stereotypes persist, as do difficulties balancing professional and family responsibilities. *'Yes, we have encountered some obstacles, but these are not due to a lack of competence... sometimes they are linked to stereotypes or family responsibilities.'* At the same time, the participants proudly acknowledge that the number of women in leadership roles is growing. *'In theory, the criteria are the same for everyone, and more and more women are taking on leadership roles.'*

Working conditions and work–life balance

The participants feel that, while the workspaces are generally functional, staff shortages and demanding working hours increase stress levels. *'Working conditions are generally acceptable, but staff shortages and demanding working hours make the job more difficult.'*

Maintaining a work-life balance is one of the biggest challenges. Long hours and unpredictable situations affect time spent with family, especially children. *'Long working hours and unpredictable situations in prison can affect time spent with family... However, with organisation and the support of colleagues, we manage to fulfil our responsibilities to some extent.'* The participants consider psychological support programmes, burnout prevention and training in managing stressful situations to be essential. *'Ongoing psychological support, stress prevention programmes and training in managing stressful situations would be helpful.'*

Professional relationships and mental health

Relationships with colleagues are generally described as collegial, with a strong emphasis on mutual support, particularly in challenging situations. While there is generally professional respect towards management, some participants noted a lack of empathy regarding burnout. Many women mentioned the psychological impact of working in a prison. Constant stress, multiple responsibilities, and constant exposure to tense situations can lead to anxiety and emotional exhaustion. *'Yes, there have been times when daily stress and pressure have impacted my mental state.'* For these women, burnout means a loss of energy and motivation, particularly during periods of staff shortages. *'I have experienced such periods, particularly during staff shortages.'*

Perceptions of gender equity

The participants believe that, in theory, the system offers equal opportunities, but that gender stereotypes persist in practice. Sometimes, women are given tasks that are considered 'easier' under the pretext of protection. *'I have witnessed situations where women were treated differently or assigned lighter duties 'for their protection'.* Female employees believe that it is necessary to strengthen policies, ensure transparent evaluation and promotion mechanisms, and provide clearer support for women in leadership roles.

Opinions and perceptions of male employees

Male staff describe the working day as structured yet intense and unpredictable. It involves supervising prisoners, carrying out checks and performing operational interventions. They derive job satisfaction from maintaining order and managing critical situations effectively without resorting to violence. Staff shortages are perceived as one of the main problems as they lead to increased workload and professional pressure.

When it comes to working with women, participants state that it is based on respect and professionalism: *'In a prison, what matters is competence, discipline, and how you do your job — not whether you are a man or a woman.'* Men observe differences in style, not competence: *'Women are more attentive to detail, more empathetic, and better at preventing conflicts, while we are more direct in our interventions.'*

They believe that the presence of women in teams contributes to a more balanced atmosphere and more effective communication, including with prisoners. *'The vast majority believe that the presence of women in the team has a positive influence on the working atmosphere.'*

Although the legal framework offers the same promotion opportunities to both genders, participants acknowledge that certain stereotypes persist. For example, some people still believe that women are less suited to certain operational interventions. Nevertheless, their experience shows that many female colleagues successfully meet professional demands. *'There are still some stereotypes, but many female colleagues have demonstrated that they can cope very well with difficult situations.'*

In this context, participants believe that mixed-gender teams lead to the more efficient management of prison operations and a more professional organisational climate. To improve the working environment, they recommend increasing staff numbers and providing training in communication and conflict management. They also advocate implementing clear policies to prevent discrimination and promote mutual respect within the institution.

DISCUSSIONS

The present study is the first comprehensive research project in the Republic of Moldova to analyse the experiences of women in detention and women employed in the prison administration system simultaneously, integrating gender, psychosocial and institutional dimensions. In a context characterised by a lack of official data, issues specific to women being under-represented, and structural inequalities being highlighted even in national policy documents, this investigation provides a vital empirical perspective on vulnerabilities, resources, and genuine requirements within the prison environment.

The findings presented in the report's chapters demonstrate that perceptions of fairness, access to services, safety, respect, and interpersonal relationships significantly impact well-being and mental health, surpassing the importance of physical conditions of detention or work. The integrated analysis of the data not only highlights the complexity of women's experiences, but also the need for institutional reforms to align practices, resources and protection mechanisms with international human rights and gender equality standards.

Women in detention

The profile of female prisoners (young adults with an average level of education, almost half of whom are mothers of young children) suggests that imprisonment occurs at a time when they are at the height of their productive and parental lives. Imprisonment amplifies the emotional and social costs of separation, as well as disrupting family and occupational roles. This fact is highlighted in the relevant literature, which emphasises the high prevalence of mental health disorders in prisons, as well as vulnerabilities specific to women. Such vulnerabilities are often 'invisible' in health policies and have an adverse effect on well-being and post-release reintegration [12].

Furthermore, the significant proportion of participants who are mothers, with their children predominantly in the care of family or in foster care, reinforces the hypothesis that **maternal identity and the mother-child bond are severely strained** by distance and care arrangements. The literature describes these as major sources of stress and guilt for mothers, increasing the risk of depressive and anxiety symptoms, as well as posing risks to children's emotional and educational development, particularly when exposure to a parent's imprisonment occurs at an early age [13].

The fact that female prisoners are mainly **concentrated in a single women's prison**, combined with varying lengths of imprisonment (with over one in five serving sentences of more than five years) and a marked disparity in the frequency of visits, explains why maintaining family ties remains fragile. Almost four in ten women do not receive visits, and the observed barriers (distance, costs, and limited access to means of communication) exacerbate social isolation. UN standards provide for placement 'as close to home as possible', recognition of caregiving responsibilities, and facilitation of contact (telephone calls, visits and correspondence) as gender-sensitive measures. The inconsistent application of these principles, particularly in systems with few women's units, leads to increased emotional costs and difficulties with reintegration after release [14].

With regard to **detention conditions**, the study's findings paint a generally favourable picture of accommodation (84% rated as 'acceptable-very good'), but a vulnerable segment (16%) is living in inadequate conditions. **Personal hygiene** is a more frequent problem (one in four women gave a

negative assessment), highlighting the need for targeted interventions such as improved access to showers and hygiene products, as well as maintenance. This polarisation is confirmed by independent evaluations and CPT/CpPT monitoring, which highlight the persistence of deficiencies and variations between institutions, as well as some specific improvements [15–17].

Perceptions of **comparability with men** regarding accommodation, hygiene and food suggest that gender equity is not reflected uniformly in current practices, as outlined in Council of Europe documents on gender equality in the prison system. These documents indicate that female prisoners have specific health and hygiene needs [18].

The fact that food is predominantly perceived as satisfactory is consistent with the CPT's recent finding regarding improvements **in the quality of food in prisons**. However, the variation in assessments and the proportion (17%) who rate it as 'poor' or 'very poor' indicates variations within the system that require correction through standardisation and monitoring [16,17].

While the perceived value of **educational and recreational activities** is high, a significant proportion of women in prison feel that employment opportunities are unfair compared to those available to men. This is in line with findings from international studies which highlight the often arbitrary and discriminatory nature of work allocation [19], as well as an asymmetry of access that contravenes UN standards regarding programmes and work tailored to women's needs. Furthermore, there is a call for job offers and work allocation criteria to be adjusted [16].

At a national level, NAP documents record **investments and reforms to infrastructure and services** (including the modernisation of Rusca Penitentiary and other facilities), but independent reports (CpPT and CPT) show that the impact is not yet uniform in terms of material conditions and day-to-day safety. This highlights a critical issue in terms of quality of life, respect for dignity, and the reduction of psychosocial risk. Consequently, an integrated interpretation of the study's results suggests four concrete steps to align with standards and reduce perceived inequalities: (1) gender-sensitive hygiene (products, privacy, hot water and predictable shower schedules), in accordance with the Bangkok Rules; (2) standardisation and quality audits of accommodation, hygiene and food, with gender- and unit-disaggregated indicators; (3) expansion of occupational activities, with transparent access criteria, to achieve equal opportunities; and (4) external monitoring and institutional feedback (CPT/CpPT) to accelerate closing the gaps between regulation and practice [14,17,20,21].

Extensive exposure to humiliation and disrespect, including perceptions of gender-based discrimination, is not marginal, but recurrent, for a significant proportion of the population. This indicates that **the institutional climate still tolerates degrading interactions and differential treatment**, which contravenes obligations to respect dignity in detention, as well as UN standards on the treatment of persons deprived of their liberty [12,14]. Structural deficiencies and informal practices may also perpetuate intimidation and informal hierarchies among detainees, resulting in a 'fragile' environment in terms of psychosocial safety [16,17,22].

The sense of (in)security highlighted in the study, with a core group of women frequently experiencing fear coupled with the perception of favouritism, directly determines the risk of stress, anxiety and depression. Consequently, reducing exposure to violence and humiliation is not only a matter of rights, but also of clinical prevention. International literature on mothers in detention

documents how stigma, separation and the prison environment can amplify reactivity to degrading interactions and emotional vulnerability, and negatively impact maternal identity and mental health [23,24]

The pattern of risk factors identified by female prisoners, whereby the behaviour of other detainees is recognised as a source of danger and offensive language is seen as the main form of abuse, suggests a problem with safety management (classification, segregation, supervision and prompt responses). This is consistent with CPT/CPT recommendations regarding controlling informal hierarchies and ensuring effective complaint mechanisms. In the absence of these mechanisms, under-reporting increases and protection becomes inconsistent [17].

The high prevalence of a history of physical and sexual abuse prior to detention indicates that many women enter the system with pre-existing trauma. Subsequent exposure to humiliation and violence in detention has a re-traumatising effect, which is consistent with international reviews highlighting histories of violence and cumulative disadvantage among women prisoners, and calling for trauma-informed interventions at policy and practice levels [21,22,25,26].

The study's findings reveal a **precarious balance between what is acceptable and what is fraught with tension in women's relationships with prison staff**: although the majority describe interactions as "acceptable but distant", nearly 4 in 10 cannot rule out the existence of gender-based differential treatment, and over 8 in 10 have experienced, at least occasionally, interactions perceived as disrespectful – a profile indicating behavioural inconsistency and low predictability in daily contact with staff. This model also explains the moderate but fluctuating level of trust in staff (particularly "sometimes yes, sometimes no"), which, in the context of occupational public health, is relevant: mental health is the greatest health need, and the quality of interactions and the perception of safety are determinants of the risk of severe stress and suicide – thus, an inconsistent relational framework amplifies psychosocial risks [23,24].

In relation to international standards, the UN Rules for the Treatment of Women Prisoners require states to ensure a gender-sensitive approach in staff training and communication, and to provide confidential complaint mechanisms and protection against reprisals, in order to prevent degrading treatment and maintain trust in the institution [12].

In the context of the Republic of Moldova, the CPT and CpPT have highlighted in recent reports that informal hierarchies among detainees and shortcomings in security management (classification, insufficient staff, ineffective complaints mechanisms) undermine the institutional climate and increase women's vulnerability to intimidation and abuse – which requires the active presence of staff, predictable response procedures and managerial risk control [17]. At the same time, the NAP reports on investments and reforms to infrastructure and services. However, the effects on daily interactions and trust will only be achieved if structural change is accompanied by cultural change in terms of emotional skills, de-escalation and professional communication [20].

Regarding **healthcare services** in prisons, results show perceived but unequal access to care: a significant proportion of women report consistent availability of consultations, while a significant proportion report only occasional or rare use, including unmet medical needs[27].

The structural barriers identified, such as a lack of medicines and equipment, staff shortages and long waiting times, suggest capacity constraints that affect the quality and predictability of access [16].

Confidentiality of consultations is a critical issue for trust and access, and international standards explicitly require spaces and procedures that protect privacy, as well as clear information for detainees regarding their rights and the available medical services[28].

In the area of **reproductive health**, access to gynaecological consultations varies, with some areas having 'access only in emergencies' or 'very difficult access', and poor information about services and rights, as well as the intermittent availability of products (although these are mostly reported as being provided), resulting in inconsistent coverage. The Bangkok Rules call for the free and sufficient provision of menstrual hygiene products, the assurance of privacy, and referrals to specialists in order to address these issues [12]. **Contraception** is minimally accessed or available, which is consistent with European reports on gaps in preventive services in prisons, as well as with WHO calls for the harmonisation of such services (including access to reproductive counselling and contraceptive methods following a needs assessment) [27].

The **emotional profile** of women in detention reveals a severe psychological burden characterised by high levels of depressive, anxiety and stress symptoms. Intense self-criticism, guilt, rumination and feelings of worthlessness, alongside sleep disturbances such as frequent awakenings and nightmares, indicate a cumulative risk of depression, anxiety and daytime dysfunction. This mechanism is consistently identified in the international literature on mental health in detention [9,29].

Application of the DASS-21 confirms this: **severe and very severe depression is common, and high scores characterise anxiety and stress**. However, a consistent factor across the three dimensions is not the personal profile; variables such as age, educational level, marital status, presence of children, criminal history and length of sentence do not account for variations in symptoms. Rather, situational determinants, such as the prison environment (unpredictable routines, interpersonal tensions, overcrowding and limited control over resources), play a significant role in generating emotional distress [30].

Another convergent mechanism is **the perception of inequity**. Women who believe that their living conditions, hygiene or employment opportunities are poorer than those of men exhibit higher levels of depression, anxiety and stress. This indicates that perceived institutional equity functions as a central psychological determinant [31]. Perception of inequity also plays a role in the evaluation of activities: when educational programmes are perceived as 'of little or no use', the likelihood of stress increases substantially.

Across all three dimensions of the DASS-21, **frequent exposure to negative emotional situations** over the past 12 months is the strongest factor, with a clear dose–response relationship: the greater the frequency of negative experiences, the higher the likelihood of achieving a clinical score. This highlights the importance of institutional factors such as subjective safety, respectful interactions, the prevention of bullying and effective complaint mechanisms as essential levers for reducing emotional burden [30].

Some findings require contextualised interpretation. Receiving visits whilst maintaining emotional bonds is associated with increased anxiety, which is clinically plausible: visits can reactivate painful memories of separation and raise concerns about children and uncertainty regarding reintegration, particularly among mothers [32]. Distinctly, **motherhood emerges** as a sensitive **emotional determinant**; mothers whose children are in direct, or family care are at a higher risk of depression. This suggests a mechanism of 'intensified care', fuelled by guilt, rumination, and constant preoccupation with the child's well-being - a finding is consistent with reviews on motherhood in detention [23].

However, the finding of a lower risk of depression and anxiety among women convicted of drug-related offences ($OR < 1$) should be viewed with caution as it may be explained by distinct psychosocial profiles, differing access to interventions and addiction treatments, or specific coping mechanisms – a phenomenon also reported in international studies[33].

Lastly, the modest **association between physical abuse in prison and stress** confirms the importance of psychological safety. The CPT and CpPT reports describe the persistence of informal hierarchies, intimidation and staff shortages, which perpetuate an anxious atmosphere and call for firm measures regarding classification, active supervision and a predictable response to complaints [16,17].

The study provides a clear overview of the **challenges** they face at the intersection of structural deficiencies, institutional tensions, and emotional vulnerabilities [34]. The most frequently mentioned concerns relate to basic material conditions, such as water quality, poor hygiene, overcrowding, the cold, and limited access to bathrooms - issues that reflect persistent systemic limitations that directly affect daily health and comfort.

Staff perceptions of female prisoners reveal a nuanced picture in which, while **formal treatment is generally considered equal**, everyday practices and attitudes are influenced by **subtle gender and role differences** [35]. While almost half of the staff report equal treatment, a significant proportion, particularly among the female staff, perceive 'positive' differential treatment, which they interpret as heightened sensitivity to women's vulnerabilities. Triangulation with the voices of female prisoners confirms this ambivalence: while most describe their relationship with staff as acceptable or fair without direct discrimination, they also point to variations in attitude and a certain emotional distance, particularly on the part of male staff. The fact that some female prisoners perceive greater empathy from female staff and more authority from male staff indicates differences in professional style rather than in formal treatment.

When assessing the difficulties faced by women in detention, staff particularly highlight the **relational and parental dimensions**, (separation from family, lack of support and vulnerability to stigmatisation), aspects which the women themselves rank among their core concerns [32]. Staff observations regarding emotional vulnerability, heightened reactivity and constant concern for children correspond directly with reports from women in detention who describe high levels of stress, depression and anxiety exacerbated by worries about their families.

At the same time, staff also identify **issues relating to safety and behaviour management**, such as unpredictability, difficulty adapting, and reluctance to ask for help. Viewed in the context of the data

reported by female prisoners, these manifestations appear to be expressions of emotional burden rather than gender traits [29].

Female and male prison staff both agree that improving the situation of women in detention requires **integrated measures**, such as programmes for vulnerable individuals, psychological support, adequate material conditions, training in gender-sensitive approaches and tailored reintegration programmes. These recommendations align with the priorities identified by female prisoners, including improved living conditions, access to healthcare, emotional support, and contact with family, and reflect an institutional consensus on the necessary directions for reform [36].

Staff perceptions complement and explain the experiences of women in detention. Staff demonstrate a combination of formal respect and variable practical sensitivity and awareness of women's specific vulnerabilities within a system where emotional, family and safety needs remain inadequately met.

In this context, women's experience of detention remains strongly shaped by emotional, social and institutional vulnerabilities, highlighting the need for coherent, gender-sensitive interventions that reduce risks, strengthen safety and effectively protect their dignity, health and reintegration.

Staff employed in the prison administration system

Data on staff perceptions indicate that equity is broadly recognised within the institutional environment, particularly in formal areas such as performance appraisal and access to professional training, where both women and men report high levels of fairness. However, in contrast to this formal framework, the analysis highlights **persistent areas of gender asymmetry** that are perceived more clearly by women, such as promotion to management positions, access to operational activities, participation in decision-making, and professional recognition [35].

These differences in perception are consistent: women observe male advantages in key areas of career progression and decision-making influence twice as often as men do. Meanwhile, men tend to perceive the institution as more equitable and express lower levels of need for reform. This discrepancy suggests a gap between women's day-to-day experience and men's perceptions, possibly fuelled by occupational segregation (women in specialist roles and men in operational roles) and differing exposure to resources and recognition.

Perceptions of **the organisational atmosphere** deepen this difference: men predominantly describe a cooperative and stable environment, whilst women more frequently report tensions, stress, overwork and communication difficulties, indicating a professional climate that is less predictable and more demanding for them. Furthermore, perceived institutional values differ: women emphasise ethics, responsibility and adherence to rules, whilst men prioritise performance, loyalty and efficiency, which may influence how career paths are constructed and rewarded [37].

An analysis of perceptions regarding **career advancement** reveals an institutional landscape in which formal promotion criteria coexist with informal factors that are perceived differently by women and men. While men tend to describe a meritocratic model centred on performance and seniority, women more frequently highlight the importance of relationships, support from superiors, and structural dynamics in career advancement. This suggests that women's professional experience is marked by perceived barriers and unequal visibility. International studies confirm that, although

many organisations have formal processes that are perceived as fair, promotion and access to leadership positions remain areas of gender disparity [38,39].

Barriers to leadership roles are perceived differently by women and men: women mention the influence of gender, non-transparent processes and the personal preferences of management more than three times as often, while men mainly attribute difficulties to individual factors such as initiative or willingness to take on responsibilities. In this context, these diverging perceptions suggest a gap between women's actual experience of career progression and men's predominantly structural view of promotion mechanisms [40].

An overview of recent promotions confirms this contrast: men are more likely to state that they have been promoted, while women more frequently report not applying, a lack of real opportunities, or unsuccessful applications. This points to a combination of self-limitation fuelled by the prevailing climate and unequal access to informal networks.

Recommendations regarding the 'ideal advice' for women aspiring to promotion reveal a difference in emphasis: men advocate a performance- and resilience-focused message, while women emphasise managing emotional costs, seeking professional support and mentoring, and developing leadership skills, which indicates an awareness of the additional pressures involved in career progression within a prison environment.

In terms of the support needed for advancement, women prioritise psychological safety, open dialogue with superiors, peer support and procedural clarity, while men emphasise mentoring, team cohesion and training. The convergence of these two perspectives confirms that genuine career progression requires both formal access to development opportunities and an organisational climate that is safe, predictable and free from overlap.

The study reveals a significant disparity between how men perceive the workplace and the experiences of women, painting a picture of an environment where **harassment, microaggressions, and discrimination** are far more prevalent and noticeable to women than to men. While men describe a balanced and abuse-free workplace, women report incidents of verbal and psychological harassment, exclusion, abuse of power and hostile behaviour at rates two to eight times higher. International literature highlights studies on microaggressions in the workplace, showing that women constantly face gender-based microaggressions which negatively impact their emotional state, performance and job satisfaction [41,42].

In the context of **institutional procedures**, the data reveal a significant gap in levels of awareness and trust: men are more likely to believe that clear reporting mechanisms exist, while women describe a procedural framework that is 'unclear', is not communicated well enough, and is perceived as being applied differently. Trust in the institutional response is also sharply divided: men are twice as optimistic, while women indicate that measures depend on 'who is involved', highlighting the risk of a selective organisational culture.

Direct exposure to abuse confirms these divergent perceptions: women report all forms of abusive behaviour more frequently, ranging from verbal and psychological harassment to exclusion, abuse of power, and humiliating remarks. Furthermore, women are more exposed to aggression from

colleagues, superiors, and detainees, indicating a system of multiple risks in which their professional position and existing cultural norms amplify their vulnerability.

Although cases of **sexual harassment and solicitation of favours** are relatively rare, they are significant in terms of their institutional impact as they occur within a strictly hierarchical context where power relations are pronounced. High levels of non-response among women also suggest the possibility of under-reporting due to fear, mistrust or internal pressures.

The **emotional burden (depression, anxiety and stress)** reflects a gender-differentiated risk profile resulting from the complex interaction between professional roles, the type of prison and the duration of exposure [43]. Although most staff are in non-clinical roles, women consistently exhibit higher levels of emotional burden. They have significantly higher prevalence rates and are double or even triple as likely to develop **depression** (18.6% vs. 9.8%; OR=2.10), **anxiety** (22.5% vs. 8.6%; OR=3.10) or **stress** (10% vs. 3.3%; OR=3.26). This asymmetry suggests greater sensitivity to the pressures of the prison environment, particularly where operational exposure and emotionally demanding responsibilities are predominant.

While emotional risks for men mainly arise in specific segments, such as at the start of their careers or among young people aged 18–25, vulnerability for women is more widespread and persists across all age groups. The distribution by length of service highlights a pronounced cumulative effect among female employees: depression increases after five years, anxiety after ten years, and stress progressively increases after five to ten years of work. This could indicate a gradual erosion of emotional resources. Meanwhile, levels among men remain relatively stable with no upward trends over time.

A comparison of professional roles provides a structural explanation for these differences. A higher proportion of women work in specialised roles involving high emotional demands, such as psychologists, social workers, educators and healthcare staff, which involve direct interaction, crisis management and multifaceted responsibilities.

Operational roles within the prison environment, particularly prison officer roles, amplify the risk of depression, anxiety and stress in women to a far greater extent than in men. Levels of anxiety and stress are highest in men's prisons and isolation units, indicating that operational dynamics specific to the male prison environment exert significantly greater psychological pressure on female staff. Among men, variations by job role are less pronounced, except for staff in the NAP central administration, where a specific vulnerability associated with strategic responsibilities is evident.

When viewed comparatively, **depression** appears to primarily reflect difficulties in adapting to circumstances and the impact of accumulated professional pressures. **Anxiety** is sensitive to the nature and intensity of interactions with detainees, while **stress** captures the pressure of complex and demanding roles. Among women, these three dimensions overlap and reinforce each other, resulting in a much more fragile emotional profile in high-risk units. Among men, these dimensions tend to be present in isolation without obvious synergies or deterioration over time.

Burnout syndrome in the prison system highlights clear gender differences, suggesting distinct mechanisms of emotional vulnerability in women and men [44].

Emotional exhaustion, the most destabilising aspect of burnout, is significantly higher among women. They are almost twice as likely to exhibit moderate to high levels of exhaustion and 65% more likely to be in the risk zone than men.

In terms of **depersonalisation**, the differences persist: women more often exhibit moderate and high levels, reflecting a form of emotional detachment that acts as a protective mechanism in a highly demanding environment. Conversely, men predominantly fall within the low depersonalisation zone, suggesting they experience less relational pressure from daily interactions.

However, the dimension of **reduced personal accomplishment** reverses this trend, with men more frequently reporting moderate or high levels of diminished job satisfaction. This indicates a more frequent perception of reduced effectiveness and self-worth in their role. Although women are emotionally affected in other dimensions, they more often maintain a sense of personal fulfilment, which may reflect stronger intrinsic motivation or a different valuation of their professional contribution.

Overall, **manifest Burnout** ('moderate' plus 'high' levels) is relatively similar between the sexes. However, women account for the more severe forms, while men account for a higher proportion of moderate cases. This suggests that men gradually accumulate signs of professional burnout, whereas women reach more severe forms of the syndrome more quickly against a backdrop of intense emotional exposure, complex responsibilities, and recurring organisational pressures.

Convergent analysis of **staff perceptions of the structural, emotional, and professional challenges** faced by women in the prison system reveals a complex institutional landscape in which individual vulnerabilities and organisational deficiencies reinforce each other. Frequently mentioned difficulties, such as psychological stress, emotional pressure and burnout symptoms, indicate that the professional environment remains highly emotionally intense and demanding, particularly for women, who are structurally more exposed to relationally demanding tasks and tense interactions. At the same time, **difficulty maintaining a work-life balance** reflects the deeply intrusive nature of shift work and operational responsibilities, which place continuous pressure on family and social roles.

Structurally, dissatisfaction with regard to **remuneration, working conditions, unequal promotion opportunities and persistent gender discrimination** demonstrate the existence of institutional barriers that limit career progression and directly impact the motivation and retention of female staff. Operational vulnerabilities, such as harassment, physical risks and a lack of adequate equipment and facilities, add an extra layer of insecurity and reinforce the perception of an unpredictable and inadequately protected working environment.

The **recommendations put forward by staff** indicate a focus on integrated solutions that combine material (financial incentives and infrastructure improvements), psychological (access to specialist support and burnout prevention), organisational (flexible working hours, reduction in night shifts and transparency in promotion) and professional (specific training, self-defence, communication and intervention) aspects. This combination of measures highlights the understanding that problems cannot be addressed in isolation but require systemic interventions to reduce emotional pressure, rectify structural imbalances, and rebuild trust in institutional mechanisms.

However, the assessment of the **culture of gender equality** reveals a discrepancy between men's optimistic perceptions and women's more cautious evaluations. While a majority of men consider the institution to function well in terms of equity, women highlight persistent obstacles such as a lack of predictability in opportunities, subtle differences in treatment and difficulties in gaining professional recognition. This signals that gender equality is experienced differently depending on professional position and lived experiences, and points to the need for interventions that strengthen not only policies, but everyday practices too.

The findings emphasise the importance of fostering an organisational culture that is genuinely equitable, where women's experiences are accurately reflected in institutional policies and practices, and where formal and informal mechanisms consistently and predictably benefit all employees.

CONCLUSIONS

WOMEN IN DETENTION

Multidimensional vulnerability

Women in detention present a complex profile of vulnerability resulting from an overlap of factors including past trauma, family responsibilities, and a precarious socio-economic context. Almost half had experienced physical or sexual violence prior to detention, and 48% are mothers of children under the age of 18 – a factor that exacerbates emotional distress and the impact of separation. High levels of depression, anxiety and stress reflect the accumulation of these vulnerabilities and the difficulty of adapting to the prison environment.

Structural barriers to maintaining family ties and exercising basic rights

Maintaining contact with family is seriously compromised: 39% of women do not receive visits, primarily due to distance and costs (a consequence of centralisation at Penitentiary No. 7 – Rusca) and being far from their hometowns. Access to communication channels does not sufficiently compensate for this. Although the telephone is the most commonly used method, 32.5% of women report limited access due to infrastructure and timetable issues, which makes maintaining a predictable dialogue with family difficult, especially for mothers, who account for almost half of the female prison population. These constraints collectively weaken support networks, increase the emotional burden, and diminish real chances of reintegration after release.

Disparities in detention conditions and access to essential services have a disproportionate impact on women

Detention conditions for women continue to show significant disparities, particularly with regard to personal hygiene, access to healthcare, and opportunities for work and training. While some female prisoners consider the conditions acceptable, a significant proportion live in unsuitable environments, as reflected in their negative assessments of hygiene and living conditions. Restrictions on showering, a lack of hygiene products, and insufficient space for personal care can have a direct impact on physical and reproductive health.

Access to healthcare remains inconsistent due to shortages of medicines and staff, as well as long waiting times. Partial coverage of reproductive health services and a lack of confidentiality further discourage women from seeking help.

There are also clear disparities in employment and vocational training opportunities, which are often limited and traditional with few benefits for subsequent reintegration.

Violations of dignity and insufficient institutional protection

Most incidents stem from conflicts between detainees, but there are also isolated cases of physical abuse by staff, indicating gaps in institutional supervision and control. Reporting of such situations is low due to fear of reprisals and a lack of trust. In many cases, complaints are not acted upon, which amplifies the perception of impunity and structural vulnerability.

Shortcomings in physical and reproductive health have a disproportionate impact on women

Women in detention still have unequal access to healthcare, including sexual and reproductive healthcare. Shortages of medicines and staff, as well as long waiting times, affect the continuity of

care provision. Although women state that they can request consultations, some face practical barriers, including a lack of confidentiality, which reduces the acceptability of these sensitive services. Gynaecological services are only partially covered and do not always meet specific needs, creating additional vulnerabilities for a group already exposed to physical and sexual trauma prior to detention.

Severe emotional distress and high prevalence of mental health problems

Women in detention experience an extremely high emotional burden, with alarming levels of depression, anxiety, and stress. According to the DASS-21 assessment, 71% of women in detention have moderate to severe depression, 68% have moderate to severe anxiety and 62% experience significant stress. These results far exceed prevalence rates in the general population and confirm the cumulative impact of trauma, isolation, separation from family, and institutional conditions.

Although some women receive psychological support, access is inconsistent and insufficient, and emotional needs far exceed the current capacity to respond.

The mental health of women in detention constitutes a major public health issue, requiring specialised, continuous, and trauma-informed interventions.

Fluctuating relationships with prison staff and inconsistently applied perceptions of fairness and respect

While the relationship between female prisoners and prison staff is generally functional, it is characterised by a constant sense of distance and unequal perceptions of fairness. Interactions are generally considered 'acceptable', but differences in staff behaviour (with some being more empathetic and others more authoritarian) create an inconsistent atmosphere. Without uniform application of rules and predictable communication, inmates' trust in staff remains fragile and perceptions of fairness are not always met.

Limited opportunities for personal and professional development, affecting reintegration

The education and employment opportunities available to female prisoners are limited and do not adequately address their needs. While most prisoners find educational activities useful, provision is limited and sporadic and does not cover all categories of prisoner. In terms of employment, women face limited, poorly paid options predominantly in traditional sectors, reducing the transferability of skills and chances of integrating into the labour market upon release.

Complex needs for social reintegration and high risk of reoffending in the absence of structured support

Female prisoners anticipate considerable difficulties upon release, reflecting a combination of economic, social and emotional vulnerabilities. The most frequently mentioned needs relate to avoiding reoffending, finding stable employment and accessing basic resources such as food and housing, indicating a heightened risk of instability immediately following release.

Family reunification also represents a major challenge; many women need support to re-establish family relationships or regain custody of their children, which is essential for sustainable reintegration.

EMPLOYEES OF THE PRISON SYSTEM

Discrepancies in the perceptions of female and male staff regarding fairness and the organisational climate

The results show a systematic and consistent gap in how female and male PAS staff perceive the professional environment, opportunities, respect and treatment in the workplace. Women report inequity and difficulties relating to recognition, promotion and task allocation more frequently, as well as greater exposure to hostile behaviour or situations where their professional merits are undermined. In contrast, a significant proportion of men state that they do not observe these differences, indicating a lack of awareness of discrimination and gender barriers. This discrepancy reveals an uneven organisational climate in which women's actual experiences are not reflected in male colleagues' general perception, affecting the ability to recognise problems and efforts at institutional intervention.

Depression, anxiety and psychological stress with a disproportionate impact on women

The data highlight the prevalence of depression, anxiety and psychological stress among prison staff, with a disproportionate impact on women. Rates of depression, anxiety and stress are estimated to be two to three times higher for women than for men, which suggests that women are exposed to additional pressures, including more difficult emotional burdens, complex responsibilities, and an institutional environment that is perceived as being insufficiently protective.

Professional exhaustion and the widespread impact of burnout syndrome on staff

Burnout syndrome is present in almost half of employees, indicating a constant emotional and operational burden specific to the prison environment. High levels of emotional exhaustion, depersonalisation and a low sense of professional achievement affect both the quality of work and general well-being.

Increased exposure to inappropriate behaviour and inadequate reporting mechanisms

The data suggest that verbal or psychological harassment and other forms of inappropriate behaviour persist in the prison working environment, particularly affecting women. Significant differences in the experiences reported by women and men suggest that certain behaviours are either overlooked or interpreted differently.

Structural barriers to promotion and career development

Access to promotion is perceived as being influenced by factors such as performance, length of service, relationships with superiors, professional visibility, and the transparency of institutional processes, as well as subjective factors. Women mention difficulties in advancing more frequently and identify gender as a possible barrier, whereas men tend to perceive the promotion environment as fair. This difference in perception suggests the existence of systemic obstacles that particularly affect female employees, highlighting the need to improve the clarity of procedures and selection criteria, and to create genuine opportunities for professional development.

Insufficiently established organisational climate and institutional culture

Although employees perceive the working atmosphere as stable and cooperative, the results indicate notable differences in the experiences of women and men regarding communication, respect, and collegial support. Women report experiencing stress, overwork, staff shortages and difficulties in maintaining a work-life balance more frequently.

Insufficient professional and emotional support mechanisms for employees

The results show that employees, particularly women, require more structured support to enable them to carry out their work in conditions of safety, predictability, and psychological balance. Women emphasise the need for clearer tools to manage professional challenges, access to counselling, updated guidelines and procedures, and increased training and development opportunities. The discrepancies between what women request and what men consider necessary suggest a different level of understanding of actual needs. Taken together, these aspects highlight the importance of strengthening mentoring, training, psychological support, and institutional dialogue programmes to ensure a more coherent working environment geared towards organisational well-being.

RECOMMENDATIONS

WOMEN IN DETENTION

Implementation of an integrated support system for women prisoners, including:

- a. comprehensive assessment on admission, within the first 72 hours (screening for mental health, trauma, parental status, medical and physiological needs, suicide risk, addictions, etc.);
- b. individualised intervention plans, based on vulnerability profiles;
- c. a trauma-informed institutional approach, through training of all staff to prevent re-traumatisation;
- d. integrated 'one-stop-shop' services, with access to psychological, legal and social support;
- e. a priority programme for mothers with minor children, including parenting advice and support for child carers.

Improving and diversifying contact with the family and community through:

- a. facilitating visits (subsidising transport for low-income families, reducing fees and creating child-friendly spaces);
- b. expanding remote communication (more telephones, extra call time, introducing free monthly video calls, etc.);
- c. psychological preparation for visits (counselling before and after visits, peer support groups);
- d. alternatives for women without visits (community volunteering, partnerships with NGOs and religious organisations, re-establishing family ties, support groups);
- e. maintaining links with the community through access to information and activities involving external guests, as well as facilitating participation, including virtual participation, in important family events.

Strengthening the mental health system within the prison system by:

- a. expanding human resources (additional psychologists, a psychiatrist visiting weekly, peer counsellors trained from among female prisoners);
- b. universal and periodic mental health screening (on admission, periodically – quarterly, prior to release and following traumatic events);
- c. developing preventive interventions through psycho-educational programmes, weekly thematic groups, group therapy, relaxation activities and daily physical activity programmes;
- d. ensuring appropriate treatment for severe cases, with rapid access to a psychiatrist, pharmacotherapy, intensive individual therapy, a crisis unit and a strict suicide prevention protocol;
- e. ensuring continuity of care after release, through links to community services, provision of medication for a minimum of three months, telephone monitoring and rapid access to counselling in crisis situations.

Reducing abuse in detention by:

- a. a zero-tolerance policy towards violence, applied consistently and with firm sanctions;
- b. a secure and confidential reporting system, with identity protection, immediate separation of the victim from the aggressor and investigation within clear timeframes;

- c. rapid post-incident intervention, including medical assessment, psychological support and access to legal assistance;
- d. conflict prevention programmes (non-violent communication, early mediation, collective accountability, incentivising incident-free units);
- e. identification and protection of vulnerable individuals through admission screening, secure accommodation, and enhanced monitoring;
- f. holding staff accountable through mandatory training, sanctions for inaction and independent mechanisms for investigating serious cases.

Strengthening protection and reporting mechanisms by:

- a. strengthening the independence of reporting systems, with the involvement of the Ombudsman, civil society and access to free and independent legal aid;
- b. standardising procedures through a clear manual, with deadlines, stages and rights that are visible and accessible to all women in detention;
- c. effective protection against reprisals, through strict confidentiality, separation of the victim from the perpetrator, follow-up monitoring and the sanctioning of any intimidation;
- d. building trust in the system through regular information, communication of investigation results, constant dialogue between the administration and detainees, and the visible implementation of changes resulting from feedback.

Reducing gender inequalities through:

- a. a comprehensive gender audit, identifying disparities and publishing the results;
- b. integrating a gender perspective into all policies and monitoring through dedicated indicators;
- c. diversifying employment and vocational training opportunities, eliminating occupational segregation and ensuring equal pay for equal work;
- d. equal access to resources and privileges, based on transparent and competitive criteria;
- e. mandatory staff training on gender sensitivity and understanding the specific needs of women;
- f. increasing female representation among staff through active recruitment, minimum representation targets and mentoring programmes to promote women into leadership roles.

Strengthening sexual and reproductive health services through:

- a. regular access to specialist medical staff, including a gynaecologist with regular visits and telemedicine options;
- b. comprehensive gynaecological services, such as annual cervical screening, treatment of infections, a range of contraceptive methods, breast screening and counselling for the menopause;
- c. the free and sufficient provision of feminine hygiene products, tailored to individual needs;
- d. reproductive health education programmes, through workshops, accessible materials, counselling and peer support initiatives;
- e. a dedicated protocol for pregnancy and maternity, including obstetric assessment, antenatal monitoring, adequate nutrition, exemption from heavy labour, birth in a public maternity ward and postnatal support;
- f. respect for confidentiality and comfort, through private spaces, the option to be seen by female medical staff, and clear protection of medical data.

Improving the attitudes and treatment of prison staff through:

- a. clear information on admission, via an accessible handbook of rights and services;
- b. orientation sessions within the first 48 hours, supplemented by monthly themed meetings;
- c. a visual information system in communal areas and digital options where possible;
- d. peer-to-peer education and mentoring programmes, including an advisory group for dialogue with the administration;
- e. extended access to external information (up-to-date library, supervised internet access, regular legal advice);
- f. regular feedback mechanisms, such as anonymous surveys, focus groups, suggestion boxes and transparent reporting on measures taken.

Strengthening the post-release transition and reducing the risk of reoffending through:

- a. a reintegration programme starting from the first day of detention, focused on skills useful after release and maintaining links with the community;
- b. an individualised release plan, drawn up six months before release, covering housing, income, continuity of treatment, family relationships and meaningful activities;
- c. transition centres for temporary accommodation and integrated services, including post-release support workers with regular contact;
- d. peer mentoring and support, plus partnerships with employers and programmes to restore custody of children;
- e. measures to reduce stigma, through certificates of rehabilitation, restoration of rights and public awareness campaigns.

Strengthening the quality and relevance of services through:

- a. a robust monitoring and evaluation system, with clear output, outcome and impact indicators and quarterly public reports;
- b. participatory evaluation, through surveys, focus groups and co-design with women prisoners;
- c. a continuous feedback cycle, pilot testing of interventions and scaling up of effective programmes;
- d. strengthening the quality of psychological services through clinical supervision, continuous training and pre-post outcome measurement;
- e. promoting applied research through partnerships, longitudinal studies on reintegration and the publication of results to align with international standards.

Strengthening the psychological support system through:

- a. universal and periodic mental health screening, starting from admission, for the early identification of depression, anxiety and stress;
- b. preventive and proactive programmes, accessible to all women, including psychoeducation, support groups and adaptation activities;
- c. expanding access to psychological support for severe cases by increasing resources and specialist staff;
- d. individualised intervention and monitoring plans, with regular monitoring to prevent symptoms from worsening;
- e. training staff in the early recognition of signs of stress and preventive interventions, so that the system operates primarily proactively, not merely reactively.

Reducing violence among detainees through:

- a. clear prevention policies and procedures, with zero tolerance for physical and verbal aggression and consistently applied sanctions;
- b. a robust system for monitoring and reporting incidents, with confidential channels and rapid intervention to protect victims;
- c. training staff and detainees in conflict management, non-violent communication and early mediation;
- d. the creation of safe spaces and structured activities, including peer-to-peer programmes to support vulnerable individuals and prevent harassment;
- e. regular assessments of risks and perceptions of safety, to continuously adjust protective measures and improve the overall safety environment.

Strengthening the mother–child relationship and reducing associated stress through:

- a. programmes dedicated to maintaining contact with children, including adapted visits, child-friendly spaces and support for parents and carers;
- b. parental counselling and preparation for family reunification, through mother–child therapy, family mediation and interventions before and after release;
- c. material and logistical support for the restoration of custody and family reintegration, including access to housing and equipment for children;
- d. integrating these measures into individualised intervention plans, to transform family responsibilities into a positive motivation for change and social reintegration.

Promoting legislative reform to reduce unnecessary detention and protect women in detention by:

- a. reviewing sentences and expanding alternatives to detention, with detention used only as a last resort, particularly for mothers with young children;
- b. facilitating pardons and sentence reductions for women who demonstrate good behaviour, are involved in programmes and have urgent family responsibilities, including special measures for mothers with children under 3 years of age;
- c. investing in community-based alternatives to detention, such as treatment programmes, support centres and shelters, assessed in terms of costs and outcomes compared to detention;
- d. full alignment with international standards, through the implementation of the Bangkok Rules, CPT recommendations and CEDAW commitments regarding the protection and reintegration of women prisoners.

Sustainable strengthening of funding and resources through:

- a. increasing the prison budget with a focus on safety, human rights and transparency in the use of funds;
- b. dedicated funding for women, through separate budget lines for specific services (gynaecology, hygiene, maternity), proportionate to the number and needs of female prisoners and protected from reallocation;
- c. public–private partnerships with CSOs and the private sector, secured through contracts and performance indicators;
- d. access to international funding (EU, UNDP, other bodies) for pilot projects that can be scaled up nationally;

- e. cost-effectiveness analyses to compare detention with alternatives and the reallocation of resources to prevention and reintegration programmes.

PERSONNEL EMPLOYED IN THE PRISON ADMINISTRATION SYSTEM

Urgent measures (0–6 months)

1. Establish or improve the reporting and protection system against harassment, ensuring clear, confidential procedures are accessible to all;
2. Ensuring access to confidential psychological counselling and support to prevent burnout, including outsourcing the service as an option;
3. Introducing mandatory training at all levels on gender equality, harassment prevention, and respectful communication;
4. Reviewing promotion and evaluation processes to ensure transparency, fairness, and alignment with gender equality principles.

Medium-term measures (6–18 months)

1. Implementing a mentoring and career development programme for women, offering guidance, professional visibility and genuine advancement opportunities;
2. Taking concrete measures to improve work-life balance, including offering flexible working hours, reducing pressure related to shifts, and providing support for employees with family responsibilities;
3. Improving working conditions by modernising the infrastructure, premises, and equipment necessary for a safe and functional environment;
4. Reviewing and adjusting remuneration and incentive schemes to make positions more attractive, boost professional motivation and improve staff retention.

Long-term measures (6–18 months)

1. Adopting a comprehensive institutional policy on gender equality, integrated into all management and operational processes;
2. Transform the organisational culture by promoting respect, transparency, accountability and healthy communication at all levels;
3. Developing institutional capacity for a gender-sensitive approach through continuous training, adapted procedures, and the integration of equity principles into all decisions;
4. Creating and expanding specialised programmes for female prisoners, which reflect staff perspectives and reduce operational pressure on employees;
5. Establishing a continuous monitoring system, with performance indicators dedicated to gender equality, regular reports and clear accountability mechanisms.

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