



## The sexual and emotional health of incarcerated women in Italy

Incarcerated women represent a particularly vulnerable population, often overlooked in discussions about health, rights, and rehabilitation. In Italy, as in many countries, female detainees face systemic neglect when it comes to sexual and reproductive health - a neglect that exacerbates existing trauma and contributes to psychological and physical deterioration.

Studies consistently show that most incarcerated women enter prison with a history of multiple vulnerabilities: sexual abuse, substance dependency, poverty, and social marginalization. According to Oliveira et al. (2019), this prior trauma has profound implications on their physical and emotional well-being once imprisoned.

As Lima et al. (2024) affirm, women in prison have elevated rates of untreated sexually transmitted infections (STIs) and chronic gynecological issues, often due to delayed access to medical care and the near absence of structured sexual health services within penitentiary institutions. The prison environment itself - marked by poor hygiene, lack of privacy, and rigid control - contributes to this deterioration.

While men in prison are also denied emotional and sexual relationships, women often suffer more acutely from this deprivation. Their identities are more frequently tied to their caregiving roles and relational bonds. The Italian prison system rarely provides opportunities for maintaining intimacy - physically or emotionally - with partners or children.

As described in Re & Ciuffoletti (2020), this absence of affectivity and sexuality constitutes not only a form of emotional isolation but also what many women define as „mental torture“. Morelli (2004) supports this, highlighting that imprisoned women report both obsessive sexual preoccupations and emotional apathy as side effects of their incarceration.

Furthermore, in many Italian prisons, access to gynecological care is irregular or absent, and the taboo surrounding sexuality in detention prevents both staff and inmates from addressing it openly. Even the distribution of condoms or contraception is discouraged, leading to elevated risk for disease transmission and unplanned pregnancies (Decembrotto, 2013).

In a study conducted in a Bologna women's prison, healthcare workers reported being asked for latex gloves by inmates - clearly intended as makeshift protection during intimate acts - since condoms were unavailable. This silent workaround underscores how institutional silence creates risk, not safety.

Despite this bleak reality, research and practice suggest clear solutions, such as the regular access to gynecological and sexual health services, including STI testing and reproductive care, the confidential psychological counseling (especially trauma-informed therapy), and the recognition of the right to sexuality and affectivity, potentially through regulated conjugal visits and "affection rooms".

## **Europe Unlimited e.V.**

Mr Dirk Leisten (CEO)

Am Dorfweg 2

52525 Heinsberg

Deutschland

[www.europe-unlimited.org](http://www.europe-unlimited.org)

E: [erasmus@europe-unlimited.org](mailto:erasmus@europe-unlimited.org)

T: +49 177 5276108

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