

# COVID-19 IN PRISONS: PANDEMIC EFFECTS ON THE MENTAL HEALTH OF WOMEN DEPRIVED OF LIBERTY

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## COVID-19 NAS PRISÕES: EFEITOS DA PANDEMIA SOBRE A SAÚDE MENTAL DE MULHERES PRIVADAS DE LIBERDADE

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### COVID-19 EN LAS PRISIONES: EFECTOS PANDÉMICOS EN LA SALUD MENTAL DE LAS MUJERES PRIVADAS DE LIBERTAD

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**Objective:** to investigate the self-report of anxiety symptoms related to Covid-19 among incarcerated women. **Method:** cross-sectional study, conducted in a prison unit in Salvador, Bahia, from April to May 2020. Data were collected through a questionnaire, and the relative and absolute frequencies were analyzed. **Results:** the participants were 41 women, mostly young, with low schooling, single mothers and black. 95% of the sample reported some anxiety symptom. There was a high prevalence of concern with oneself, prison security and family before the pandemic. Most women have found mechanisms to mitigate the psychological impacts of the pandemic. **Conclusion:** the weakening of family ties and the feeling of insecurity related to Covid-19 may contribute to the development of anxious symptoms. Work activities, leisure activities, physical activity and religious practices should be encouraged, as they help reduce the risk of developing mental disorders.

**Descriptors:** Prisoners. Coronavirus Infections. Mental Health. Women. Anxiety.

*Objetivo: investigar o autorrelato de sintomas de ansiedade relacionados à Covid-19 entre mulheres encarceradas. Método: estudo transversal, realizado em uma unidade prisional de Salvador, Bahia, no período de abril a maio de 2020. Os dados foram coletados por meio de questionário, sendo analisadas as frequências relativas e absolutas. Resultados: participaram 41 mulheres, majoritariamente jovens, de baixa escolaridade, mães solo e negras. 95% da amostra relatou algum sintoma de ansiedade. Encontrou-se alta prevalência de preocupação consigo, com a*

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*segurança no presídio e com a família diante da pandemia. A maioria das mulheres encontrou mecanismos para atenuar os impactos psicológicos da pandemia. Conclusão: a fragilização dos vínculos familiares e a sensação de insegurança relacionada à Covid-19 podem contribuir para o desenvolvimento de sintomas ansiosos. As atividades laborativas, de lazer, a prática de atividade física e as práticas religiosas devem ser estimuladas, pois auxiliam a reduzir o risco de desenvolvimento de transtornos mentais.*

*Descritores: Prisioneiros. Infecções por Coronavírus. Saúde Mental. Mulheres. Ansiedade.*

*Objetivo: investigar el auto-informe de los síntomas de ansiedad relacionados con Covid-19 entre las mujeres encarceladas. Método: estudio transversal, realizado en una unidad penitenciaria en Salvador, Bahía, de abril a mayo de 2020. Los datos fueron recogidos a través de un cuestionario y se analizaron las frecuencias relativas y absolutas. Resultados: Participaron 41 mujeres, en su mayoría jóvenes, con baja escolaridad, madres solas y negras. El 95% de la muestra reportó algún síntoma de ansiedad. Se encontró una alta prevalencia de preocupación consigo, la seguridad penitenciaria y la familia frente a la pandemia. La mayoría de las mujeres han encontrado mecanismos para mitigar los impactos psicológicos de la pandemia. Conclusión: el debilitamiento de los lazos familiares y la sensación de inseguridad relacionada con Covid-19 pueden contribuir al desarrollo de síntomas ansiosos. Se deben fomentar las actividades de trabajo, las actividades de ocio, la actividad física y las prácticas religiosas, ya que ayudan a reducir el riesgo de desarrollar trastornos mentales.*

*Descriptorios: Prisioneros. Infecciones por Coronavirus. Salud Mental. Mujeres. Ansiedad.*

## Introduction

The speed of propagation of the recent pandemic caused by SARS-CoV-2, better known as the new coronavirus (Covid-19), required the adoption of health control measures, restricting the movement of people in different environments and adoption of measures of social distancing to contain the spread of the virus, in order to reduce the impacts on the Health System and on the mortality of the population.

Among the guidelines recommended by the Brazilian Ministry of Health (MH) for the containment of the virus, there is a recommendation to frequently sanitize the hands and wrists, wear masks in the extra domiciliary environment, adopt the respiratory protocol, maintain the distance of approximately two meters from anyone with respiratory symptoms, avoiding intimate contact, sanitize objects and surfaces, in addition to keeping the environment clean and well ventilated<sup>(1)</sup>.

In this context, the well-known history of overcrowding of Brazilian prisons, the limited access to health actions and services, and the precariousness of the physical structure of these units deserve special attention. In the Brazilian penitentiary system, poor hygiene, poor eating, sedentary lifestyle and wet and dark cells are

factors that favor the proliferation of epidemics and the development of psychopathologies<sup>(2)</sup>.

It is estimated that while in the free population an infected person infects another 2 to 3 people, the conditions of incarceration make an infected person infect up to 10 people. Under this analysis, a cell with 150 people deprived of liberty (PDL) within 14 days would have 67% of its occupiers contaminated, and its total in 21 days<sup>(3)</sup>.

Furthermore, the high prevalence of diseases such as tuberculosis, pneumonia, diabetes, hypertension, cancer, people living with human immunodeficiency virus/acquired immunodeficiency syndrome (PLHIV/Aids) stands out, in addition to the presence of the elderly, pregnant women and infants among the PDL, conditions that place these people in the group at higher risk for developing severe symptoms of Covid-19<sup>(3-4)</sup>.

The Criminal Execution Law (LEP) and the National Policy for Integral Health Care for People Deprived of Liberty in the Prison System (PNAISP) establish the provision of preventive and curative care to PDL, as well as actions to promote, protect and recover health. In agreement, a handbook prepared by the Ministries of Health and Justice and Public

Security<sup>(1)</sup> recommends that the provision of intramural health actions be maintained during this period, plus the observation of respiratory symptoms and the adoption of isolation of suspected cases.

However, the permanence of unhealthy conditions, relations of violence, precarious working conditions for prison health teams and the punitive logic of incarceration stand out as factors that hinder the actualization of the right to health for PDL<sup>(5)</sup>.

Historically, men are more associated with criminal acts, representing the largest number of members of the Brazilian prison system. The female presence in these spaces is considered a recent and growing phenomenon, mainly linked to involvement with drugs<sup>(6)</sup>. In the state of Bahia, women represent approximately 2.38% of the prison population<sup>(7)</sup>, while in Brazil they account for approximately 4.94%<sup>(8)</sup>.

It is widely described in the literature, however, that men and women live differently the experience of incarceration. For the female population, the insertion in a prison system, initially created by men and for men, favors neglect with health care. In addition to not meeting the typical needs of women, the experience in prison deepens social marginalization and subject them to greater risks of victimization by violence and physical and mental illness<sup>(9)</sup>.

In a comparative assessment of depression between incarcerated men and women, the occurrence of depression was about twice as high among women, and it was also identified that there are differences in factors associated with depression between men and women. Depression among women is also a risk factor for the emergence of physical problems, thus requiring the offer of different coping and adaptation strategies for men and women<sup>(10)</sup>.

At the same time, the regulatory action of prisons develops an important social role and, at the same time, determines the health-disease process of PDL, since the prevalence of psychic disorders among women deprived of liberty is higher than the illness of women in freedom<sup>(11)</sup>,

ratifying the urgency that the prison system ensures comprehensive and interdisciplinary care.

In May 2020, the World Health Organization (WHO) recognized that the Covid-19 pandemic has generated major impacts on mental health of various social extracts. It unveils, therefore, the need to integrate mental health support as a component in the national coping responses of the pandemic, considering that, without mental health, there is no health<sup>(12)</sup>.

Given the urgency of pandemic containment measures and the change in the operational flows of prison institutions, the aim of this study is to investigate the self-report of anxiety symptoms related to the pandemic period among women incarcerated in a prison center in Salvador, Bahia.

## Method

This is a cross-sectional, exploratory study with a quantitative approach, carried out in the Female Penal Complex of Salvador, Bahia, from April to May 2020.

The women eligible to participate in the study were all those who were in a situation of deprivation of liberty, residents of the study site, and present in the data collection period. Women who enjoyed regime progression during the research period were excluded from the study.

Data were collected through the application of an anonymous and self-administered questionnaire to identify the level of information about transmission and prevention measures against coronavirus, in addition to analyzing the repercussion of social distancing measures on their mental health. This instrument was developed by members of the Health Interfaces Research Center (NUPEIS) of the State University of Bahia (UNEB).

Due to the recommendations of restriction of visits in prison units throughout Brazil, and in order to enable the execution of the study, the questionnaires and informed consent forms (ICF) were given to the prison director, who assigned its application to the psychologist of the prison health team, with the support of prison officers.

Thus, the women were invited to answer the instrument in one room, three participants at a time, with a distance of 1.5 meters between each woman and under the supervision of the psychologist of the prison health team. After reading and signing the ICF, data collection was initiated. In case of difficulties with reading, doubts about the questions or about the choice of alternatives, the participants received guidance from the psychologist.

During the research, the principles of autonomy, beneficence, non-maleficence, justice, freedom, confidentiality and equity of the participants were respected. The ICF is under the custody of the NUPEIS and will be kept under the care of researchers. The information was used for academic purposes only.

Multiple choice questions admitted more than one possibility of answer, multi-answers. Thus, in some cases, there is more than one answer considered for the same question.

The collected data were submitted to descriptive analysis, being organized and processed in the Epi Info Windows software version Centers for Disease Control and Prevention (CDC). The data are presented as absolute and relative frequencies in tables, figure and graph.

This study is part of a project called “The incarceration and mental health of women in a prison in the city of Salvador - BA”, approved by the Research Ethics Committee (REC) at the State University of Bahia under Opinion n. 3.691.962.

## Results

The participants were 41 women, aged between 20 and 57 years, predominantly single (82.9%), mostly black (black and brown, 78.1%), with low schooling, with seclusion time ranging from 15 days to 5 years and 10 months. Most women (78.1%) have one or more children, while 21.9% do not have children. Table 1 reveals the characterization of the participants.

**Table 1** – Sociodemographic characterization of the sample of women deprived of their liberty in the Female Penitentiary Complex of Salvador - 2020. (N = 41) (continued)

Variables	n	%
<b>Age</b>		
20 - 29 years	24	58.5
30 - 49 years	12	29.3
≥ 50 years	3	7.3
Ignored	2	4.9
<b>Marital status</b>		
Single	34	82.9
Married	2	4.9
Widow	2	4.9
Stable union	3	7.3
<b>Race/color</b>		
White	8	19.5
Indigenous	1	2.4
Brown	18	43.9
Black	14	34.2
<b>Schooling</b>		
Illiterate	1	2.4
Incomplete primary education	16	39
Complete primary education	8	19.5
Incomplete secondary education	2	4.9

**Table 1** – Sociodemographic characterization of the sample of women deprived of their liberty in the Female Penitentiary Complex of Salvador - 2020. (N = 41) (conclusion)

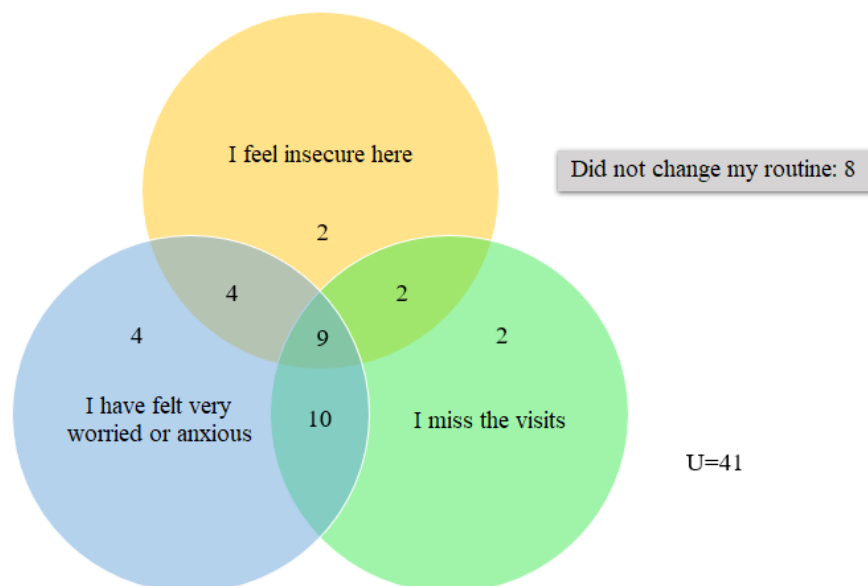
Variables	n	%
<b>Schooling</b>		
Complete secondary education	10	24.4
Incomplete higher education	2	4.9
Ignored	2	4.9
<b>Time of seclusion</b>		
≤ 30 days	2	4.9
> 1 month ≤ 1 year	22	53.7
> 1 year ≤ 3 years	10	24.4
> 3 years	4	9.7
Ignored	3	7.3
<b>Children</b>		
0	9	21.9
1 - 2 children	21	51.2
> 2 children	11	26.9

Source: Created by the authors.

In accordance with the recommendation of the National Council of Justice n. 62/2020, which guides measures to prevent the spread of Covid-19 in the context of criminal and socio-educational justice systems, 43 women deprived of liberty of this Penitentiary Complex benefited from the progression of the regime, starting to serve their sentence in the home environment, for the duration of the pandemic, due to the

presence of comorbidities that predispose them to the development of serious forms of Covid-19.

When asked about the repercussion of the decrease in the flow of people in the prison unit, the answers ranged from “did not change my routine”, “I feel insecure here”, “I miss the visits” to “I have felt very worried or anxious”. The representation of these answers is illustrated in Figure 1.

**Figure 1** – Evaluation of the restriction of the movement of people in the Female Penitentiary Complex of Salvador during the period of social distance

Source: Created by the authors.

The evaluation of symptoms resulting from social distancing is shown in Table 2. It is

noteworthy that 95.1% of women experience some anxious symptom.

**Table 2** – Frequency of self-report of anxious symptoms resulting from social distance in the sample of women deprived of liberty in the Female Penitentiary Complex of Salvador – 2020. (N = 41) (continued)

<b>Variables</b>	<b>fr<sup>(1)</sup></b>	<b>fr %<sup>(2)</sup></b>
<b>Sensory, motor and balance changes</b>		
Numbness or tingling	15/41	36.6
Heat sensation	4/41	9.8
Leg tremors	3/41	7.3
Loss of balance	7/41	17.1
Hand tremors	6/41	14.6
Faint sensation	5/41	12.2
Sweat (not due to heat)	5/41	12.2
<b>Changes in mood and behavior</b>		
Fear that the worst will happen	33/41	83.5
Scared	13/41	33.7
Angry	22/41	52.7
Fear of losing control	16/41	46.3
Fear of dying	12/41	29.3
Concern about physical problems	12/41	29.3
Sadness beyond what was felt before the quarantine	32/41	78
Discouragement to perform daily activities	22/41	53.7
Crying beyond what I cried before the quarantine	27/41	65.8
Decreased pleasure in relation to life	11/41	28.8
Loss of optimism about the future	13/41	31.7
Increased irritability	18/41	43.9
Finds more difficulty in making decisions or starting any activity now than before quarantine	10/41	24.4
Lost interest in being with people	6/41	14.6
Feeling less optimistic about the future	13/41	31.7
<b>Sleep and rest changes</b>		
Unable to relax	25/41	61
Tiredness and indisposition	10/41	24.4
Worse sleep quality	27/41	65.8
<b>Cardiorespiratory changes</b>		
Heart palpitation or acceleration	15/41	36.6
Difficulty breathing	4/41	9.8%
Feeling of suffocation	6/41	14.6
<b>Gastrointestinal changes</b>		
Feeling of “butterflies” in the stomach	4/41	9.8
Nausea/feeling sick	3/41	7.3
Indigestion or discomfort in the abdomen	10/41	24.4

**Table 2** – Frequency of self-report of anxious symptoms resulting from social distance in the sample of women deprived of liberty in the Female Penitentiary Complex of Salvador – 2020. (N = 41) (conclusion)

Variables	fr <sup>(1)</sup>	fr % <sup>(2)</sup>
<b>Gastrointestinal changes</b>		
Change in appetite	16/41	39
<b>Unanswered</b>	2/41	4.9

Source: Created by the authors.

Notes:

<sup>1</sup> Fr: absolute frequency.

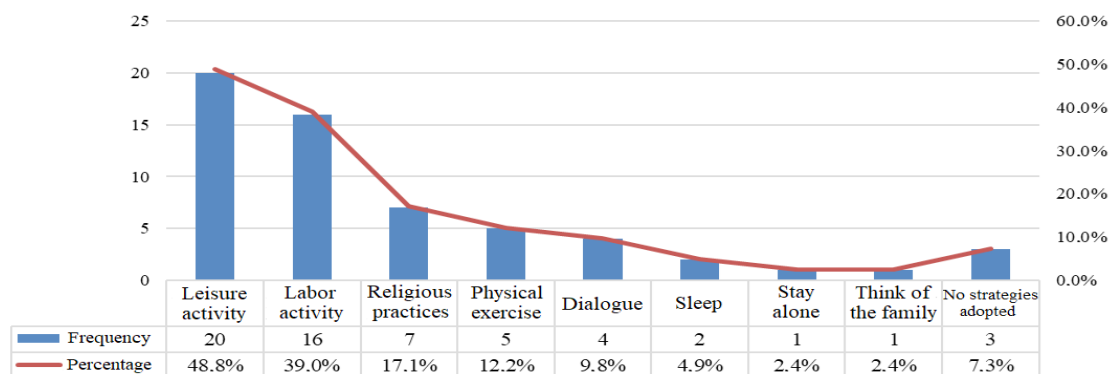
<sup>2</sup> Fr %: relative frequency.

When asked about the frequency they think about the situation of the country in relation to the new coronavirus pandemic, 9.8% reported not thinking or not worrying; 4.9% reported thinking a few times, but not worrying; 29.3% thinking and worrying sometimes; 43.9% thinking and worrying most of the time; and 12.2% did not answer.

In relation to the situation of the family in the pandemic context, 70.8% think and worry most of the time; 19.5% think and worry sometimes; 4.9% think, but do not worry; 2.4% do not think

or worry about their families at this time; and 2.4% did not answer.

In the evaluation of the strategies adopted to maintain mental health in this period, 39.0% of the women reported performing work activities; 48.78% practice leisure activities; 12.2% use physical activity; 17.1% point to religious and spiritual practices as a strategy; 9.8% cite dialogue; 2.4% think of the family; 4.9% sleep; 2.4% reported being alone; and 7.3% reported not adopting any strategy to maintain mental health (Graph 1).

**Graph 1** – Strategies adopted by women deprived of their liberty in the Female Penitentiary Complex of Salvador to maintain mental health during the period of social isolation

Source: Created by the authors.

Regarding the need for professional help to reduce concerns at this time of pandemic, 51.2% reported not needing; 46.3% reported needing help; and 2.4% could not say.

## Discussion

Similarly to the results found in other national studies, the prevalence of young, black, single,

low schooling women with at least one child was found in this sample.

It is noteworthy that the race/color of a population reflects sociocultural factors, linked to regional contexts and the colonization of the country. As a mirror, the profile of women in a study conducted in a prison in the state of São Paulo found the predominance of white women in deprivation of liberty<sup>(13)</sup>. In view of

the predominance of the black race in the city of Salvador, the data found merely reflect the constitution of this population, and the black race should not be linked to acts of crime and, therefore, their incarceration.

The predominance of single women in the Penitentiary Complex studied is a phenomenon debated by the literature, recognizing that the interruption of family ties in female prisons is a common fact and that differs from the reality of male penitentiary units, and the loss of a partner during the period of incarceration is seen by these women as “destiny”<sup>(14)</sup>.

In this perspective, the condition of a single mother is described as a product of the involvement of parents with crime, so that many are arrested or on the run, in addition to those who did not recognize the paternity of their children. Children have only the care of family members, especially maternal grandparents, or donation shelters, which makes the experience of incarceration even more difficult, in view of the weakening of the mother-child relationship<sup>(6,9,14)</sup>.

Going further, the power of the prison environment as a social determinant of mental health contributes to the emergence of temporary or permanent symptoms and behaviors. This is justified by the sudden changes that catalyze stressors and potentiate sensations related to anxiety and depression<sup>(11)</sup>.

In view of the restriction of the movement of people in the Prison System, as well as the freedom granted to prison companions, due to the pandemic, as a sudden change in the routine of women deprived of liberty, the report of greater anxiety and concern among 27 (65.8%) women in this study is justified, as well as the report of 95.1% of the studied population of at least one anxious symptom in the period.

The high prevalence of complaints related to mood and behavior changes found in this study can be explained by two hypotheses. The first argues that these are the earliest and commonly perceived changes in anxiety crises. Another possible explanation is based on the frequency in which these women reported thinking and worrying about the situation of the country and

the family in the pandemic context, especially when considering greater weakening of social and family bonds.

It is in this wake that the suspension of contact with the family intensifies the feeling of isolation and insecurity, increasing the concern with one's own life and with family members. Among the set of strategies to minimize this impact, access to information for protection, prevention and health care, in addition to the feasibility of communication with family members through letters, links and other means available for this purpose<sup>(3)</sup>, are described as mitigating elements of the incarceration process.

Following, it is noticed that the strategies adopted for the maintenance of mental health during the pandemic agree with practices already performed before this period, as indicated by studies describing work activities, visits by family members, religious practice, longer time of seclusion and the expectation of returning to family and social life as protective factors for mental suffering among PDL<sup>(6,11,14-15)</sup>.

Attention is drawn to the performance of leisure practices as the main strategy of mental health care, an element little mentioned in the literature. In this study, 48.8% of the women reported activities, such as reading (non-religious), listening to music, watching television and board games, as tools used to reduce psychological stress during the pandemic, overcoming the use of other strategies already established by literature. This observation warns of new ways to reduce mental suffering during incarceration, being an easy-to-implement and low-cost alternative.

Although the presence of anxious symptoms was reported by almost all women in this study, only 46.3% of these women reported feeling the need for professional help or follow-up. This may be explained by the constant search for strategies to adapt to the challenges of prison institutionalization that culminates in the emergence of elements that denote the development of traces of resilience before prison adversities<sup>(14)</sup>.



Factors associated with the identification of common mental disorders among incarcerated women are associated with previous history, such as low income, drug use, having witnessed violence in childhood/adolescence and having been a victim of violence in the year prior to prison<sup>(16)</sup>. Although they are conditions that aggravate the risk for mental disorders, there may have been an influence on the responses, because they are not conditions directly linked to this moment.

Moreover, the hierarchy imposed in the prison system, as well as the constant violations of law in these environments, alter the perception of the right to health among PDL, either by the need to constantly submit to the disciplinary order to have their right enforced, or by the precarious working conditions of health professionals in these spaces; PDL sometimes feel deprived of the right to health while incarcerated<sup>(5)</sup>.

The restriction of movement in the prison unit and, consequently, the decrease in the number of applicators of the questionnaire, made us choose to use only the frequency of self-reports of anxious symptoms, without measuring their intensity, making it impossible to perform more complex analyses, which constitutes a limitation of this study.

Thus, this study points to the need to recognize that, in addition to measures to prevent the spread of Covid-19 in prison environments, it is necessary to increase the mental health surveillance and care of the prison population during this period, integrating strategies to strengthen family and social ties, through technologies and integration strategies developed internally.

### **Conclusion**

The data of this research incorporate the scope already discussed in the literature, which recognizes the predominance of young women, with low schooling and single mothers in prison institutions, factors that make this social stratum vulnerable to marginalization, inequality of opportunities, involvement with infractions and, consequently, with incarceration.

There was a high prevalence of anxious symptoms related to the implementation of more restrictive measures in the prison environment, due to the coronavirus pandemic. Although these women daily live experiences that compromise mental health, the presence of a physical and invisible threat, in addition to the prohibition of visits, at this time, generates an even greater feeling of insecurity, anxiety and concern.

In this field, it is up to the prison health team, with its medical professionals, nurses, psychologists and social workers, to develop educational, protective, preventive, surveillance and health promotion actions, both in the formulation of internal protocols for covid-19 containment and in mental health care, since the pandemic evokes sensitive actions to ensure the safety of women deprived of liberty.

Moreover, the maintenance of work, recreational, religious and educational activities needs to be stimulated, within the possibilities of biological safety, since protective elements for mental health are configured in this context.

Finally, the need to expand the discussions on the rights of people deprived of liberty is reinforced, in view of the need to build new models of resocialization capable of interconnecting justice, health, education and citizenship, so that the ideal of a resocializing institution is achieved, with minimal damage to the physical and mental health of the inmates.

### **Contributions:**

1 – conception, design, analysis and interpretation of data: Gabriel da Cruz Santos, Tainá Cerqueira Simão, Tânia Christiane Ferreira Bispo, Ridalva Dias Martins and Aglaya Oliveira Lima Cordeiro de Almeida;

2 – writing of the article and relevant critical review of the intellectual content: Gabriel da Cruz Santos, Tainá Cerqueira Simão, Tânia Christiane Ferreira Bispo, Ridalva Dias Martins, Denise Santana Silva dos Santos and Aglaya Oliveira Lima Cordeiro de Almeida;

3 – final approval of the version to be published: Gabriel da Cruz Santos, Tainá

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