

DEPRESSION, DEPRESSIVE SYMPTOMS IN WOMEN LIVING IN PRISON SITUATIONS

DEPRESSÃO, SINTOMAS DEPRESSIVOS EM MULHERES VIVENDO EM SITUAÇÃO PRISIONAL

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Abstract: - **Objective:** to investigate scientific evidence about the prevalence of depression and depressive symptoms in women living in prison. **Methodology:** this is an integrative literature review based on articles published in the electronic databases *Pubmed*, *LILACS* and *SCIELO* between 2014 and 2023, available in English and Portuguese. **Results:** the results indicate that the prevalence of depression and depressive symptoms ranged from 7.5% to 67.5% in the populations investigated, being associated with the occurrence of previous physical violence, involvement in sex work, use of illicit substances and the absence of family ties. In addition, the occurrence of other mental disorders was observed, such as: anxiety disorder (33.33%), post-traumatic stress disorder (22.22%), and substance abuse (22.22%). **Conclusion:** there is a considerable prevalence of depression and depressive symptoms among women living in prison. It is important to note that understanding prevalence can serve as a compass for planning public actions and policies. It is essential to develop care strategies that can ensure better mental health conditions for this population.

Keywords: Depression; Depressive symptoms; Incarcerated women.

INTRODUCTION

The female prison population has become growing around the world, constituting an especially vulnerable group, being exposed to precarious confinement conditions that often make it impossible for prisoners to access full and effective health, thus representing an important problem in the field of public health ⁽¹⁾ contradicting fundamental principles inherent to the human being, as prescribed by the constitutional order in article 1º, III ⁽²⁾.

Statistical data from the National Secretariat of Criminal Policies indicate that, between the months of January and June 2023, there were 27375 women in prison in Brazil, constituting a significant percentage of people deprived of liberty in the country ⁽³⁾. Black women with low education configure the predominant profile in Brazilian prison units, revealing the inequalities associated with the process of incarceration of women in the country and reinforcing the existing profile of the general prison population ⁽⁴⁾.

According to Araújo et al. ⁽⁵⁾, the confinement experienced by the imprisoned woman presents a hostile, unhealthy environment, with precarious health conditions, and the care is offered inadequately and that the increase in the prison population means a high risk for the installation of diseases.

In addition to the factors related to biological, environmental and organizational aspects of the Brazilian prison system, there are also characteristics linked to the female, such as sensitivity, emotion, sadness, anguish, among other feelings and stressors that contribute to the physical and psychological commitment of this population ⁽⁶⁾.

Regarding the psychological disorders presented by incarcerated women, the most prevalent mental disorders include: trauma associated with a history of physical and sexual abuse, depression and substance abuse. Depression is the mental disorder with the greatest predisposition to be developed among trauma victims ⁽⁷⁾.

In relation to depression, some factors such as the breaking of social ties and affective relationships, isolation, the abrupt rupture of daily activities and idleness stand out as conditions that are directly associated with incarceration and that contribute both to the development and maintenance of depressive conditions ⁽⁸⁾.

Recent data released by the Pan American Health Organization (PAHO) ⁽⁹⁾ point to an estimate of approximately 300 million people suffering from depressive conditions, thus being considered a common disorder worldwide, capable of causing the affected person great suffering and dysfunction at work, school or in the family environment and, in the worst case scenario, depression can lead to suicide.

It becomes essential to understand the magnitude of depression and its associated factors 290

in women living in prison, generating reinforcements for the development of strategies that can minimize the triggering factors of this condition, as well as contributing to a better structuring of the psychological assistance provided to this group of people as an effective mechanism for the protection of fundamental rights of this group.

In this context, this study aims to make an integrative review of the literature on depression and its associated factors in women living in prison.

METHODS

For this study, an integrative review of the literature was carried out, based on articles published in electronic databases and that could respond to the delimitations established in this investigation.

Initially, the identification of the theme was made, the survey of the hypothesis or guiding research question. For the elaboration of the guiding research question, the PICo strategy - Population, Interest, Context was used. The following structure will be considered: P - Incarcerated women; I - depressive symptoms; CO - women in prison with depressive symptoms. From this, the following research question was elaborated: "What is the prevalence of depressive symptoms and their associated factors in women living in prison?".

After identifying the theme and preparing the research question, a search for scientific articles was carried out in the following electronic databases: Pubmed, Latin American Literature in Health Sciences (LILACS) and Scientific Electronic Library Online (SCIELO).

The search strategy included the use of technical-scientific vocabulary with the following terms MeSH ("Medical Subject Headings") and DeCS ("Descriptors in Health Sciences"): "incarcerated women", "arrested women", "prisoners", "prisoners", "prisons", "women's health", "depressive symptoms" and "depression". In addition, the corresponding terms in the English language were used. To refine the research, the Boolean operators "AND", "OR" and "AND NOT" were used.

In addition, articles published between January 1, 2014 and December 30, 2023 were included in this research, which were related to the theme addressed in this review and which had the following study designs: Cross-Sectional Cut, Case-Control and Cohort. All articles that did not answer the research question were excluded; published before January 1, 2014; that had the following study designs: case reports, case series, clinical cases; and also dissertations and theses.

After the search for the articles in the databases, data were collected in the articles selected to compose this review and the critical analysis of the information obtained, according to the guiding question of the research and the inclusion criteria previously established, so that later

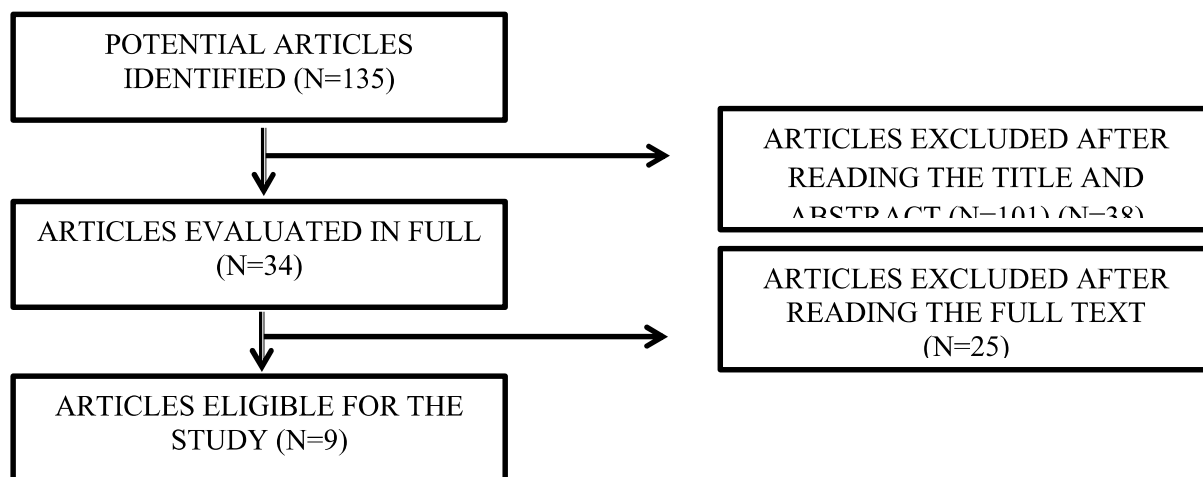
the discussion of the results and the presentation of this review were carried out¹⁰.

RESULTS

Initially, the combination of the descriptors in the Pubmed, LILACS, MEDLINE and SCIELO databases and the application of the inclusion and exclusion criteria previously established for this investigation was carried out, and 135 articles were obtained. Subsequently, an initial screening of the articles was carried out from the reading of the titles and abstracts, with the selection of 34 articles to be read in full and evaluated according to their adequacy to the eligibility criteria established previously, and 09 studies were selected to compose this review (**Flowchart 1**).

Throughout the searches and evaluation of the articles, all studies that were not related to the theme, the duplicate articles, published before January 1, 2013 and that did not have the cross-sectional, case-control and cohort study designs were excluded from this investigation. The references and relevant data of each study were inserted in a table in the Excel software, to be summarized and analyzed. Subsequently, the data were organized in a table for the synthesis of the information of the selected articles, such as: author, year, country, study design, prevalence of depressive symptoms and their associated factors in the population studied.

Flowchart 1 - Search strategy used for the selection of articles used in this review.



Source: own elaboration, 2024.

Among the articles selected to compose this review, 77.77% had the design of Study of the Transversal Cut type and 22.33% were of the Retrospective Cohort type. The countries with the highest number of publications were Brazil and the United States (**Table 1**).

A Prevalence of depression or depressive symptoms in incarcerated women among the studies used to compose this review ranged from 7.5% to 67.5%. Further Of this, it was possible

to observe that some determinants showed a positive association with the occurrence of depression or depressive symptoms, namely: the Occurrence of previous physical violence, involvement with sex work, dare of illicit substances and the absence of family ties (**Table 1**).

But Depressive disorder has been the most frequent mental disorder among the populations of women prisoners investigated, the occurrence of other Disorders, such as: anxiety disorder (33.33%), post-traumatic stress disorder (22.22%), substance abuse (22.22%) (**Table 1**).

Table 1 - Prevalence of depression and Depressive symptoms in incarcerated women.

| AUTHOR | YEAR | COUNTRY | STUDY DESIGN | PREVALENCE OF DEPRESSIVE DISORDER |
|-------------------------------------|-------------|----------------|----------------------|---|
| Abbott, et al. ⁽¹¹⁾ | 2016 | Australia | Cohort Retrospective | The occurrence of Anxiety and/or Depression was observed in 52.00% of incarcerated women (n=120). Furthermore, it was possible to observe that 63.00% of the population of women investigated had problems related to substance abuse (n=144), and 15% were diagnosed as having schizophrenia or other psychotic disorders (n=35). |
| Constantino, et al. ⁽¹²⁾ | 2016 | Brazil | Cohort Transversal | 7.5% of women presented severe depressive symptoms. Still regarding depression, moderate depressive symptoms were observed among incarcerated women (39.6%). Only the family ties variable showed an association with depressive symptoms among women, noting that those who do not have family ties have a 2.49 times greater chance of developing depression. |
| Namathi, et al. ⁽¹³⁾ | 2018 | EUA | Cohort Transversal | The prevalence of depression was 44.6% among study participants (n=58). |
| Mundt & Baranyi ⁽¹⁴⁾ | 2020 | Chile | Cohort Transversal | The occurrence of depressive disorder was observed in 48.5% of cases (n=96). Depression associated with personality disorders was noted in 27.3% of cases (n=54), the association between the occurrence of depression and use of illicit substances was noted in 19.7% of cases (n=39). |
| Zhong, et al. ⁽¹⁵⁾ | 2021 | China | Cohort Retrospective | The occurrence of depression was 29.5% of the prisoners investigated (n=686), with 34.5% having a history of post-traumatic stress syndrome (n=76), and 29.0% not having post-traumatic stress syndrome (n=610). |
| Moraes, et al. ⁽¹⁶⁾ | 2021 | Brasil | Cohort Transversal | 42.4% presented positive symptoms for depression, 63.6% of the prisoners presented positive symptoms of anxiety. |

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|------------------------------------|------|-------|--------------------|--|
| | | | | In addition, the occurrence of psychological discomfort was noted in 50.05% of the women investigated, physical pain in 40.4% and psychological incapacity in 35.4%. |
| Cyrus, et al. ⁽¹⁷⁾ | 2021 | Peru | Cohort transversal | 67.5% of participants (n = 168, 67.5%) presented depressive symptoms. In addition, 72.0% of incarcerated women participating in this study (n = 153) reported having suffered at least one act of physical violence in the 12 months prior to incarceration. The occurrence of depressive symptoms was positively related to the occurrence of physical violence (81.6% vs. 59.9%, p < 0.0001) and also with involvement in sex work before being incarcerated (14.9% vs. 9.3%, p = 0.18). |
| Augsburger, et al. ⁽¹⁸⁾ | 2022 | Suíça | Cohort Transversal | 20.00% of incarcerated women had severe depressive disorder (n=12). In addition, 43.30% reported having some mental health problem (n=26), with 20.00% having anxiety disorder (n=12). |
| Einloft, et al. ⁽¹⁹⁾ | 2023 | EUA | Cohort Transversal | The prevalence of depression was 44.59% (n=33). Other mental disorders evidenced were Anxiety in 60.81% of cases (n=45) and post-traumatic stress disorder in 32.43% of cases (n=24). |

Source: own elaboration, 2024.

DISCUSSION

Given the results presented, Moraes et al.⁽¹⁶⁾ cite that, currently, Brazil ranks fourth in the ranking of countries with the largest female prison population in the world. This population is mainly composed of young women, blacks, single and mothers, with low levels of education and unfavorable economic status; standing out for the high growth rate in relation to the male group.

Official data indicate that in 2022 there were 826740 people deprived of liberty in Brazil. Of these, 94.53% were male individuals and 5.47% were female⁽²⁰⁾.

In our country, the prison system has been characterized as a social training mechanism for those subjects who have some deviant conduct, since its objective is to make them fit to live in society⁽²¹⁾.

However, it is verified that prison spaces are not able to guarantee dignified conditions of survival for the prison population, and situations involving overcrowding, structural scrapping,

continuous episodes of rebellions, dispute between factions inside and outside prisons, resulting in increased violence and insecurity⁽²²⁾.

This reality is even more intense when we deal with women's prison, because the existing social construction on the roles intended for men and women is reproduced, in an even more perverse way, in the prison system⁽²¹⁾.

Women's penitentiaries are nothing more than esdrúxulas adaptations of the male penitentiary system⁽²³⁾. Being characterized as poorly designed places, built for the male public, which prevent physical and mental well-being in the performance of leisure, work and, also, study activities⁽²⁴⁾.

In addition to the suffering inherent in incarceration, women also deal with a wide range of restrictions that directly impact the health conditions and quality of life of this population. Some of the challenges and restrictions include: intimate reviews; exercise limitations and fresh air; prescribed and rigorous routine; limited visiting hours; lack of privacy (e.g., correspondence that goes out and in is open; diaries can be read at any time by the correctional staff); nutritional restrictions (unusual meal times, ultra-processed foods, limited fruits and vegetables); lack of choice of health professional; limited items purchased in the canteen (shampoo, toothbrush, soap); need to send requests for everything, including medical appointments, participation in a class, etc.; constant change of cellmates, excessive noise due to radios, Screams; endless waiting in corridors and queues; seeing other prisoners being harassed and intimidated; and/or feeling emotionally vulnerable. In addition to these challenges, most women experience the burden resulting from the separation of children and the effects of separation and incarceration on the lives of their children⁽²⁵⁾.

With regard to social isolation and family distancing, these are one of the crucial aspects in the afflictions of incarcerated women, being linked to physical, social and organizational factors. The difficulty in maintaining ties with family members often intensifies due to the distance from the place where they are imprisoned or due to the day of visit stipulated by the prison administration. Added to this is the fact that many penitentiaries determine that meetings take place throughout the week, thus making it difficult to get closer to family members who study or work⁽²⁴⁾.

According to Neris & Santana⁽²³⁾, the visit of a family member, which is something rare in women's penitentiaries, represents not only emotional and psychological support, but also the guarantee of a slightly better stay, given that the family is often the provider of most of the intimate hygiene objects and other basic care utensils used by imprisoned women.

In addition, the woman in jail suffers from a more serious form of social exclusion than the man, presenting high levels of socio-abuse and domestic violence and mental health problem, with prison being known to trigger serious psychological implications for women, with self-

destructive behaviors being common in women's prisons⁽²⁶⁾.

Thus, the experiences lived in prison tend to be marked by anguish and frustrations that involve much more complex issues, and the segregation of freedom is only the beginning of a series of deprivations⁽²³⁾.

According to Assis & Vitória⁽²⁷⁾, prison causes psychological changes in people deprived of liberty, especially in the case of long sentences, served in an inadequate environment, which cause reactions that psychologically differentiate the convict from the free human being, with women arrested presenting a high degree of psychopathological comorbidity, dependence on chemical substances, post-traumatic stress disorder, antisocial personality disorder and depression.

In this investigation, it was possible to observe that depressive disorder is one of the main diseases affecting women living in prison, with its prevalence ranging from 7.5% to 67.5% among the studies used to compose this review, being associated with the occurrence of physical violence, involvement in sexual work, use of illicit substances and absence of family ties.

Regarding depressive disorders, these are characterized as the presence of sad, empty or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's ability to function, with major depressive disorder being diagnosed when there is the presence of depressed mood in most of the day, almost every day, or a marked decrease in interest or pleasure in all or almost all activities in most of the day, almost every day. In addition, these patients may present changes in weight, insomnia or hypersomnia, agitation or psychomotor retardation, fatigue or loss of energy, feelings of uselessness or excessive guilt; changes in the ability to concentrate and suicidal ideation⁽²⁸⁾.

In addition to being the fourth leading specific cause of death and burden of disability in the world, depression has serious consequences for women living in prison. The effects of depressive disorders in prison include dramatically increased risk of suicide, abandonment of correctional treatment programs, rejection by other prisoners, inability to assertive protection, physical victimization by other prisoners and aggressive action. Commitment to social, family and occupational functioning is also capable of producing repercussions for individuals who leave prison while trying to reintegrate into their communities, including the risk of returning to correctional custody⁽²⁹⁾.

Depressive disorders represent an important challenge for prison services, because coordinated care is rarely available, although it is recommended as the best practice. Given the increased risk of adverse outcomes in people with multiple diagnoses, early identification, appropriate treatment planning and the availability of specialized care should be considered a priority for the development of services in prison environments⁽³⁰⁾.

In this sense, women in prison should have access to the same treatment options that are

available to people living in the community, by providing adequate and timely treatment, as well as the expansion of existing services to accommodate the growing proportion of people who enter prison with complex health needs. In addition, it becomes important to carry out a psychological evaluation for all women who enter the prison, so that the adoption of therapeutic measures can be initiated for those who need it, but may have been out of the treatment system before incarceration⁽³¹⁾.

Entre as intervenções psicológicas tradicionais, a intervenção psicológica positiva (PPI) é considerada uma abordagem promissora que enfatiza o cultivo de cognição, sentimentos e comportamentos positivos. Vários componentes principais do tratamento em PPI, como esperança, pontos fortes e gratidão, são propostos como eficazes na redução do sofrimento psicológico e na melhoria do bem-estar psicológico. Portanto, a integração da PPI e de outras modalidades tais como a terapia cognitiva comportamental, em uma única abordagem de tratamento, pode ser benéfica. Among traditional psychological interventions, positive psychological intervention (PPI) is considered an approach in promising that emphasizes the cultivation of cognition, feelings and positive behaviors. Several main components of treatment in PPI, such as hope, strengths and gratitude, are proposed as effective in reducing psychological distress and improving psychological well-being. Therefore, the integration of IPP and other modalities such as cognitive behavioral therapy, in a single treatment approach, can be beneficial⁽³¹⁾.

It becomes preponderant a greater performance of multidisciplinary teams aimed at creating support structures for the basic needs of women inside and outside the prison (for example, prison facilities and sufficient employees who are able to meet the immediate needs of women, stable housing when they return to their community and so on)⁽³²⁾.

Such professionals should seek the establishment of alternative practices that recognize not only crime, but also systemic and interpersonal factors to address the social and mental needs of women, as well as create opportunities for women in prison to build and maintain positive social networks, enabling this group of people a better way to deal with isolation and the effects of trauma⁽³²⁾.

CONCLUSION

Depressive disorder is a serious health problem among women living in prison, reaching alarming levels, directly impacting the health and quality of life of these people, in addition to enabling the development of permanent frameworks for the performance of activities of daily life and for work.

Scientific evidence indicates that the occurrence of such a disease is directly related to

the experience lived by these women in the prison system, as well as factors inherent to experiences lived throughout life by these women, such as the occurrence of physical violence prior to incarceration, the absence of family ties, involvement in prostitution activities and the use of illicit substances.

The multidisciplinary approach to this problem becomes of great value, integrating more care modalities and providing health care in an adequate and equitable way for this public, in order to provide a better quality of life, respecting the various specificities inherent to these people.

In addition, it becomes essential to develop new studies and public policies that can contribute to ensuring the rights of this population, contributing to improving mental health conditions and quality of life.

As a limitation of this study, it is important to emphasize that the small number of scientific papers found in the literature and used to compose this investigation favors a less detailed understanding of the magnitude of the theme addressed, restricting the analyzes and discussions carried out on the subject.

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