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REPORT

EXPERIENCE REPORT ON MENTAL HEALTH RESEARCH WITH WOMEN DEPRIVED OF LIBERTY

RELATO DE EXPERIÊNCIA SOBRE PESQUISA EM SAÚDE MENTAL COM MULHERES PRIVADAS DE LIBERDADE

RELATO DE EXPERIENCIA SOBRE INVESTIGACIÓN EN SALUD MENTAL CON MUJERES PRIVADAS DE LIBERTAD

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ABSTRACT

Objective: to describe a case involving mental health research with women deprived of liberty. **Methods:** This is an experience report based on the lived experience of a group of researchers in a mixed-gender prison facility in Southern Brazil. **Results:** The report emphasizes the ethical, methodological, and institutional aspects involved in the process of entering, remaining in, and exiting the research setting, highlighting the bureaucratic, emotional, and symbolic barriers that permeate research in restrictive environments. The experience also reflects on public policies aimed at the health of women deprived of liberty and on the need to strengthen the intersectoral network that promotes the right to health and human dignity within the prison system. **Final Considerations:** The experience made it possible to understand that conducting research in a prison setting is more than a methodological exercise; it constitutes a political and humanizing act. The ethical, institutional, and emotional challenges experienced throughout the process required the researchers to demonstrate empathy, patience, and ethical rigor

Keywords: Mental Health; Women; Prisoners; Research; Research Ethics; Research Personnel.

RESUMO

Objetivo *descrever um caso sobre pesquisa em saúde mental com mulheres privadas de liberdade.* ***Métodos:*** *trata-se de um relato de experiência fundamentado na vivência de um grupo de pesquisadoras em uma unidade prisional mista no Sul do Brasil.* ***Resultados:*** *o relato enfatiza os aspectos éticos, metodológicos e institucionais envolvidos no processo de entrada, permanência e saída do campo, evidenciando as barreiras burocráticas, emocionais e simbólicas que permeiam a pesquisa em contextos de restrição. A experiência também reflete sobre as políticas públicas voltadas à saúde da mulher em privação de liberdade e sobre a necessidade de fortalecimento da rede intersetorial que articula o direito à saúde e à dignidade humana no sistema prisional.* ***Considerações finais:*** *a experiência possibilitou compreender que realizar pesquisa em ambiente prisional é mais que um exercício metodológico, demonstrando um ato político e humanizador. Os desafios éticos, institucionais e emocionais vividos durante o processo exigiram das pesquisadoras empatia, paciência e rigor ético.*

Palavras-chave*: Saúde Mental; Mulheres; Prisioneiros; Pesquisa; Ética em Pesquisa; Pesquisadores.*

RESUMEN

Objetivo*: describir un caso sobre investigación en salud mental con mujeres privadas de libertad.* **Métodos***: se trata de un relato de experiencia basado en la vivencia de un grupo de investigadoras en una unidad penitenciaria mixta en el sur de Brasil.* **Resultados:** *el relato enfatiza los aspectos éticos, metodológicos e institucionales involucrados en el proceso de entrada, permanencia y salida del campo, poniendo de manifiesto las barreras burocráticas, emocionales y simbólicas que atraviesan la investigación en contextos de restricción. La experiencia también reflexiona sobre las políticas públicas orientadas a la salud de las mujeres en situación de privación de libertad y sobre la necesidad de fortalecer la red intersectorial que articula el derecho a la salud y la dignidad humana en el sistema penitenciario.* **Consideraciones finales:** *la experiencia permitió comprender que realizar investigación en un entorno penitenciario implica más que un ejercicio metodológico, constituyéndose en un acto político y humanizador. Los desafíos éticos, institucionales y emocionales vividos durante el proceso exigieron a las investigadoras empatía, paciencia y rigor ético.*

Palabras clave: *Salud Mental; Mujeres; Prisioneros; Investigacíon; Ética en Investigación; Investigadores.*

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INTRODUTION

Conducting research in prison settings constitutes a highly complex field involving science, ethics, and human rights. Such settings are characterized by control, security-related tensions, and vulnerability, where the researcher's role continuously entails reflecting on how to conduct the study while maintaining ethical rigor in contexts of restriction and confinement[1].

In the case of women deprived of liberty, these challenges take on even greater complexity, as the prison environment reproduces and exacerbates social inequalities and cultural determinants such as race and social class. Women deprived of liberty frequently experience separation from motherhood, limited access to policies addressing reproductive and mental health, and the invisibility of their social needs[2]. Some have fragile support networks, and after incarceration, manuy lose contact with family members[3]. Currently, in Brazil, according to the National Penal Information System, as of June 2025, there were 31,773 women deprived of liberty, including 195 pregnant women and 91 breastfeeding women, with a total of 90 children in the prison system[4].

Understanding the mental health of these women requires a broader perspective that considers not only mental illness itself, but also the social determinants of health, stigma, the symbolic forms of violence to which they are exposed, and their life histories[2,3]. Worldwide, more than one billion people have been diagnosed with a mental disorder, with anxiety and depression being the most prevalent conditions. Mental disorders can result in years lived with disability and, in severe cases, may contribute to premature death or suicide attempts[5].

A study conducted with women deprived of liberty found that many had preexisting vulnerabilities, including fragile support networks, a history of substance use, mental health comorbidities, and experiences of multiple forms of violence. These factors may intensify psychological distress within the prison environment, particularly when combined with the conditions imposed by the institutional context[3].

The right to health for people deprived of liberty in Brazil is formally supported by important legal frameworks and public policies. The National Policy for Comprehensive Health Care for Persons Deprived of Liberty [Política Nacional de Atenção Integral à Saúde das Pessoas Privadas de Liberdade no Sistema Prisional (PNAISP)], established in 2014, and the earlier National Policy for Comprehensive Women's Health Care [Política Nacional de Atenção Integral à Saúde da Mulher (PNAISM)], established in 2004, represent significant regulatory advances. PNAISP seeks to integrate prison health care into Brazil's Unified Health System [Sistema Único de Saúde (SUS)], reaffirming the principle of comprehensive care. However, the implementation of these guidelines continues to face persistent and profound structural barriers[6,7].

Additionally, it is important to emphasize that the prison environment presents challenges that affect both scientific research and the provision of health care services and interventions. Conducting research in this context is often constrained by security requirements, restricted access to correctional facilities, and the operational complexity involved in carrying out investigative activities[1,2].

These conditions are also reflected in health care, whose day-to-day practice is marked by shortages of complete multidisciplinary teams, limited financial, material, and structural resources, and difficulties in intersectoral coordination between the Health and Public Security sectors. As a result, access to health care services for people deprived of liberty may be compromised, hindering the implementation of the principles of equity, comprehensive care, and human dignity within the prison system, as highlighted in the literature[2].

Thus, the structural and organizational limitations inherent to this setting simultaneously affect the production of scientific evidence and the quality of health care provided to people deprived of liberty. In this context, the present experience report aims to describe a case involving mental health research with women deprived of liberty, discussing the ethical and methodological aspects of this process and its implications for nursing practice and education.

METHOD

This is an experience report grounded in the lived experience of a group of researchers working in a mixed-gender correctional facility in Southern Brazil. Between March and August 2022, 30 women deprived of liberty were interviewed. The study was part of an institutional research project conducted by a public university and affiliated with a Graduate Program in Nursing.

The study was approved by the Research Ethics Committee of the Universidade Federal do Paraná and by the research site, in accordance with ethical guidelines for research involving human participants, with particular attention to studies conducted in contexts of vulnerability.

The methodological process was divided into five main stages:

Institutional engagement and approval

Engagement with the prison system began in 2021 through meetings with the health sector and the administration of a correctional facility. Subsequently, efforts were made to consolidate the implementation of the study, which would be the first nursing research project conducted at that facility. During this period, a resolution regulating research activities in state correctional institutions within the region had recently been enacted.

A lengthy administrative process involving both the State Department of Penal Police and the correctional facility's administration was required to obtain authorization for the study. Institutional approval followed rigorous protocols, including review of the research proposal, assessment of its ethical content, evaluation of its potential impact on the facility's routine operations, and verification of the researchers' familiarity with local regulations and procedures. This process took approximately eight months to complete

Selection and development of the data collection instrument

Data collection was conducted using two primary instruments. The first was the Columbia Suicide Severity Rating Scale (C-SSRS), developed by Posner et al.[8], which is used to assess suicidal ideation and suicidal behaviors in adolescents and adults. Additionally, given the absence of a specific instrument designed to assess the mental health of people deprived of liberty, the researchers developed a complementary instrument. Its construction was based on a review of national and international literature, as well as on the researchers' prior experience with the prison system, with the aim of addressing aspects not captured by the C-SSRS that were considered essential for this population.

The researcher-developed instrument underwent peer review and was subsequently approved. It encompassed thematic domains including sociodemographic, legal, and social characteristics; physical and mental health conditions; pregnancy; substance use; exposure to violence (witnessed, physical, psychological, and sexual); and issues related to COVID-19. Together, the researcher-developed questionnaire and the C-SSRS provided a comprehensive assessment of the participants.

Research team composition

The research team consisted of nurses with different levels of academic training: one PhD nurse, one doctoral candidate, one master's student, and one nurse specialist. All team members received training on safety procedures, ethics in prison settings, sensitive listening, and confidentiality, with particular emphasis on preventing the re-victimization of participants and conducting empathic, comprehensive interviews. In addition, they were trained in mental health interviewing techniques, including the identification of potential psychological distress, behavioral changes, and situations that could place participants at risk.

Fieldwork execution

Initially, a probabilistic sampling strategy was planned. However, difficulties related to inmate movement and the unpredictability of the correctional facility's routine required the adoption of convenience sampling, which constituted a limitation of the study. Interviews were conducted in a private room within the facility, furnished with a table and two chairs, to ensure participants' privacy and comfort. A correctional officer remained approximately two meters away, while participants remained handcuffed throughout the interview. For security reasons, audio recorders were not permitted; therefore, the interviews were not audio-recorded.

The themes addressed included perceptions of mental health, feelings of isolation, pregnancy in deprivation of liberty, support networks, and the pandemic during incarceration. In observed cases of psychiatric emergencies, the health team of the unit was immediately notified.

Deliverables and feedback

At the end of the research, institutional feedback was provided to the healthcare professionals and the technical staff of the unit

RESULTS

The results of the experience revealed three main dimensions of challenges and learning:

Institutional engagement and access

Access to the research field proved to be a complex process, requiring resilience and constant mediation in the face of institutional demands. The researchers reported feelings of concern regarding security regulations and, subsequently, with entry into the field and access to the prison staff. This scenario highlights the restrictive nature of the sector and the need to strengthen institutional research protocols in contexts of deprivation

of liberty, ensuring transparency and agility in the processing of projects.

Additionally, significant methodological challenges were identified. One of the most notable involved the complex logistics associated with moving individuals deprived of liberty within the facility, a process that depended on the availability and accompaniment of security personnel. This dynamic proved highly susceptible to operational disruptions, such as occasional staffing shortages, which directly affected the scheduling and implementation of interviews.

Another relevant methodological challenge lay in the difficulty and fragmentation of institutional health records and data within the Brazilian prison system. This limitation imposed significant additional restrictions on the collection and analysis of information, especially regarding the health history of individuals deprived of liberty. At the time of the research, the absence of an integrated and standardized health information system among the different prison units was observed, which prevented the consolidation of a single and continuous medical record.

Ethical and emotional aspects

During contact with the participants, complex ethical challenges emerged, such as the need to ensure free and informed consent, even in the context of restriction. Many women expressed fear of reprisals and distrust regarding the use of their statements. Thus, it was essential to adopt an empathetic and non-judgmental listening posture, with emphasis on creating a safe environment and reinforcing anonymity. The experience also had an emotional impact on the researchers, who reported the challenge of dealing with accounts of pain, abandonment, and psychological suffering brought by the interviewed women.

Fieldwork exit and feeback

The conclusion of the research revealed another challenge: the rupture of the established bond. The exit from the field was carried out carefully, informing the teams about the end of the data collection process and promoting collective feedback, with the aim of avoiding feelings of abandonment. This moment is recognized as a gesture of respect and ethics, reaffirming the social commitment of the research[9]. Based on the results observed at the end of the fieldwork, a clinical profile was identified, marked by demands related to mental health, including a history of suicidal ideation. In this scenario, concern emerged regarding the need for comprehensive care and follow-up of these individuals, considering their vulnerability and the importance of strategies for attention, support, and mental health care.

DISCUSSION

Research in spaces of deprivation of liberty requires an expanded ethical stance, which goes beyond the mere formal compliance with regulations, demanding political sensitivity, empathy, and critical awareness[1,2,10]. Thus, the researcher also becomes a mediator of rights, working in a restricted field with specific security measures. Studies indicate that women deprived of liberty in Brazil face multiple vulnerabilities: poverty, history of domestic violence, low educational attainment, and psychological illness[2,3]. These factors directly affect mental health and the possibilities of social reintegration.

The PNAISP and PNAISM legally guarantee the right to comprehensive health care, but in practice there is a shortage of multiprofessional teams, precarious infrastructure, and the absence of continuous mental health care programs[6,7]. In this context, research plays a fundamental role by giving visibility to these gaps, contributing to support more effective and humanized public policies[2,3].

In addition, it is essential to discuss the role of the researcher within these settings. The presence of a researcher in institutions characterized by restriction and control requires continuous reflection on power relations and otherness. In this context, listening extends beyond a technical skill and becomes an ethical and political act[1], recognizing the humanity of women deprived of liberty.

Conducting research in prison environments imposes significant barriers to methodological design and sample size due to the highly controlled and regulated nature of these institutions. Access to the research setting depends on multiple levels of authorization from the Department of Corrections, the facility administration, security personnel, and the Research Ethics Committee, which may limit the number of participants and extend the study timeline[1,3,10].

This limitation directly affects the representativeness of the sample and the generalizability of the findings, particularly when research is conducted in a single correctional facility or with a specific population group, such as women deprived of liberty. As highlighted by Kaled et al.[1], research in restrictive settings requires ongoing negotiation with institutional regulations, making the

data collection process dependent on the availability and authorization of prison authorities. This dependency may interfere with the research timeline and necessitate methodological adjustments.

Furthermore, the prison environment is characterized by constant surveillance and strict control over daily activities. These features, which are inherent to correctional institutions, constitute a symbolic and ethical element that can directly influence data collection. The presence of a correctional officer during interviews and the use of handcuffs may inhibit participants, affecting the spontaneity of their responses and introducing bias into their narratives[1,3].

This condition has been highlighted in prison ethnographies, which demonstrate that the institutional gaze of surveillance tends to silence the voices of people deprived of liberty, requiring researchers to develop strategies aimed at minimizing fear, embarrassment, and the risk of suppressing relevant information. Therefore, knowledge production in confinement settings must consider the impact of power structures on both the data collected and the role of the researcher[1,3].

It is also important to acknowledge that the geographic scope and sample specificity of the study, which involved women from a single correctional facility in Southern Brazil, limited the extrapolation of the findings. This limitation, however, does not diminish the value of the research; rather, it reinforces the importance of qualitative and context-specific studies that enable an in-depth understanding of the unique experiences of women in prison settings. As noted by Araújo et al.[2], the analysis of microcontexts can shed light on broader structural inequalities, particularly when informed by an intersectional perspective encompassing gender, class, and race.

Finally, it is essential to reflect on the researcher-participant relationship, which is permeated by power asymmetries and the need for ethical and emotional adaptation. Researchers entering prison environments must balance compliance with security regulations and the creation of a trustworthy environment that enables participants to express themselves freely. This condition requires methodological flexibility, empathic listening, and awareness of the limitations imposed by the institution[1,3,7].

As emphasized in several studies, the institutional and emotional conditions that characterize research conducted in confinement settings should not be viewed merely as obstacles, but as constitutive elements of the scientific and ethical research process itself[2].

The selection of data collection instruments followed a two-pronged approach. Initially, the Columbia Suicide Severity Rating Scale (C-SSRS), an internationally validated instrument for assessing suicidal ideation and suicidal behaviors, was adopted[8]. However, the use of standardized instruments among populations deprived of liberty is recognized in literature as a methodological challenge due to the scarcity of available data on this population. The lack of specific assessment tools and the limited body of literature addressing the mental health evaluation of individuals deprived of liberty have been identified as constraints within the academic field[1,2].

Given the absence of validated instruments capable of comprehensively addressing the specificities and vulnerabilities of people deprived of liberty, particularly within the Brazilian context, a researcher-developed questionnaire was created. The instrument was structured around factors related to the prison environment, encompassing elements that may influence individuals' mental health by acting as either risk or protective factors.

This process followed rigorous methodological criteria and was informed by an extensive review of national and international literature, as well as the researchers' previous experience within the prison system. Following its development, the instrument underwent peer review and was approved regarding its relevance and thematic comprehensiveness. The questionnaire included domains related to sociodemographic, legal, and social characteristics; physical and mental health conditions; pregnancy; substance use; exposure to different forms of violence (physical, psychological, and sexual); and issues associated with the COVID-19 pandemic.

Furthermore, restrictions on the use of electronic devices, including cameras, mobile phones, and audio recorders, constituted a common security requirement. Researchers addressed this challenge by emphasizing trust-building and active listening while compensating through detailed field notes, acknowledging the potential loss of discursive nuances.

It is also important to discuss the need to adapt research projects to institutional restrictions and to the limited permanence of researchers within correctional settings. Although the trust established with participants was fundamental to the collection of primary data, it is recognized that the inability to record the entirety of participants' accounts may compromise the fidelity and traceability of discursive nuances. This issue represents an important consideration in qualitative analysis conducted in contexts of heightened vulnerability[9,10].

Finally, the dissemination of findings back to the study community should be recognized as an essential component of ethical research involving vulnerable populations. Returning research results to participants and the broader community helps strengthen trust and reaffirms the commitment that scientific inquiry should contribute to social transformation[1,3].

FINAL CONSIDERATIONS

The experience of conducting mental health research with women deprived of liberty demonstrated that knowledge production in restrictive settings extends beyond methodological considerations, requiring ethical sensitivity, operational flexibility, and a commitment to human rights.

The challenges related to institutional access, structural limitations of the prison system, security requirements, and the vulnerabilities of participants highlighted the complexity of this setting and the need for continuous adaptation on the part of the researchers.

At the same time, the experience reinforced the importance of research as a means of bringing visibility to the mental health needs of this population, contributing to critical reflection on public policies and to the strengthening of more humanized models of care. It is hoped that this experience report will encourage further research in correctional settings and broaden the discussion regarding the guarantee of the right to health and the dignity of women deprived of liberty.

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