

SOCIODEMOGRAPHIC FACTORS AND SELF-PERCEIVED MENTAL BALANCE AMONG MEN INCARCERATED FOR SEXUAL CRIMES

INFLUÊNCIAS DE FATORES SOCIODEMOGRÁFICOS NA AUTOPERCEPÇÃO DE EQUILÍBRIO MENTAL EM HOMENS ENCARCERADOS POR CRIMES SEXUAIS

FACTORES SOCIODEMOGRÁFICOS Y AUTOPERCEPCIÓN DEL EQUILIBRIO MENTAL EN HOMBRES ENCARCELADOS POR DELITOS SEXUALES



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ABSTRACT

Considering that men deprived of liberty for sexual crimes are exposed to multiple psychosocial vulnerability factors, such as stigmatization, fragile social bonds, and limitations in access to care actions, it becomes relevant to investigate the self-perception of mental health in this context. This study aims to analyze the self-perception of mental balance among men incarcerated for sexual crimes, associating it with sociodemographic and prison-related characteristics, such as educational level, prison status, participation in activities, and family support. To this end, an exploratory, descriptive, and analytical study with a quantitative approach was conducted with 90 men deprived of liberty in a prison unit in southern Brazil. Data were collected through a structured questionnaire and analyzed using descriptive and inferential statistics, applying the chi-square test and linear trend analysis, with a 5% significance level. Thus, a high prevalence of very negative self-perception of mental health was observed, especially among individuals in pretrial detention and those with lower educational levels. A significant association was also found between participation in activities and better mental balance, as well as a lower frequency of death-related thoughts. These findings allow the conclusion that contextual and institutional factors, such as access to activities and the definition of legal status, exert a relevant influence on mental health in prison, reinforcing the need for intersectoral strategies to promote mental health in the prison system.

Keywords: Mental Health. Prisoners. Prisons. Social Determinants of Health. Rape.

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RESUMO

Considerando que homens privados de liberdade por crimes sexuais estão expostos a múltiplos fatores de vulnerabilidade psicossocial, como estigmatização, fragilidade de vínculos sociais e limitações no acesso a ações de cuidado, torna-se relevante investigar a autopercepção da saúde mental nesse contexto. Objetiva-se analisar a autopercepção do equilíbrio mental de homens encarcerados por crimes sexuais, associando-a a características sociodemográficas e prisionais, como escolaridade, condição prisional, participação em atividades e apoio familiar. Para tanto, procede-se a um estudo exploratório, descritivo e analítico, de abordagem quantitativa, realizado com 90 homens privados de liberdade em uma unidade prisional do sul do Brasil. Os dados foram coletados por meio de formulário estruturado e analisados por estatística descritiva e inferencial, utilizando o teste do qui-quadrado e análise de tendência linear, com nível de significância de 5%. Desse modo, observa-se elevada prevalência de autopercepção muito negativa da saúde mental, especialmente entre indivíduos em prisão provisória e com menor escolaridade. Verificou-se ainda associação significativa entre participação em atividades e melhor equilíbrio mental, bem como menor frequência de pensamentos de morte. O que permite concluir que fatores contextuais e institucionais, como acesso a atividades e definição da situação jurídica, exercem influência relevante sobre a saúde mental no cárcere, reforçando a necessidade de estratégias intersetoriais de promoção da saúde mental no sistema prisional.

Palavras-chave: Saúde Mental. População Privada de Liberdade. Prisões. Determinantes Sociais da Saúde. Estupro.

RESUMEN

Considerando que los hombres privados de libertad por delitos sexuales están expuestos a múltiples factores de vulnerabilidad psicossocial, como la estigmatización, la fragilidad de los vínculos sociales y las limitaciones en el acceso a acciones de cuidado, resulta relevante investigar la autopercepción de la salud mental en este contexto. El objetivo de este estudio es analizar la autopercepción del equilibrio mental de hombres encarcerados por delitos sexuales, asociándola con características sociodemográficas y penitenciarias, como el nivel educativo, la situación jurídica, la participación en actividades y el apoyo familiar. Para ello, se realizó un estudio exploratorio, descriptivo y analítico, con enfoque cuantitativo, con 90 hombres privados de libertad en una unidad penitenciaria del sur de Brasil. Los datos se recolectaron mediante un cuestionario estructurado y se analizaron mediante estadística descriptiva e inferencial, utilizando la prueba de chi-cuadrado y el análisis de tendencia lineal, con un nivel de significancia del 5%. De este modo, se observó una elevada prevalencia de autopercepción muy negativa de la salud mental, especialmente entre individuos en prisión preventiva y con menor nivel educativo. Asimismo, se verificó una asociación significativa entre la participación en actividades y un mejor equilibrio mental, así como una menor frecuencia de pensamientos de muerte. Estos hallazgos permiten concluir que factores contextuales e institucionales, como el acceso a actividades y la definición de la situación jurídica, ejercen una influencia relevante sobre la salud mental en el contexto penitenciario, reforzando la necesidad de estrategias intersectoriales de promoción de la salud mental en el sistema penitenciario.

Palabras clave: Salud Mental. Personas Privadas de Libertad. Prisiones. Determinantes Sociales de la Salud. Violación.

1 INTRODUCTION

In the year 2025, Brazil recorded the third largest prison population in the world, surpassed only by the United States and China (ObservaDH, 2024), with more than 900 thousand individuals deprived of liberty either in units of the penitentiary system such as physical cells and house arrests or in other custody facilities (Brasil, 2025). Data from the National Penal Information System (Sisdepen) indicate that, in 2024, the Brazilian prison population was mostly male, with 641,128 men deprived of liberty (95.66%) and 29,137 women (4.34%). In Paraná, this scenario is repeated in the total number of people incarcerated in the state, 38,196 (5.96%) were men and 2,378 (0.51%) were women (Brasil, 2025). In the context of deprivation of liberty for sexual crimes, we did not find statistical data available to make this comparison.

In this context, we often come across data that point to overcrowding, violence, lack of access to essential health services, and little supply of rehabilitation programs. These factors have a direct impact on the worsening of existing mental disorders, as well as on the development of new mental illnesses (Frazão; Souza; Nonato, 2024). According to the World Health Organization (WHO), mental health can be considered a state of well-being experienced by the individual, which enables the development of their personal skills to respond to life's challenges and contribute to the community. However, when we refer to people deprived of liberty, they are already in a situation of vulnerability even before incarceration, since their access to goods and services is limited (Cardoso, et. al. 2024). Upon entering the prison environment, the changes experienced, added to stressful factors, intensify feelings of anxiety, fear, helplessness, isolation, rejection, impotence, and low self-esteem, compromising mental balance (Silva, et. al. 2021).

As a result, deprivation of liberty can directly affect the mental health of individuals deprived of liberty. The situation and conditions of prison increase the risk of developing depression and dissatisfaction with life (YI, et al. 2017). The lack of work and education opportunities in the prison environment is also a risk factor for the emergence of mental disorders (Gabrysch, et al. 2019). In a study by Henry et al. (2020), 12.6% of people deprived of liberty have already experienced a serious mental illness and 25.5% other mental health disorders because they are incarcerated in an inhumane environment, which does not exert its real function of rehabilitation to a large extent. In another study by Gottfried and Christopher (2017) they showed that 63% of the men deprived of liberty in the study had mental health problems.

When addressing the theme of mental balance, another relevant point is family support, since it represents the main form of social interaction during the execution of the

sentence. This support plays a key role in offering emotional and affective support, contributing to the construction of values and behaviors that provide the individual with a sense of identity and belonging (Gato et al, 2022). In a study carried out by Calazans et al. (2022), the results found showed that family relationships are significantly impacted by the process of incarceration of men, so that stigma is also consolidated in family life through prejudice and social isolation. With this, it is also known that in situations of physical, mental or social vulnerability, family support is essential for maintaining the individual's quality of life and recovery. However, family abandonment, often experienced in the prison environment, contributes to the deterioration of the quality of life of people deprived of liberty.

A study conducted in the United States of America with 871 male respondents showed that incarcerated people with adequate mental health were less likely to recidivize after their freedom. This demonstrates that mental health within the prison environment is an important factor in cases of criminal recidivism (Wallace; Wang, 2020). Therefore, with the entry into prison, the State and the penal institution start to manage the basic needs of the individual, such as physical, mental, and social health (Bahiano, 2021).

In 2014, the Ministries of Health and Justice instituted the National Policy for Comprehensive Health Care for Persons Deprived of Liberty (PNAISP), through Ordinance GM/MS No. 02, representing an important advance in ensuring access to basic health services for this population (Brasil, 2014). However, the environment marked by restrictions, strict control, violence and idleness becomes hostile and stressful. Therefore, the health of the prison population is a public health issue, and many authors highlight the importance of research that subsidizes public policies and reduces physical and mental suffering inside and outside prisons (Jesus, et al. 2015).

In view of the problem exposed, the present study aims to analyze the self-perception of mental balance of men incarcerated for sexual crimes, associating it with sociodemographic and prison characteristics, such as education, prison condition, participation in activities and family support.

2 METHODOLOGY

This is an exploratory, descriptive, analytical study with a quantitative approach, developed with men deprived of liberty for sexual crimes.

The study was carried out at the Hildebrando de Souza Public Prison, in the municipality of Ponta Grossa, Paraná, Brazil. The study included 90 men incarcerated for sexual crimes, aged between 20 and 71 years, selected by convenience, according to the eligibility criteria defined by the institution.

Data collection took place between April and June 2025, and was carried out by students from the Nursing course at Faculdade Sagrada Família (FASF) and Dentistry at the State University of Ponta Grossa, previously trained and supervised by responsible professors. The interviews were conducted individually, on previously scheduled days and times, in a place reserved and authorized by the prison unit management, respecting institutional security standards. Sociodemographic information (age, marital status, race/color, education, previous employment status), variables of the prison context (length of incarceration, prison situation, and frequency of family visits) and self-perception of mental balance were collected.

A structured form was used, applied through interviews, containing closed questions. The variable self-perception of mental balance was evaluated based on the participants' self-perception, on an ordinal scale of five categories: very negative, negative, intermediate, positive and very positive.

The data were organized in a spreadsheet and analyzed using descriptive and inferential statistics. Categorical variables were presented in absolute and percentage frequencies. For the inferential analysis, the chi-square test of independence was used, with the objective of verifying associations between the perception of mental balance and the variables age group, length of incarceration and family support. Additionally, the *Linear-by-Linear Association* test was applied in order to identify possible progressive ordinal patterns among the variables analyzed, considering the ordinal nature of the categories. Statistical tests were performed using proprietary software.

In additional exploratory analyses, ordinal variables were converted into numerical scores, preserving the semantic order of the responses, enabling the evaluation of descriptive trends. A significance level of 5% ($p < 0.05$) was adopted.

The study was approved by the Research Ethics Committee, through Plataforma Brasil, under opinion No. 7,608,038/2025, in compliance with the guidelines of Resolution No. 466/2012 of the National Health Council. The research was authorized by the state and local management of the prison unit. All participants voluntarily consented to participate, by signing the Informed Consent Form or fingerprinting in cases of illiteracy.

3 RESULTS AND DISCUSSIONS

The study observed 90 men deprived of liberty, analyzing the self-perception of mental balance, considering variables age group, time of incarceration, family support

Table 1 shows the sociodemographic profile of men deprived of liberty for sexual crimes in the period studied.

Table 1

Sociodemographic profile of men in deprivation of liberty from April to June 2025

Variable	Category	%
Age (years)	Average (min.–max.)	34,7 (20–71)
Marital status	Single	41,2
	Married	14,9
	Divorced	4,1
	Widower	0,7
Race/Color	White	55,6
	Brown	36,7
	Black	7,8
Education	Incomplete Elementary School	61,1
	Complete Elementary School	11,1
	Incomplete high school	14,4
	Complete high school	7,8
	Illiterate	5,6
Previous employment situation	Informal/self-employed work	70,0
	Formal work	30,0
Family support (visits)	Receives no visits or support	45,6
	Receives visits regularly	35,6
	Receives visits sporadically	18,8

Source: the authors, 2025.

The sociodemographic profile observed in this study, characterized by the mean age of young adults, predominance of single individuals, low education and mostly informal labor insertion, is convergent with findings described in the national literature on people deprived of liberty for sexual crimes. Brazilian studies that analyzed men convicted of rape of a vulnerable person and other sexual offenses indicate that most of these subjects have trajectories marked by social vulnerabilities, especially low education and precarious socioeconomic conditions, factors that precede incarceration and influence the way these individuals are inserted in the penal system (Santos; Andrade, 2019; Silva, 2021). The high proportion of individuals with incomplete primary education observed in this sample reinforces the understanding that limited education is a relevant marker of social exclusion among sexual offenders in the Brazilian context, although it should not be interpreted as a causal factor of the crime.

On the international scene, studies conducted with incarcerated sex offenders in countries such as Spain, Turkey, and Taiwan also describe similar sociodemographic profiles,

with wide age variation, male predominance, low or intermediate educational levels, and a history of unstable occupations before prison (García et al., 2020; Yildiz et al., 2022; Tsai et al., 2018). These investigations highlight that, despite the cultural and legal differences between countries, social determinants (such as schooling, working conditions, and fragile family ties) appear recurrently in the characterization of this population. Thus, the analysis of the sociodemographic profile should be understood as a fundamental contextual element for the interpretation of findings related to mental health and emotional balance, contributing to a broader and more integrated approach to the phenomenon of sexual crime and incarceration.

Table 2, which deals with the characterization of age and the perception of mental balance, it was observed that the age group of participants between 20 and 30 years old had the highest perception of mental balance (59.45%).

Table 2

Characterization of the age group and self-perception of mental balance

Age group	Very negative (%)	Negative (%)	Intermediate (%)	Positive (%)	Very positive (%)
20–30 years old	13,51	0,00	16,21	10,81	59,45
31–40 years old	22,85	5,71	14,28	2,85	54,28
41–50 years old	40,00	0,00	10,00	20,00	30,00
51–60 years old	40,00	0,00	0,00	0,00	60,00
61–71 years old	50,00	0,00	50,00	0,00	0,00

Source: the authors, 2025.

The collected data indicate that the perception of mental balance has a different distribution according to the stage of life, while young adults demonstrate greater adaptive capacity and psychosocial resilience, older individuals reveal emotional fragility due to the expanded awareness of the sentence and the aging process in prison. A similarity was observed in a study carried out in Pernambuco with 15 participants, which highlights that incarcerated elderly individuals face specific challenges related to aging, such as social isolation and the emotional impact of prolonged incarceration (Júnio; Silva, 2022).

Recent research reinforces this relationship, highlighting that incarcerated older adults face challenges related to aging, such as social isolation, psychological distress, and forced medicalization, negatively impacting their mental health (Toledo, 2025). Although many incarcerated elderly people do not fully understand the impact of years of exclusion, such as

the absence of autonomy, this factor, for example, exerts a direct influence on their physical and mental health, since incarceration can affect the well-being and quality of life of people deprived of liberty, generating psychological suffering, restrictions on freedom and limitations on the expression of individual autonomy (Vilela; Dias; Sampaio, 2021).

A qualitative study carried out in Bahia analyzed the perception of the incarcerated population for the first time about their adaptation to the prison environment. The findings showed that young adults, especially in the age group of 25 to 30 years, found it easier to adapt to the rules and routines of the penitentiary system. This adaptation may be related to greater emotional and psychological flexibility. In addition, the study showed that young people demonstrate superior ability in building interpersonal relationships within prison, favoring social integration and reducing isolation and loneliness (Bahiano, 2021). These results suggest that youth can function as a protective factor, attenuating mental suffering in the context of prison.

Table 3 examined the relationship between the length of time of incarceration and the perception of mental balance. Among the participants with less than 6 months of incarceration, 56.6% said they had positive mental health, while 24.53% were very negative.

Table 3

Characterization of the time of incarceration and the self-perception of mental balance

Incarceration time	Very negative (%)	Negative (%)	Intermediate (%)	Positive (%)	Very positive (%)
< 6 months	24,53	0,00	13,20	5,67	56,60
6 months – 1 year	10,00	5,00	20,00	10,00	55,00
1 – 3 years	20,00	6,67	13,33	13,33	46,67
> 3 years	50,00	0,00	50,00	0,00	0,00

Source: the authors, 2025.

Regarding the time of incarceration, 56.6% of the participants with less than 6 months of incarceration stated the presence of mental balance, while of the individuals with more than 3 years of incarceration, 50% were undecided and the other 50% perceived the mental balance as very negative. These data suggest that there is a phase of consolidated psychological adaptation during the intermediate time of incarceration, in which the individual develops mechanisms to deal with the prison environment (Oliveira, Valença, 2020). This fact is comparable to the study carried out in Santa Catarina, which identified a lower recidivism rate among individuals with intermediate prison time, suggesting that, during this period, these individuals can develop more effective coping mechanisms and a psychological adaptation that contributes to greater emotional stability (Souza; Golgher; Silva, 2024). On the other hand, the prolongation of time can lead to a worsening of psychic conditions, due

to emotional exhaustion, isolation and lack of social reintegration (Oliveira, Valença, 2020). In addition, Baiano and Faro (2022) reinforce the idea that exposure to prison stressors such as social isolation, and lack of control over one's own life is strongly associated with the worsening of inmates' mental health, especially associated with increased sentences.

Table 4 shows that men who have already been sentenced have better self-perception of mental health compared to those who are still in a provisional situation, but it is also noted that both sentenced and provisional individuals obtained significant percentages regarding negative self-perception of mental health, which reinforces the prison environment as harmful to mental health.

Table 4

Percentage distribution of self-perception of mental health according to prison condition

Situation	Very negative (%)	Negative (%)	Intermediate (%)	Positive (%)	Very positive (%)
Provisional (n=63)	66,7	7,9	15,9	0,0	9,5
Sentenced (n=27)	59,3	3,7	25,9	3,7	7,4

Source: the authors, 2025.

The literature describes incarceration as an environment with a high load of stressors (restriction of freedom, rupture of bonds, institutional violence, deprivation of privacy and limited access to care) and, therefore, associated with relevant psychological suffering. Recent research on the prevalence and risk of mental health in populations deprived of liberty pointed out that disorders and symptoms of anxiety, depression, substance use, and comorbidities appear to be highly prevalent, suggesting that the negative perception may reflect both previous illness and aggravation by factors in the prison environment (Shnyder et al., 2025). These same authors describe that uncertainty about the outcome of the process aggravates mental health, which is in line with other studies focused on inmates that emphasize the high burden of mental health problems in this group, reinforcing that pretrial detainees constitute a population with specific needs and often more acute (Andrade et al., 2023; Albrecht et al., 2025). The literature indicates that people in pretrial custody have specific mental health needs, often more intense than those observed after the sentence is defined, reinforcing the importance of priority attention to this group.

On the other hand, among those sentenced, there was a higher proportion of responses in the intermediate and positive categories, although in modest percentages. This pattern may indicate a gradual process of psychological adaptation to incarceration after the sentence is defined, associated with the predictability of the routine and the reduction of

anxiety related to the uncertainty of the judicial outcome (Andrade et al., 2023). However, the low frequency of positive perceptions in both groups suggests that such adaptation does not eliminate mental distress, but may attenuate extremely negative perceptions over time.

In the Brazilian context, these findings should be analyzed in the light of the structural characteristics of the prison system, marked by a high proportion of pretrial detainees and limitations in the provision of comprehensive mental health care. Institutional reports highlight that the fragility of the psychosocial care network in prison and the difficulty in accessing early interventions contribute to the maintenance of psychological suffering among people deprived of liberty (National Council of Justice, 2024; Ministry of Human Rights and Citizenship, 2023). Thus, the results reinforce the need for mental health screening and follow-up strategies from the beginning of incarceration, with special attention to individuals in pretrial detention.

Table 5 addressed the perception of mental balance in relation to family support, especially due to the frequency of visits received. In this context, there was no significant difference in the perception of mental health with the frequency of visits.

Table 5

Characterization of self-perception of mental balance and family support

Family support	Very negative (%)	Negative (%)	Intermediate (%)	Positive (%)	Very positive (%)
Regular visits	30,30	3,03	9,10	6,06	51,51
Sporadic visits	12,50	0,00	12,50	18,75	56,25
Doesn't receive visitors	17,08	2,43	19,51	4,88	56,10

Source: the authors, 2025.

The descriptive results presented show that family support does not influence the perception of mental balance among individuals deprived of liberty, which goes against studies that identified that the absence of family ties was statistically associated with a higher incidence of depressive symptoms while family relationships acted as a protective factor for the mental health of prisoners (Bahiano; Faro; Turri, 2021). The same study also demonstrated that the presence of the family through regular visits strengthens emotionally, helping to build more stable routines (Bahiano; Faro; Turri, 2021). The family is recognized as a protective link during the period of incarceration, being the main form of social bonding and emotional support. It contributes to the construction of identity, influences behaviors and decisions, and directly impacts the way men and women face the experience of prison (Gato et.al, 2022). It is important to note, however, that even among the participants without family support, most still stated that they agreed with the perception of mental balance. This finding

may indicate the presence of individual coping mechanisms, such as spirituality, peer support, work occupations, or participation in therapeutic projects, which are recognized by the literature as protective factors in the prison context (Oliveira, 2022). Thus, the result of this research demonstrated that, for the participants, the family support present during the visits did not demonstrate a direct effect on the self-perception of the positive mental health of the inmates, contrary to the literary findings.

Table 6 shows that individuals with lower education concentrate a higher proportion of very negative perceptions of mental health. Among the illiterate, 80.0% reported a very negative perception, while among those with incomplete primary education this proportion was 61.8%. A more balanced distribution of responses was observed among participants with complete elementary education, although the positive perception is still a minority. These findings indicate a descriptive trend of worse self-perception of mental health associated with lower levels of education.

Table 6

Percentage distribution of self-perception of mental health according to schooling

Education	Very negative (%)	Negative (%)	Intermediate (%)	Positive (%)	Very positive (%)	Very negative (%)
Illiterate	80,0	0,0	0,0	0,0	20,0	100
Incomplete Elementary School	61,8	9,1	20,0	0,0	9,1	100
Complete Elementary School	50,0	10,0	20,0	10,0	10,0	100
Incomplete high school	69,2	0,0	23,1	0,0	7,7	100
Complete high school	85,7	0,0	14,3	0,0	0,0	100

Source: the authors, 2025.

This pattern found between schooling and mental health is widely discussed in the literature as an expression of the structural social inequalities that precede incarceration and that are intensified in the prison environment, directly affecting the way individuals perceive and cope with psychological suffering (Silva; Oliveira; Santos, 2021; Rocha et al., 2023).

In the Brazilian context, studies show that low education is associated with greater social vulnerability, less access to health information, difficulties in communicating with professionals, and limited development of coping strategies in the face of adverse situations, such as deprivation of liberty (Santos et al., 2020; Silva; Oliveira; Santos, 2021). In prison environments, these limitations can be enhanced by institutional rigidity and the scarcity of structured educational actions, contributing to a more negative perception of mental health among individuals with less education. Thus, the high concentration of very negative

perceptions among illiterate people and people with incomplete primary education evidenced in this study is supported by national surveys that describe schooling as an important social determinant of mental health in private prison.

In the international scenario, research conducted in different prison systems reinforces this association between low education and worse mental health indicators. Studies carried out with incarcerated populations in Europe and North America indicate that individuals with a lower level of education have a higher prevalence of depressive symptoms, anxiety, and psychological distress, as well as a lower perception of control over their own health (Fazel et al., 2016; Albrecht et al., 2025). These authors highlight that schooling plays a mediating role in the relationship between social exclusion, incarceration and mental illness, influencing both the recognition of suffering and the search for institutional support.

Although in this study there was a relatively more balanced distribution of responses among participants with complete elementary education, the positive perception of mental health remains a minority even in this group. This finding suggests that, although schooling has a partial protective effect, the prison context imposes significant limits on psychological well-being, regardless of educational level. In this sense, international studies indicate that incarceration, in itself, represents a risk factor for the worsening of mental health, and can partially neutralize the protective effects of schooling when there are no institutional policies for education, work, and mental health promotion adequately implemented (Who, 2022; Albrecht et al., 2025).

Thus, the result of this research, associated with findings in national and international literature, reinforces the need for intersectoral public policies that expand access to formal education and educational activities in the prison system, not only as a strategy for social reintegration, but also as an action to promote mental health. Schooling should be understood as a central element in the approach to psychological suffering in prison, articulated with other dimensions of care, such as psychosocial support, prison work and strengthening of social bonds, as recommended by national and international guidelines for health care for the population deprived of liberty (Brasil, 2014; Who, 2022).

Table 7 shows the associations between the variables age group, length of incarceration and family support, prison context and perception of mental balance, and the Chi-square statistical tests of independence and *Linear-by-Linear Association*. The tests reinforced the result of statistical non-significance, even though the descriptive data point to different trends in the variables.

Table 7

Sociodemographic variables, prison context and self-perception of mental balance, Chi-square statistical tests of independence and Linear-by-Linear Association (Linear Tendency)

Independent variable	Statistical test	Go od luc k	Statistics	P-value
Age group × Perception of mental balance	Chi-square of independence	16	$\chi^2 = 16,16$	0,442
Age group × Perception of mental balance	Linear-by-Linear Trend Association	1	$Z = -0.23$	0,817
Incarceration time × Perception of mental balance	Chi-square of independence	12	$\chi^2 = 10,02$	0,614
Incarceration time × Perception of mental balance	Linear-by-Linear Trend Association	1	$Z = -0.07$	0,946
Family support × Perception of mental balance	Chi-square of independence	8	$\chi^2 = 7,21$	0,514
Family support × Perception of mental balance	Linear-by-Linear Trend Association	1	$Z = 0.09$	0,926

Legend: GL-Degree of Freedom; χ^2 = chi-square value; Z = linear trend test statistics. A significance level of 5% ($p < 0.05$) was adopted.

Source: the authors, 2025.

Thus, the results indicate that no variable showed a statistically significant trend in isolation to mental balance. However, the prison condition of provisional situation, which indicates legal instability, showed the greatest descriptive tendency to the worst self-perception of mental balance, followed by the fragility of family support. It is noteworthy that even though the data have not been proven through statistical calculation, this result does not invalidate the research, on the contrary, it points to new perspectives for different analyses and new care strategies for the public studied.

4 CONCLUSION

In view of the results presented, we can see that access to activities and definition of the legal situation exert a relevant influence on mental health in prison; the other variables, such as family support present in the visits, were not evidenced as relevant for mental balance, as pointed out in different literatures. Thus, the understanding between the self-perception of psychic balance in prison can help in the understanding and development of psychosocial interventions aimed at this population. By considering the different variables, it is possible to envision more assertive actions that favor the mental balance of the population deprived of liberty, contributing to rehabilitation and reduction of criminal recidivism. Finally, it was noted that there are few studies on self-perception of mental health, especially in prison for sexual crimes.

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