LOCKED-DOWN, LOCKED-UP OR A DOUBLE LOCKDOWN FOR INMATES? A CRIMINOLOGICAL ANALYSIS ON THE PSYCHOSOCIAL IMPACT OF COVID-19 ON INMATES

Ann-Mari Hesselink[1] and Karen Booyens[2]

ABSTRACT

Since the start of the COVID-19 pandemic, the world, as we knew it, has changed for everyone. COVID-19 has shown not to distinguish between social class, gender, qualifications, race and even law-abiding and criminal behaviour. The risk of being infected with COVID-19 and the psychosocial impact thereof on inmates, albeit functioning in an enclosed environment that endorses isolation from the rest of society, are underestimated. Imprisonment inherently necessitates a difference in controlling the infection, choice of association, maintaining a healthy lifestyle, good hygiene, communication with loved ones, and in practicing social distancing. Prisons are restricted regimes and normally not designed for social distancing. Overcrowding complicates good hygiene practices, rehabilitation, orderly behaviour, adequate emotional and psychological support and the safety and wellbeing of offenders. COVID-19, and the requirement of social distancing, influences education classes, exercise, contact with loved ones, communication, emotional turmoil, rehabilitation, and communal worshipping in prisons, thus, creating a double lockdown for offenders. Not having regular contact with loved ones and a mounting sense of isolation, frustration, anguish, distress, fear and helplessness impedes order and wellbeing in prisons and may increase prison misconduct and violence between inmates. This qualitative research employs secondary data analysis on existing national and international reports, which form the basis of this study to unpack offenders' imprisonment realities during the lockdown period. Common themes from the data were identified, analysed and interpreted. The Coercion and Social Support Theory demonstrates how exposure to COVID-19 within a prison setting and a lack of family contact and visits exacerbate mental health problems and incite violence in prisons. Findings demonstrate a chain effect of predominantly poor prison conditions; insufficient communication with prison authorities and loved ones; inmates with pre-existing medical conditions; poor social distancing; limited access to healthcare; lack of rehabilitation and support; and limited prison activities, coupled with the threat of COVID-19, have a detrimental psychological effect on inmates, resulting in violence, unrest and riots to cope with the pandemic.

Keywords: *Lockdown; psychosocial impact; COVID-19; early release; violence; restriction on movement, correctional centres, offenders.*

INTRODUCTION

The global inmate population is estimated at 11 million with mental health problems and disorders projected to be higher than in the general population (Fazel, Hayes, Bartella, Clerici & Trestman, 2016: 871-881; Franco-Paredes, Jankousky, Shultz, Bernfield, Cullen, Quan, Kon, Hotez, Henao-Martínez & Krsak, 2020: np; Hewson, Shepherd, Hard & Shaw, 2020: 568-570). In affirming this, Fazel et al (2016: 871-881) profess that offenders display high rates of psychiatric disorders and in some countries, there are more offenders with severe mental illness in prisons than in

1. Dr. Professor, Department of Criminology and Security Science, School of Criminal Justice, College of Law, University of South Africa, Pretoria. Email: hesselae@unisa.ac.za.
ORCiD: http://orcid.org/0000-0002-5777-2170.

2. Dr. Senior Lecturer, Department of Social Work and Criminology, University of Pretoria. Email: Karen.booyens@up.ac.za. ORCiD: 0000-0002-6497-3835.

psychiatric hospitals. Despite this, and offenders' high level of need, their disorders are often underdiagnosed and poorly treated in prison (Fazel et al, 2016: 871-881).

Offenders' vulnerability is aggravated by confined spaces, limited medical care and restricted movement (Akiyama, Spauling & Rich, 2020: 2075-2077). COVID-19 intensifies the risk of exposure in setting off a chain effect (or a ripple effect that has an impact on a broader scale than just the infection of the Coronavirus itself) of physical and psychological consequences for inmates (Dutheil, Bouillon-Minois & Clinchamps, 2020: 480-481). The Coronavirus is reliant on the interactions and density of human behaviour and the constant flow into and out of prisons endangers the health and wellbeing of offenders (Franco-Paredes et al, 2020: np). The nature and design of prisons facilitate the vulnerability of inmates, since prison settings are not equipped to deal with an outbreak once it enters the prison walls (Burki, 2020: 1411-1412; Kothari, Forrester, Greenberg, Sarkissian & Tracy, 2020: 165-168). Londoño, Andreoni and Casado (2020: np) lament that worldwide, prisons have become breeding grounds for COVID-19, encouraging many governments to release several hundred thousand inmates to prevent and curb the spread of the infection behind bars.

To curb the spread of infection in prisons, the World Health Organisation recommended global guidelines to address the spread of Coronavirus (Dutheil et al, 2020: 480-481). The recommendations are aligned with the general population regarding access control (suspension of visits), environmental actions (disinfection procedures), personal protection procedures (hand washing and use of masks), social distancing and movement (i.e., gym and group exercise and religious practices) limitations (Dutheil et al, 2020: 480-481). However, Kothari et al (2020: 165-168) accentuate that offenders in England are facing challenges with inadequate testing equipment, overfull and underfunded prisons, inadequate access to hygiene facilities and showers which exacerbates offenders' concern of infection, encouraging high anxiety levels and a heightened need for support.

The impact of the COVID-19 pandemic on millions of incarcerated persons is of major concern to academics, general society and loved ones of prisoners (Fovet, Lancelevèe, Eck, Scouflaire, Bècache, Dandelot, Giravalli, Guillard, Horrach, Lacambre, Lefebvre, Moncany, Touitou, David & Thomas, 2020: S60-S65). However, many people in society behave as if prisons do not exist and that inmates do not come in and out of prisons – not realising that offenders are products of society (Clayton, 2020: np). Londoño et al (2020: np) relate that COVID-19 has highlighted the plight and dire circumstances of offenders with enduring problems, such as: inadequate treatment options; confined space for outbreaks; limited access to health care; filth; overcrowding; and violence, in prisons across the world.

The research aims to explore the impact of COVID-19 on offenders' daily functioning amidst their imprisonment reality on a national and an international scale. The objective of the research is to outline the psychological and psychosocial consequences related to COVID-19 on inmates. To redirect towards a global understanding, the terms: 'inmate'; 'offender'; and 'prisoner', terms that will be used interchangeably, as will be the case with: 'correctional centres'; 'jails'; and 'prisons'. This is done to ensure a common understanding for both national and international audiences.

RESEARCH METHODOLOGY

An exploratory analysis on the effect and functioning of offenders during COVID-19 while imprisoned directed this research. The research objectives encompassed the identification of psychological and psychosocial effects associated with COVID-19 and imprisonment.

The research draws on a qualitative approach to ascertain a comprehensive understanding of the psychological effects of COVID-19 on offenders within the correctional system The research highlights offenders' experiences, understanding and functioning within their unique environment (Tewksbury, 2009: 38 & 59). Data was collected by means of secondary analysis

(Shirindi, 2018: 52), which entails the reworking of existing data by researchers who were not involved in the primary research (Strydom & Delport, 2011: 383). The advantages of secondary analysis being that the data are readily available; the method is cost effective and convenient; new insights on a previous dataset are generated; and different conclusions and recommendations can be drawn from the data (Johnston, 2014: 624; Shirindi, 2018: 52).

National and international journal articles, news reports, books, official offender-related websites and official prison reports and documents dated from 2009 to 2020, relating to offenders, COVID-19, methodology and theories were reviewed. All these sources were in the public domain.

The six stages of thematic analysis, as outlined by Braun and Clarke (2006), were applied to analyse the data. The stages include: i) familiarising with the data; ii) generating initial codes; iii) searching for themes; iv) reviewing the themes; v) defining and naming themes; and vi) producing report (Braun & Clarke, as cited in Nowell, Norris, White & Moules, 2017: 4). Ethical clearance was obtained from the first author's institution. The data is password protected and will be stored for a period of five years after which it will be destroyed.

DISCUSSION

The discussion below sketches existing national and international data related to offenders, COVID-19 and the psychological effect of the pandemic on inmates' functioning in prisons. It is imperative to first understand the global correctional response to the outbreak of COVID-19 in prisons, since some of the strategies employed by governments had an adverse effect on prisoners.

NATIONAL AND INTERNATIONAL CORRECTIONAL RESPONSE TO THE COVID-19 PANDEMIC

After the outbreak of COVID-19 it became apparent that worldwide correctional centres were not equipped to deal with this global pandemic (Burki, 2020: 1411; Zeveleva, 2020: np). Incarcerated offenders are a particularly vulnerable group for contracting COVID-19, due to a myriad of factors, such as: prison overcrowding, which makes maintaining social distancing difficult, if not impossible; many inmates suffer from physical health condition, such as: HIV; tuberculosis; and diabetes, which further exacerbate their vulnerability to COVID-19 infection (Gorman & Ramaswamy, 2020: 325; Heard, 2020: np; International Drug Policy Consortium, 2020: 1; Monama, 2020: 36; Department of Correctional Services (DCS), 2020(d): 92). As a result of this, the correctional response (generally) across the globe, was to reduce (decongest or decarcerate) the correctional population through the release of low-risk and non-violent offenders; reducing pre-trial detention for those who could not afford bail; modifying isolation policies and restricting social contact by cancelling or limiting visits (Burki, 2020: 1411-1412; Londoño et al, 2020: np; Mahtani, 2020: np; Makgatho, 2020: np; Robinson, Heyman-Kantor & Angelotta, 2020: 1135; Russel Webster, 2020(b): np; Sambo, 2020: 7).

In response to the National State of Disaster, the South African Department of Correctional Services (DCS) implemented a COVID-19 Disaster Management Response (DMR) Strategy to mitigate against the outbreak of COVID-19 in correctional centres. The DMR Strategy included the prevention; containment; treatment; and recovery of COVID-19 in prisons (Gantana & Jabanyane, 2020: 10; Sambo, 2020: 6). Apart from the DMR Strategy, the DCS also implemented the suspension of Correctional Supervision and Parole Board hearings, except under exceptional circumstances (such as: the special COVID-19 parole dispensation); splitting out-of-cell time for the distribution of food; not granting day parole to qualifying sentenced offenders; limiting the transfer and movement of inmates; and suspending visits to correctional centres (DCS, 2020(a): np; Sambo, 2020: 7).

On 25 March 2020, the United Nations (UN) High Commissioner for Human Rights, Michelle Bachelet (2020: np), had urged governments to reduce prison overcrowding by releasing older and sick inmates, as well as low-risk offenders.

During 2018/2019, the DCS housed a total inmate population of 162 875 with approved bed space of 118 572. This meant that approximately 44 000 offenders were held in correctional centres without the necessary infrastructure, such as: toilets; showers; and beds (DCS, 2019: 46). The appeal by the UN led to the announcement on 8 May 2020 that South Africa would release low-risk offenders under a special COVID-19 parole dispensation, this would represent a 12 percent reduction in prison overcrowding (Dube, 2020: np; DCS, 2020(b): 10). Offenders excluded from this parole dispensation included: those incarcerated for sexual offences; violent offences; high treason; sabotage; terrorism; those declared dangerous (Section 286A of the Criminal Procedure Act, 51 of 1977); offenders sentenced to life imprisonment; violations under the Domestic Violence Act (Act 116 of 1998); and those certified as mentally ill (DCS, 2020(b): 6). Offenders considered for the special COVID-19 parole dispensation must appear before the Correctional Supervision and Parole Board, starting with the most vulnerable, namely: those with underlying health problems; elderly (aged above 60 years); and female offenders with infants (Fraser, 2020: np; DCS, 2020(b): 9). Those considered for the special parole dispensation must also partake in Victim Offender Dialogue and the taking of fingerprints and DNA by the South African Police Services (SAPS) to ensure that they are not linked with other criminal cases (Dube, 2020: np; DCS, 2020(b): 9-10). It was estimated that nationally, about 19 000 inmates will benefit from this special parole (DCS, 2020(b): 9) and by mid-July 2020, approximately 7 000 inmates had been released (Dube, 2020: np). In line with the conditional parole, offenders who do not abide by the conditions as set out by the Correctional Supervision and Parole Board, risk being re-arrested (DCS, 2020(b): 10). Visits to all correctional centres were suspended on 15 March 2020, for an initial 30 days, which was extended for a longer period. In addition, no visits were allowed for: oversight agencies (i.e., the Judicial Inspectorate for Correctional Services); lawyers; and civil society organisations (i.e., visitation rights were recalled (The Presidency, 2020: np). On 7 September 2020, visits to correctional centres and remand detention facilities were resumed with certain restrictions, namely: one non-contact visit per inmate per calendar month; one visitor per inmate at a time; non-contact consultation visits with their lawyers; and for urgent matters, legal representatives and inmates could communicate telephonically (DCS, 2020(c): np).

The response to the COVID-19 outbreak in West Africa was to limit prison visits and to release inmates (West Africa Drug Policy Network, 2020: np). For example, in Nigeria President Buhari granted a presidential pardon to 2 600 prisoners in April 2020 in order to reduce overcrowding in the country's correctional facilities. Inmates who qualified for the presidential pardon were those: aged 60 years and older; in poor health; and lastly inmates sentenced to three or more years who had less than six months left of their sentence. In Ghana over 800 first time offenders were granted amnesty (Mahtani, 2020: np; Reuters staff, 2020: np). In many African countries more than 40 percent of the prison population are pre-trial detainees, and almost half of the Angolan correctional population comprises of awaiting trial detainees, the Angolan authorities released almost 1 900 pre-trial detainees (International Drug Policy Consortium, 2020: 1; Machado, 2020: np). In Uganda, new admissions to prison have been suspended and 2 000 people have been identified for release (Henry, 2020: 537). In Ethiopia, the COVID-19 State of Emergency Inquiry Board recommended the release of those inmates who met pardon and probation requirements. This recommendation led to the pardon of more than 4 000 prisoners who were to be released soon or who had been given sentences of less than three years for minor crimes (Ekubamichael, 2020: np; Mahtani, 2020: np; United Nations Office on Drugs and Crime (UNODC), 2020(a): np).

Internationally, Europe, Asia, the United States of America (USA) and Brazil implemented several strategies to address COVID-19 in jails and prisons, such as: decarceration; restricting or cancelling prison visits; limiting the use of short-term sentences; and isolating inmates (International Drug Policy Consortium, 2020: 2). At the time of writing this article, Ireland had released approximately 300 inmates and the Ministry of Justice in France proposed the delay of short-term prison sentences (International Drug Policy Consortium, 2020: 2). In Italy, prisoners were isolated from the outside world and strategies were put in place to identify and treat infected inmates (Cingolani, Caraceni, Cannovo & Fedeli, 2020: 3-4). In the United Kingdom (UK), the release of low-risk inmates was introduced in April 2020 and high-risk offenders were not considered for release, while visits to prisons were also evoked (Burki, 2020: 1412; Ministry of Justice & Her Majesty's Prison and Probation Services, 2020: np). Iran has released at least 70 000 prisoners, including those who tested negative for COVID-19, could afford to post bail and suffered from underlying health issues; Afghanistan freed over 12 000 inmates; Indonesia granted early release to more than 50 000 inmates and Turkey released and/or transferred almost 100 000 prisoners to house arrest (Henry, 2020: 537; International Drug Policy Consortium, 2020: 2; Khan, 2020: np). In Pakistan, visits have been limited and movement within the prison has been restricted (Ayyaz, Butt, Umar, Khan & Farooka, 2020: 343). Many states within the USA released low-risk offenders, namely: those on pre-trial detention (failure to pay as a result of poverty); and those who were in detention for parole violations. In addition, all family visits were eliminated; in-person legal visits were suspended; mealtimes varied; recreation times limited; congregated gatherings stopped; and movement inside correctional facilities, except for medical care, was restricted (Barnert, Ahalt & Williams, 2020: 964; Gorman & Ramaswamy, 2020: 325; Marcum, 2020: 762).

Brazil, with the third largest prison population in the world, granted temporary release to 30 000 inmates, and those who were not released were placed in cohort isolation. This entailed at-risk inmates being assigned to an independent section of the prison with cells holding only a small number of inmates. Furthermore, the National Penitentiary Department revoked the entry of visitors, with the exception of visits by lawyers; emergency visits; and those that by their nature could not be postponed (medical purposes) (De Matos, 2020: 1; Sánchez, Simas, Diuana & Larouze, 2020: 3).

THE PRISON ENVIRONMENT AND PSYCHOLOGICAL CONSEQUENCES ON INMATES

This section outlines the causal sequence of various factors, such as: the prison environment and prison conditions; disruption of prison life; access to medical service and offenders pre-existing medical conditions; access to food and water; social distancing and restriction of movement; violence; riots; self-harm and suicidal behaviour, as well as contact with loved ones on offenders' psychological wellbeing.

Prison environment and mental health

The nature of prisons and its sometimes-inhumane conditions (i.e., overcrowding, unhygienic conditions, access to poor medical services and inadequate diets), means that offenders are less resilient to social threats, such as COVID-19, and this may increase the risk of developing psychiatric conditions that place additional stress on the inmates' emotional wellbeing and mental health (Serafini, Parmigiani, Aemrio, Aguglia, Sher & Amore, 2020: 531-537). Prisoners are not necessarily equipped with the coping skills and support to deal with the double-lockdown induced by the cumulative impact of COVID-19 lockdown because they are already imprisoned with limited space (Russell Webster, 2020(b): np). Levin (2020(a): np) refers to these circumstances as 'double punishment' for offenders.

Poor prison conditions

Worldwide, many prisons are compared to concentration camps with appalling and dire humanitarian conditions (Londoño et al, 2020: np; Raghavan & Loveluck, 2020: np). Several offenders reside in poorly maintained prisons with insufficient ventilated buildings, crammed cells with unsanitary conditions and rows of bunk beds, narrow tiers and limited communal bathroom facilities, effecting social distancing in prison (Clayton, 2020: np; Raghavan & Loveluck, 2020: np). Research (Franco-Paredes et al, 2020: np; Londoño et al, 2020: np) illustrates a strong link between inadequate hygiene conditions; condensed space; unsatisfactory sanitation; insufficient ventilation; limited exercise opportunities; and prisons being breeding grounds of communicable disease outbreaks.

Overcrowding is a common problem shared in many prisons across the globe (Cloud, Ahalt, Augustine, Sears & Williams, 2020: 27312; Levin, 2020(a): np; 2020(b); np). This social ill hampers physical space; social distancing efforts; operative medical isolation; and required quarantine procedures in prisons (Dutheil et al, 2020: 480-481; Nelson & Kaminsky, 2020: 513-514). Densely populated prisons circumvent: adequate health; rehabilitation; the emotional and psychological wellbeing and protection of offenders, generating a booming environment for the spreading of COVID-19 (Clayton, 2002: np; Franco-Paredes et al, 2020: np). Overcrowded prisons furthermore strain budgets; defying healthy food; education; healthcare; infrastructure maintenance; security; recreational opportunities; and utility costs for prisons (World Population Review, 2020: np).

Disruption of prison life and routine

The spread of the Coronavirus created chaotic and unruly correctional environments around the world – in female and male prisons, for example in: Argentina (female prison); Brazil (female prison); Colombia; El Salvador; Iran; Italy; Philippines; Russia; United Kingdom; and the United States of America (Holloway, 2002: np). The Coronavirus disrupted the normal prison activity, such as: education; rehabilitation services; group work; religious activities; and gym attendance (Cardwell, 2020: np). Misinformation and poor communication from many prison authorities and public health authorities created a significant stressor for offenders, since they needed appropriate information and guidelines to ease anxiety, confusion, fear and frustrations (Serafini et al, 2020: 531-537). In this regard, it is important to provide prisoners with accurate, precise and relevant information on the COVID-19 pandemic, emphasising their roles and responsibilities to ensure adequate psychological and physical preparation, adherence to physical distancing, to empower offenders, reduce anxiety levels and in promoting trust and resilience (Hewson et al, 2020: 568-570).

Access to medical service and protective equipment

International norms specify that offenders should be subjected to the same standard of health care as the wider community (Burki, 2020: 1411-1412) but this does not occur in all prisons. The reality is, if you are an offender, you cannot simply select to visit the nurse, doctor or the emergency room; offenders must pass many officers to access medical healthcare, impeding swift medical reaction (Burki, 2020: 1411-1412).

Fovet et al (2020: S60-S65) and Franco-Paredes et al (2020: np) maintain that access to medical services is limited, and, with overcrowding, it poses a threat of massive infection of COVID-19. Unsanitary prisons with deficient sanitary items (hand sanitisers; face masks; and thermometers) and poor supply of personal protective equipment heighten inmates' anxiety and fears (Franco-Paredes et al, 2020: np; Nelson & Kaminsky 2020: 513-514).

Burki (2020: 1411-1412) adds that in general, and for instance in countries, such as: Afghanistan; Brazil; Democratic Republic of Congo; England; South Africa; and Peru, there is a low offender-clinical staff ratio; a lack of medicine and prison hospitals; and that many prisons are severely understaffed. This means that offenders must be extremely ill and in a bad state before they receive the required treatment they need. Lastly, to send offenders for external medical care means it is risky in seconding more personnel and transport (Burki, 2020: 1411-1412; Londoño et al, 2002: np; Makgatho, 2020: np; Raghavan & Loveluck, 2020: np; Russell Webster, 2020(b): np; Zeveleva, 2002: np).

Offenders and pre-existing medical conditions

Burki (2020: 1411-1412) voices the concern, that with prisons' unhealthy environments that offenders are often in poorer health than the general population. As such, prisons house many inmates with pre-existing medical conditions, such as: with cancer; diabetes; high rates of asthma; HIV; hepatitis C; virus (HCV); hypertension; neurodevelopmental disorders; and tuberculosis, which all increase this population's risk of complications (Akiyama et al, 2020: 2075-2077; Burki, 2020: 1411-1412; Kothari et al, 2020: 165-168). Not only do inmates have pre-existing medical conditions, but their health also deteriorates in overcrowded prisons with poor nutrition and sanitation and a lack of access to fresh air and exercise (UNODC, 2013: 14).

Access to adequate food and water

Many offenders around the world are exposed to poor diets (Russell Webster, 2020(b): np), are concerned and frustrated "about the variety, quality and quantity of food" (HM Inspectorate of Prisons, 2020: np) and in some prisons, "even poor-quality food is in short supply" (Burki, 2020: 1411-1412). Other inmates complained that they do not receive enough food and access to (running) water while quarantined, making it difficult to stay hydrated while battling Coronavirus (Levin, 2020(b): np). Furthermore, such prisons (and conditions) are a perfect environment for COVID-19 infection (Kothari et al, 2020: 165-168).

In the Democratic Republic of Congo, food is budgeted for one meal a day in prisons (Burki, 2020: 1411-1412). It is alleged that 60 people died from hunger at Kinshasa's central prison in early 2020 (Burki, 2020: 1411-1412). In Brazil, gang leaders threatened with violent uprisings and smuggled out letters to relatives indicating that they are going hungry, receiving rancid food and they enticed other criminal gangs in Brazilian prisons to commence with a war against the government (Londoño et al, 2020: np). In Johannesburg (Gauteng, South Africa), inmates' fears were augmented when there were delays in preparation of food ascribed to the quarantine of the inmates who prepare and cook the food, and due to allegations that some clinics, kitchens, security and records offices at Johannesburg and Pretoria prisons were shut down due to COVID-19 infections (Makgatho, 2020: np).

Social distancing and restrictions of movement

Social distancing in prison is challenging, nearly impossible and difficult to achieve (Nelson & Kaminsky, 2020: 513-514; Raghavan & Loveluck, 2020: np). Imprisonment was designed for inmates to function close to each other and the proximity enables the spread of infections beyond prison walls (Dutheil et al, 2020: 480-481; Russell Webster, 2020(b): np). Hence, extremely contagious viral infections, such as: measles; mumps; and COVID-19, can be swiftly distributed among prisoners, staff and the general population (Franco-Paredes et al, 2020: np). Social distancing can be attained by restricting offenders' movements inside the prison by halting education, training and religious activities, limiting access to gyms and courtyards, as well as splitting out-of-cell time for meals (O'Moore, 2020: np). Inmates' movements to the outside of prison can also be restricted, for example to-and-from court. This entails that court cases are

delayed and may exceed the statutory deadlines for incarceration. For example, it is stipulated in the *White Paper on Remand Detention and Management in South Africa* that the DCS must refer remand detainees court before completing a period of two years for consideration of their detention and thereafter annually if the remand detainee remains in detention after the initial referral (DCS, 2014: 71-72). These restrictions on movement may lead to anxiety and tension resulting in prison riots and escapes, as well as institutional violence (Heard, 2020: np; Henry, 2020: 537; International Drug Policy Consortium, 2020: 1; UNODC, 2020(b): np). Furthermore, it has been found globally that suicide and self-harm rates are high in prisons, particularly in the category of inmates that are on remand and extending this period through court delays could heighten the risk of such action by them (Hewson et al, 2020: 568-569). Lastly, movements (transfers) between prisons can be reduced, and this is referred to as compartmentalisation (O'Moore, 2020: np).

Violence, riots, self-harm and suicidal behaviour

Worldwide, prisons were placed on lockdown to stop the Coronavirus from spreading, while violent prisoner protests have upset penal systems (Zeveleva, 2020: np). In 2020 large numbers of prisoners died in violent COVID-19-related prison riots, signifying the first global prison turmoil (Zeveleva, 2020: np). The chain effect of lockdown, being locked-up and creating a double lock-up for offenders resulted in a spike in attacks; unrest; self-harm behaviour; violence; murder, and several protest actions occurred, such as: offenders refusing to die in prison; climbing on prison roofs; and setting fire to mattresses and bedding (Holloway, 2002: np).

Zeveleva (2020: np) found that these prison riots occurred as a result of: inmates' fear of the spreading of Coronavirus; lack of social distancing; inadequate medical health facilities; no sanitising equipment; and deprivation of family contacts. Countries that experienced prison riots, violence and unrest during the early part of the COVID-19 pandemic, include: Australia; Belgium; Brazil; Chile; Egypt; France; French Guiana; Greece; Lebanon; Luxembourg; Mexico; Peru; Qatar; South Africa; Spain; Switzerland; Syria; Thailand; Trinidad and Tobago; and Turkey. In addition, countries where riots resulted in fatalities, include: Afghanistan (2 deaths); Argentina (1); Chad (2); Columbia (23); India (3); Indonesia (1); Iran (approximately 36); Italy (13); Jordan (2); Mauritius (1); Nigeria (approximately 8); Romania (3); Russia (1); Sri Lanka (2); and Venezuela (approximately 10) (Zeveleva, 2020: np). Prison authorities also had to deal with many cases of insubordination, involving inmates refusing to return to crowded cells after daily exercise walks in prison courtyards (Raghavan & Loveluck, 2020: np).

Research demonstrates that many prisons are violent by nature; plagued by gang activity; bullying behaviour; mental illness; riots and unrests, which resulted in the death of many offenders and escapes that were further linked to the chaos and fear of COVID-19 in prisons (for example, in Colombia; Italy; Iran; and Russia) (Fazel et al, 2016: 871-881; Holloway, 2020: np). In Johannesburg, (Gauteng Province, South Africa), riots caused mayhem in several prisons over fear of the spread of COVID-19 that also claimed the lives of warders and inmates (Makgatho, 2020: np).

According to Fazel et al (2016: 871-881), suicide; self-harm behaviour; violence and victimisation, are more prevalent in offenders than non-offenders of similar age and gender. Mentally disturbed offenders, with a history of violence, are at a higher risk for further engagement in violence and their risk of committing physical assaults are higher than with members of the public (Fazel et al, 2016: 871-881). Offenders with mental health disorders are also excessively involved in prison infractions; violation of prison rules; and violent incidents and are also more likely to be injured in a fight (Fazel et al, 2016: 871-881). Moreover, Burke-Smith (2020: np) holds that suicide is the foremost cause of death in prisons. The fear of, and frustration with, COVID-19 and its effect on prisons, give rise to offenders taking matters into their own hands with increased levels of violence; escape; self-harm behaviour; and suicide ideation (Cardwell, 2020: np; HM Inspectorate of Prisons, 2020: np).

Medical isolation and solitary confinement

Cloud et al (2020: 27312-27313) distinguish between medical isolation (to be cared for separate in a medical facility); quarantine (strict isolation to prevent the spread of a disease); and solitary confinement (the isolation of an offender in a separate cell as punishment). Supporting this, Franco-Paredes et al (2020: np) state that besides for disciplinary purposes, solitary confinement and social distancing are the opposite of incarceration, since medical isolation is not for punishment, but to ensure inmates practice social distancing during the COVID-19 pandemic. With COVID-19, social isolation is linked to boundaries and lockdown procedures, and this might harbour for prisoners' abnormal feelings of anxiety; fear of dying; fear of the new and unknown communicable disease; fear of inadequate healthcare facilities; and precariousness about the future (Cloud et al, 2020: 27312-27313; Serafini et al, 2020: 531-537).

For many prisons, the only available space for medical isolation or quarantine are the single cells with solid cell doors that are detached from the communal dormitories (Cloud et al, 2020: 27312-27313). Reassigning solitary confinement spaces for medical purposes impose the risk of prison staff implementing policies that encourage living conditions associated with harmful psychological consequences, such as: an escalation of incidental mental illness; anger; anxiety; depression; psychosis; paranoia; and bigger mortality after release from prison (Cloud et al, 2020: 27312-27313; Fovet et al, 2020: S60-S65). Research (Hewson et al, 2020: 568-570; HM Inspectorate of Prisons, 2020: np) indicates that even short periods in solitary confinement are linked to psychological consequences, while it has further been established that since the outbreak of COVID-19, there has been a 500 percent increase in the utilisation of solitary confinement to enforce physical distance between offenders (Hewson et al, 2020: 568-570). This, even though solitary confinement has been proven under international law to be: inhuman; cruel; unethical and degrading treatment; punishment that is psychologically damaging to prisoners that may result in physical idleness; sensory deprivation; lasting trauma; self-harm; suicidal behaviour; and violence (Burke-Smith, 2020: np; Hewson et al, 2020: 568-579).

With solitary confinement, offenders are normally released back into the general prison population at the judgement and discretion of prison staff, while under medical isolation and quarantine, this temporary procedure (of approximately 14 days) is at the discretion of medical professionals (Cloud et al, 2020: 27312-27313). The average medical isolation of 14 days, which is in line with and does not exceed the United Nation's Standard Minimum Rules for the Treatment of Prisoners, (known as the 'Nelson Mandela Rules'), which ascribe solitary confinement longer than 15 days as torture (Cloud et al, 2020: 27312-27313). Offenders placed in medical isolation can be accommodated with other COVID-19 positive inmates, preferably with access to resources that make the separation on a psychological level tolerable, such as: daily updates from the medical staff; communication with family and friends; and access to radio, television and reading material (Akiyama et al, 2020: 2075-2077; Cloud et al, 2020: 27312-27313). It is then no surprise that offenders who know that they will be placed in solitary confinement if they display symptoms of the Coronavirus, will be discouraged to pursue medical attention to avoid fear of further segregation and increased loneliness and isolation (Burki, 2020: 1411-1412; Kothari et al, 2020: 165-168).

The punitive use of isolation during the COVID-19 pandemic, with unstipulated system-wide facility lockdowns where inmates could not adequately exercise outside; communicate with their loved ones; interact with healthcare personnel; or participate in rehabilitation and therapeutic programmes; pastoral engagements, deterred many offenders from reporting COVID-19 symptoms, thereby further threatening the health of all other inmates and correctional staff (Cloud et al, 2020: 27312-27313; Kothari et al, 2020: 165-168).

Contact with family and friends

Cardwell (2020: np) describes that, for many people in society, prisons and prisoners are "out of sight and thus out of mind". However, it is crucial for offenders to uphold and preserve social and interpersonal relationships, since it aids in offenders' mental and physical health; rehabilitation; positive reintegration into the community; and in curbing recidivism (Burke-Smith, 2020: np; De Claire & Dixon, 2015: 197-190; Proctor, 2020: np). Clayton (2020: np) and Zeveleva (2020: np) maintain that in over 80 countries, visitation bans for prisoners were used as a widespread tactic to limit connectedness between prisoners and the outside world, primarily in an effort to prevent the spread of the Coronavirus. Clayton (2020: np) and Raghavan and Loveluck (2020: np) state that the suspension of family visits resulted in families of inmates not knowing what was going on inside the prisons and this resulted in some families forming support groups on social media to share information; offer encouragement and support; and to criticise the state's response to COVID-19 inside prisons.

Visits and contact with family members; delivery of goods from family members; visits by legal personnel and Non-Government Organisations (NGOs), were limited or banned in prisons, leaving offenders on an emotional level more vulnerable and prompting violence in prisons (Akiyama et al, 2020: 2075-2077; Zeveleva, 2020: np). In some instances, many inmates relied on relatives for extra clothing; more nutritious food (than provided in prison); medicine; toiletries; and linen. During the COVID-19 lockdown, prisoners, whose families were unable to deliver medicine to inmates, in several instances resulted in their withdrawal and emotional distress of these offenders (Muntingh 2020: np; Zeveleva, 2020: np).

Research (De Claire & Dixon, 2015: 185; Levin, 2020(b): np) has shown that, on the one hand, regular contact and visits from family members have a positive effect on prisoners' wellbeing; reducing incidents of rule breaking (in prison); and reoffending behaviour. While, on the other hand, a lack of visits from family members has a negative effect on inmates' emotional wellbeing and mental health, often triggering depression, self-harm and suicidal tendencies (De Claire & Dixon, 2015: 186-189). Literature (De Claire & Dixon, 2015: 189-195; HM Inspectorate of Prisons, 2020: np) further attests that deprivation of family contact and visits negatively affect inmates' existing stress; sense of self-worth; social identity; sense of security; distress levels; parent-child bonds; and further depletes emotional resources for offenders. As a result of the negative impact of not having contact with loved ones during COVID-19, some prisons in England and Wales implemented video conferencing facilities for families. Although there are advantages to this, for example children not being exposed to the prison environment and inmates being able to see loved ones in their home (intimate) environments, Sherriff (2020: np) warns against the emotional impact on inmates seeing their homes again on a video conference call after long periods away.

Psychological reactions to COVID-19

The outbreak of COVID-19 in prisons contributed to many reactions on a psychological level that is interconnected with a physical level (Holloway, 2020: np). Many inmates, out of desperation of the dire prison conditions (a lack of health care and overcrowding) and fear of COVID-19, took matters into their own hands, fuelling tension, mayhem, murder, setting fires and riots (Montemurro, 2020: 23-34). On a psychological level, research (Clearly, 2020: np; Russell Webster, 2020(a): np & 2020(b): np; Serafini et al, 2020: 531-537;) confirms that COVID-19 has triggered an 'emotional tsunami', prompting a multitude of mental health issues, inclusive of: anxiety: depression; enhanced isolation; emotional distress; frustration; feelings of hopelessness and helplessness; hysteria; panic attacks; pre-existing post-traumatic-stress disorders (PTSD); stress; uncertainty; and suicidal behaviour.

Other psychological reactions related to the global correctional population and COVID-19 encompass the following: anger; boredom; confusion; emotional disturbance; emotional exhaustion; grief; insomnia; irritability; loneliness; mood swings; numbness; psychosis; self-harm behaviour; tension; and reoffending behaviour (Fazel et al, 2016: 871-881; Fovet et al, 2020: S60-S65; Hewson et al, 2020: 568-570). Further adverse effects emanating from the COVID-19 pandemic and consequent lockdowns include: aggression; anger; antisocial personality disorder; bipolar disorder; health problems; impaired decision-making skills; hyperarousal; lack of safety; major depressive disorder; schizophrenia; substance abuse; and involvement in violence (Burke-Smith, 2020: np; Levin, 2020(a): np; Londoño et al, 2020: np). In this regard, Cardwell (2002: np) points out that, particularly the young and elderly offenders, are most affected by the unfavourable effects of COVID-10 in prisons.

FINDINGS

The research findings generated emerging themes that are associated with prisoners' daily reality with lockdown and COVID-19. These themes include:

Prison environments and mental health:

The prison environment, characterised by unhygienic and inhumane living conditions, which endorse the spread of COVID-19, may be detrimental to an inmate's mental health (Serafini et al, 2020: 531-537). The double-lockdown, and consequent isolation; lack of activity; and mental stimulation, may cause anger; frustration; and stress among offenders (Goomany & Dickinson, 2015: 415).

Poor prison conditions:

Globally, prisons are frequently poorly maintained with insufficient ventilation and limited bathroom facilities. This facilitates the spread of COVID-19 and generates anxiety and fear amongst inmates (Franco-Paredes et al, 2020: np). Overcrowding hinders enforcing social distancing practices, measures which certainly assist in curbing the spread of COVID-19 in prisons. Prison overcrowding remains a concern internationally and has an impact not only on the safety and security of inmates but at the time of the global COVID-19 pandemic also the health and emotional wellbeing of those incarcerated (Clayton, 2020: np; UNODC, 2013: 12).

Disruption of daily prison life:

Inmates' daily routines concerning: education; rehabilitation services; and exercise habits, are disrupted with lockdown and COVID-19, resulting in anger and frustration and it negatively affect offenders' emotional health and welfare (Holloway, 2020: np). In order to ease anxiety among the prison population regarding the COVID-19 pandemic it is important to provide them with information, which could be in the form of short information flyers; awareness posters; or videos. Printed communication and information about COVID-19 could be displayed in common areas, such as the recreational area (World Health Organisation, 2020: 15).

Access to medical health care and protective equipment:

Access to limited medical healthcare facilities; low inmate-clinical staff ratio; and insufficient access to protective and sanitary equipment, were reported by prisoners. This exacerbated inmates' fear of the Coronavirus, and it also negatively affected their emotional functioning (Burki, 2020: 1411-1412).

Offenders and prior medical conditions:

Pre-existing medical conditions, such as: asthma; diabetes; hypertension; and HIV/AIDS, render offenders vulnerable to infected with COVID-19 and it produces anxiety and emotional distress stress in surviving the Coronavirus in prison (Akiyama et al, 2020: 2075-2077).

Access to adequate food and water:

Generally, prison diets are characterised by poor quality and small quantity of food provided. An unhealthy diet does not aid in fighting viruses, such as COVID-19. Not all offenders had access to clean running water during the pandemic, increasing their suffering during the pandemic lockdown (Russell Webster, 2020(b): np).

Social distancing and restrictions of movement:

In general, jails and prisons were not designed or built with social distancing and the management of pandemics in mind. This void in design accelerated the spread of viruses and increased inmates' distress thereby compromising further their emotional and psychological wellbeing (Dutheil et al, 2002: 480-481). The restriction of movement, in order to maximise social distancing, may contribute to higher levels of stress, anxiety and institutional violence (Heard, 2020: np).

Violence, riots, self-harm and suicide:

Many prisons are violent by nature, housing, as they routinely do, violent and aggressive offenders. This, coupled with limited spaces; overcrowding conditions; and poor access to healthcare, may facilitate self-harm behaviour; suicide; riots; unrest; and violence in prisons (Hewson et al, 2020: 568-569; Zeveleva, 2020: np).

Medical isolation and solitary confinement:

In many correctional facilities inmates are being medically isolated and housed in units used for punishing people with solitary confinement. This may cause severe psychological trauma resulting in adverse behaviour and negative reactions (Stewart, Cossar & Stoové, 2020: 1227-1228). Some of the adverse behavior and reactions that inmates in isolation may have experienced, include: finding it difficult to remember and concentrate; irritability; and anger. These inmates are also likely to experience stress-related reactions, such as: decreased appetite; sleeplessness; paranoia; and anxiety. Over a prolonged period, inmates may start feeling uncomfortable around people. The long-term effect of this is that once released, such an inmate may experience anxiety in the presence of others and, as a result, may isolate (socially withdraw) themselves from society (Stringer, 2019: np).

***Contact with and visits from loved ones*:**

Through visits, inmates receive the necessary moral support, human interaction and contact from the outside world and this gives them hope and it affects their mental and physical health in a positive manner (Le Marcis-Frederic, 2020: np; Sherriff, 2020: np; Stewart et al, 2020: 1227). One of the strategies employed by many countries across the globe to address the spread of COVID-19 in prisons was to reduce or completely stop visits by loved ones and legal representatives. This strategy, although necessary, had a negative impact on inmates' emotional wellbeing and mental health, with suicide ideation and self-harm as a result (Stewart et al, 2020: 1227).

Offenders' psychological reactions to lockdown and COVID-19:

Numerous negative psychological reactions to the lockdown of prisons and COVID-19 have been documented in this secondary data review. To list a few, namely: adverse reactions, such as: anger; anxiety; fear; frustration; depression; emotional distress; feelings of hopelessness and helplessness; hysteria; and PTSD, were reported by inmates affected by the lockdown and COVID-19 (Hewson et al, 2020: 568-569; Zeveleva, 2020: np). These adverse reactions often manifested in outbreaks of violence; prison escapes; self-harm; and suicide ideation (Gardwell, 2020: np).

APPLYING THEORY TO PRACTICE

Colvin, Francis, Cullen and Vander Ven's (2002) Coercion and Social Support Theory integrates coercion (the increase thereof) and social support (the decrease thereof) in explaining engagement in criminality. This theory links criminality and mental health problems of offenders with coercion and insufficient and unreliable social support from significant others (Colvin, Francis, Cullen & Vander Ven (2002), as cited in Zavala & Kurtz, 2016: 877-885).

Francis, Cullen and Vander Ven (2002) proclaim that coercion stems from the "strength of coercion" (Colvin, Francis, Cullen & Vander Ven (2002), as cited in Zavala & Kurtz, 2016: 879). Putting this in context, the strength of coercion is reinforced when there is a lack in family contact and when prison authorities do not adequately communicate with offenders. Coercion is thus reinforced in prisons when family contact is restricted or removed and when prison authorities are withholding vital information (i.e., on COVID-19 and contact with family and friends) from offenders. Within a correctional environment, this 'strengthened coercion' may entice aggressive, violent and criminal actions. According to Zavala and Kurtz (2016: 877-885), coercion occurs when inmates are forced to adjust their behaviour (i.e., levels of violence) and reactions (i.e., anxiety and fear) to negative forces (threat of COVID-19 infection) that instigate riots and unrests. When inmates experience erratic and unreliable social support from family members and friends, it can negatively impact their self-worth, sense of security, self-control, social bonds and increase feelings of isolation (Zavala & Kurtz, 2016: 879-883). Coercive ideation exacerbates anger which can ignite violence, riots, unrests and further involvement in crime (Zavala & Kurtz, 2016: 879-883). Thus, erratic social support (i.e., from family and loved ones) can generate anger, and mental health problems, leading to further criminality and substance abuse within the prison population (Zavala & Kurtz, 2016: 879-883). In applying this to offenders and with reference to the global prison unrests and violence during the COVID-19 pandemic (Clayton, 2020: np; Holloway, 2020: np; Montemurro, 2020: 23-24; Russell Webster, 2002(a): np; Zeveleva, 2020: np), a decrease in contact with family and friends and insufficient information on COVID-19 from the prison authorities induced feelings of anger; fear; isolation; and depression, in offenders and it also gave rise to riots; unrest; and violence in prisons (Sherrif, 2020: np; Stewart et al, 2020: 1227-1228).

In turn, consistent and reliable support from family members, friends and community members (i.e., NGOs and religious leaders/groups) reduces the risk of criminality; anger levels, and it promotes: social bonds; social control; a sense of trust; and strong moral commitment to friends, family and social institutions (Zavala & Kurtz, 2016: 879-883). Accordingly, continuous social support endorses, validates and confirms offenders' dignity; sense of importance; self-worth; and social identity (Zavala & Kurtz, 2016: 879-883). In confirming this, Serafini et al (2020: 531-537) hold that elevated perceptions of social support are linked to reduced probabilities of causing psychological distress and psychiatric conditions.

RECOMMENDATIONS

To adequately prepare for similar pandemics in prisons, it is imperative to learn from past experiences and existing research on COVID-19. Lessons learned from this research endeavour include the following:

- Increased time spent out of cells for offenders proved to be effective to control the outbreak of pandemics and in lifting (improving) offenders' moods.
- Effective psychological services should be available for inmates to address and reduce the psychological impact of pandemic outbreaks.
- Health education must be available on online platforms for prisoners to reduce social fear and to avoid discrimination and stigmatisation during a health crisis.
- Prisons should be equipped with functional hospital protocols with effective management of health emergencies.
- Facilities for social distancing, which are not associated with further punishment measures (such as solitary confinement) are needed during times of medical crises.
- There should be adequate protective facilities for medical isolation and enough prison healthcare professionals if healthcare crises emerge.
- Adequate provision of distraction materials, such as: in-cell yoga; playing cards; reading materials; uplifting movies; psychological self-help material; and puzzles, should be available for prisoners during medical crises.
- The 'cherry picking' of low-risk inmates considered for early release to ease overcrowding and social distancing stigmatises offenders considered too deviant (i.e., violent and sex offenders) and further dehumanises excluded groups of offenders and negatively impacts on their psycho-social functioning. Although the authors acknowledge that this may be perceived as an unfair system that is advantageous to a selected group of offenders, the greater good for the majority weighs heavier, as during the COVID-19 pandemic. It is important to regard public safety first and foremost and, therefore, it is not in the interests of society to release violent offenders, sex offenders, repeat offenders and those who have proven that they cannot lawfully function in society. Offenders who are 'left behind' in the system (due to the nature of their offences and adjustment to corrections/prison life) should receive the best possible treatment whilst serving their sentences. This includes subjection to principles of social distancing; sanitising; wearing of masks; receiving medical attention when needed; and being isolated when infected without isolation being used as a tool to punish (i.e., being placed in solitary confinement) offenders. Lastly, the early release of offenders, as a practice, does effectively diminish the overcrowding rate, since this is linked to the high conviction rate and incarceration sentences imposed on convicted persons.
- Lastly, attention should be given to prisoner stressors, such as: their reactions to illness; lockdown conditions; death of relatives; and delays in parole and court hearings, to reduce prison deaths; violence; riots unrests; self-harm and suicidal behaviour in prison.
  (for more detail on the above see: HM Inspectorate of Prisons, 2020: np; Kothari et al, 2020:165-168; Lofaro & McCue, 2020: 380; Serafini et al, 2020: 531-537).

CONCLUSION

The secondary data presented in this article outlines prisoners' reactions and reality to social distancing, the COVID-19 pandemic and social control. A myriad of psychological reactions linked to the lockdown and COVID-19 were highlighted, ranging from: anxiety; depression; fear; frustration; PTSD; to self-harm and suicidal behaviour. During COVID-19, prison lockdowns resulted in the hyper-isolation of offenders with detrimental psychological effects on their emotional and mental wellbeing and their safety in prisons. Hyper-isolation generated a causal sequence, extending from poor prison conditions to inadequate medical and psychological assistance, leaving this marginalised population more vulnerable to psychological and mental conditions and further engagement in crime.

The Coercion and Social Support Theory (Colvin et al, 2002) illustrates how increased coercion in terms of offenders' feelings of anger; fear and frustration; and a lack of information from prison authorities during the COVID-19 pandemic, may have a knock-on effect (a domino or a ripple effect) on violence and unrest in prisons. Similarly, a decrease in social support, representative of a lack contact-visits from loved ones, may create a causal effect that may exacerbate emotional distress, depression and isolation within the offender population, which, in turn, may invoke aggressive and violent behaviour (Zavala & Kurtz, 2016: 879-883). Lessons learned from the COVID-19 pandemic and the incarcerated population's reactions to this, illustrate that penal systems around the world need policies and resources to deal with any similar future outbreaks. If these are not in place then an unruly prison population, fuelled by: anger; anxiety; emotional distress; fear; hysteria; and violence, might impede the effective management and rehabilitation of offenders.

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