

Self-care Practices of People Deprived of Liberty in an Alternative Prison System

Práticas de Cuidado de Pessoas Privadas de Liberdade em um Sistema Prisional Alternativo

Prácticas de Cuidado de Personas Privadas de Libertad en un Sistema Penitenciario Alternativo

RESUMO

Objetivo: Compreender as práticas de cuidado realizadas pelos recuperandos, considerando a influência do contexto institucional em sua experiência de saúde integral. **Métodos:** Pesquisa qualitativa, descritiva, com 15 recuperandos em regime fechado, realizada em uma Associação de Proteção e Assistência aos Condenados, em um município da Zona da Mata Mineira, em outubro e dezembro de 2023. Foram realizadas entrevistas abertas semiestruturadas, analisando segundo a Análise de Conteúdo de Bardin. A pesquisa respeitou todos os aspectos éticos. **Resultados:** Os participantes relataram práticas de cuidado relacionadas à alimentação equilibrada, higiene, atividades físicas, lazer, educação continuada, espiritualidade e prevenção de doenças. O contexto da APAC, com rotina estruturada, segurança afetiva, estímulo à responsabilidade individual e acompanhamento em saúde, favoreceu a internalização e execução dessas práticas. **Conclusão:** A APAC atua como locus de produção de cuidado, promovendo saúde integral, resgate da autoestima, reconstrução da identidade e preservação da dignidade dos recuperandos, evidenciando seu potencial como modelo inovador de privação de liberdade.

DESCRIPTORES: Cuidados de Enfermagem; Prisioneiros; Teorias de Enfermagem.

ABSTRACT

Objective: To understand the care practices performed by recovering inmates, considering the influence of the institutional context on their experience of comprehensive health. **Methods:** A qualitative, descriptive study was conducted with 15 inmates in a closed regime at an Association for the Protection and Assistance of Convicts (APAC) in a municipality in the Zona da Mata Mineira region, between October and December 2023. Semi-structured interviews were conducted and analyzed according to Bardin's Content Analysis. The research complied with all ethical principles. **Results:** Participants reported care practices related to a balanced diet, hygiene, physical activities, leisure, continuing education, spirituality, and disease prevention. The APAC context, with its structured routine, affective security, encouragement of individual responsibility, and health monitoring, fostered the internalization and implementation of these practices. **Conclusion:** The APAC acts as a locus for the production of care, promoting comprehensive health, the recovery of self-esteem, identity reconstruction, and the preservation of the dignity of recovering inmates, highlighting its potential as an innovative model of deprivation of liberty.

DESCRIPTORES: Nursing Care; Prisoners; Nursing Theories.

RESUMEN

Objetivo: Comprender las prácticas de cuidado realizadas por los recuperandos, considerando la influencia del contexto institucional en su experiencia de salud integral. **Métodos:** Investigación cualitativa, descriptiva, realizada con 15 recuperandos en régimen cerrado en una Asociación de Protección y Asistencia a los Condenados (APAC), en un municipio de la Zona da Mata Mineira, entre octubre y diciembre de 2023. Se realizaron entrevistas semiestructuradas, analizadas según el Análisis de Contenido de Bardin. La investigación respetó todos los principios éticos. **Resultados:** Los participantes informaron prácticas de cuidado relacionadas con una alimentación equilibrada, higiene, actividades físicas, ocio, educación continua, espiritualidad y prevención de enfermedades. El contexto de la APAC, con una rutina estructurada, seguridad afectiva, estímulo a la responsabilidad individual y seguimiento de la salud, favoreció la internalización y ejecución de estas prácticas. **Conclusión:** La APAC actúa como un locus de producción de cuidado, promoviendo la salud integral, la recuperación de la autoestima, la reconstrucción de la identidad y la preservación de la dignidad de los recuperandos, evidenciando su potencial como un modelo innovador de privación de libertad.

PALABRAS CLAVE: Atención de Enfermería; Prisioneros; Teorías de Enfermería.

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Beatriz Santana Caçador
Nurse. Associate Professor in the Department of Medicine and Nursing at the Federal University of Viçosa. PhD in Nursing.
ORCID: <https://orcid.org/0000-0003-4463-3611>

Juliane Firmino Penna
Nursing student at the Federal University of Viçosa.
ORCID: <https://orcid.org/0009-0008-2935-1900>

Laylla Veridiana Castória Silva
Nurse. PhD candidate in Nursing at the Federal University of Minas Gerais.
ORCID: <https://orcid.org/0000-0002-6488-3485>

Eduarda Maria Sartori
Undergraduate student in Nursing at the Federal University of Viçosa.
ORCID: <https://orcid.org/0009-0004-4151-6553>

Maria Paula Leite Resende

Pedro Paulo do Prado Junior
Undergraduate student in Nursing at the Federal University of Viçosa.
ORCID: <https://orcid.org/0009-0003-2473-4009>

Gian Batista Carmo
Nurse. Associate Professor in the Department of Medicine and Nursing at the Federal University of Viçosa. PhD in Nutrition Science.
ORCID: <https://orcid.org/0000-0002-3426-3496>

João Vitor Andrade
Nurse. Master's degree in Health Sciences from the Federal University of Viçosa.
ORCID: <https://orcid.org/0000-0002-5125-5615>

Maria Paula Leite Resende
Nurse. PhD candidate in Nursing at the Federal University of Alfenas
ORCID: <https://orcid.org/0000-0003-3729-501X>

INTRODUCTION

The Brazilian prison system faces serious challenges related to structural precariousness, overcrowding, and inhumane conditions, which compromise not only social reintegration but also the physical, mental, and social health of people deprived of their liberty¹. Amid this scenario, in 1972, the first Associations for the Protection and Assistance of Convicts (APACs) emerged as an innovative alternative to the traditional prison model. The dissatisfaction of convicts and frequent rebellions motivated lawyer Mário Ottoboni, together with those undergoing rehabilitation, to develop the APAC methodology, which aims at resocialization through work, spirituality, among other principles.

APAC is a private, non-profit civil entity, supported by Law No. 7,210 of July 11, 1984, whose Article 4 de-

termines that "the State shall resort to community cooperation in the activities of enforcing sentences and security measures"³. Unlike the conventional prison system, APAC seeks human valorization and the humanization of punishment, associating spiritual practices from different religious backgrounds. This model shows promising results, with recidivism rates below 10%, while the traditional system exceeds 85%².

The APAC methodology is based on raising awareness of work and spirituality as tools for reflection and personal transformation. The resocialization process provides for the progression of the sentence from closed to semi-open to open prison, and then to supervised release, in addition to enabling the professionalization of those undergoing rehabilitation in various areas, broadening their prospects for entering the job market.

Despite these advances, studies investigating the care practices for people deprived of their liberty in this APAC method are still scarce. There are therefore gaps in knowledge related to possible care practices in such a unique context. Considering that the APAC method is implemented in a context of deprivation of liberty with possibilities for human development as well as many rules to be strictly followed, there is a unique context for the provision of care. Thus, concerns arise regarding the care practices possible in APAC, considering the influence of the institutional context on the well-being and overall health of these individuals.

In this sense, nursing plays a fundamental role, as the care and promotion of individual autonomy constitute its field of action. Dorothea Orem's Self-Care Deficit Theory, in this perspective, offers a theoretical framework for understanding how

individuals can develop and exercise care and self-care practices even in contexts of vulnerability, guiding the nurse's performance in assessing capabilities, identifying deficits, and implementing educational and support interventions^{4,5}.

Thus, the application of Orem's Theory⁵ in the context of alternative prison systems can allow us to analyze how inmates take responsibility for their own care and how the institutional environment favors or limits this process. Considering this perspective, the guiding question of the study was: "What are the care and self-care practices developed by people deprived of liberty in APAC and how does the institutional environment contribute to this process?" The objective of the study was, therefore, to understand the care practices performed by recovering individuals, considering the influence of the institutional context on their comprehensive health experience.

METHOD

This is a qualitative, descriptive study, as it understands that subjectivity, unique experiences, and the meanings attributed by individuals to their experiences cannot be reduced to numbers or statistical measurements. Qualitative research allows for the understanding of human complexity and social relations, while the descriptive aspect allows for the portrayal of characteristics of a given phenomenon or population, favoring the understanding of particular aspects that emerge from the reality under investigation⁶.

The research was conducted at an Association for the Protection and Assistance of Convicts (APAC) in a municipality located in the Zona da Mata region of Minas Gerais. Currently, the institution's headquarters has 49 places for male inmates, 29 of which are for closed regime and 20 for

semi-open regime. The daily routine of the inmates begins at 6 a.m. and ends at 10 p.m., and during the day, everyone works, studies, and receives professional training in order to avoid idleness. Security at the facility is provided with the collaboration of inmates, employees, and volunteers.

Those who were in closed prisons, over 18 years of age, and who agreed to participate in the research were invited to participate in the study. On the other hand, those who were absent at the time of data collection, whether due to hospitalizations, trials, or custody hearings, were excluded. The interviewers, nursing students and nurses, were previously trained and qualified to collect data.

A semi-structured script was used for data collection, which included sociodemographic questions and guiding questions for the study, namely: "What does care mean to you?" and "What care practices do you perform?" The semi-structured script was used because it offers the flexibility to obtain specific information through closed questions, while allowing for the exploration of additional ideas and perspectives through open questions⁶.

It should be noted that the interviews took place between October and December 2023 and were conducted individually at the institution itself, in a space that provided privacy for their completion. The interviews were recorded in digital audio and transcribed in full for analysis.

The material was processed following the steps of Thematic Content Analysis, proposed by Bardin⁸. Initially, a pre-analysis was carried out, which consisted of reading, organizing, and preparing the interviews. Next, the material was explored, with the definition of categories. Finally, the data were processed and interpreted, promoting the condensation of information, the identification of nuclei of meaning, and articulation

with the supporting theory, allowing for the construction of a critical and reflective analysis⁸.

Regarding ethical aspects, this study obtained approval from the Research Ethics Committee (CEP), registered under number 6.187.415 and CAAE: 70722023.5.0000.5153. Thus, all ethical aspects were respected and the norms of Resolution 466/12 of the National Health Council (CNS) were followed⁹. The anonymity of the interviewees was protected, with the characterization established as A, followed by the interview number (A1 to A15). In addition, the research posed minimal risks of any kind to the participants surveyed. Participants were informed of the study's objectives and importance, as well as its benefits and risks. If they agreed to participate, the interviewees read the Free and Informed Consent Form (FICF), followed by clarification of any questions by the researcher and signing of the document.

RESULTS

Fifteen inmates participated in the study, all self-declared heterosexual men. Most were between the ages of 25 and 36 (73.4%), constituting a predominantly young adult group. The minimum age observed was 23, while the maximum was 60.

More than half of the interviewees (53.4%) were experiencing their first deprivation of liberty, which indicates that admission to APAC represented, for many, their first contact with the prison system. In terms of educational attainment, the largest proportion (53.4%) had completed high school, and it is important to note that, of this total, half (26.7%) achieved this level of education while in prison, highlighting the role of education as a tool for resocialization.

Regarding self-declared race, 60% identified themselves as brown, while 20% declared themselves black and

20% white, a profile that reflects the national reality of social and racial inequalities associated with incarceration. Regarding employment prior to imprisonment, it was observed that 93.4% were employed in the labor market, either in formal jobs (40%), in the informal sector (40%), or in self-employed activities (13.4%), which shows that the majority engaged in some type of productive activity before their imprisonment.

Another relevant aspect refers to religiosity, since all interviewees declared themselves to be Christian, divided between Catholics (54%) and Evangelicals (46%). The centrality of spirituality was therefore revealed as a striking element of the identity of those in recovery and, as will be seen in the narratives, a fundamental component in the construction of meanings for care and self-care.

Based on the analysis of the testimonies and in light of Orem's Self-Care Theory, a central category emerged that synthesizes the findings: "APAC as a locus of care and self-care production: practices, meanings, and reconstruction of dignity."

APAC as a locus for the production of care: practices, meanings, and the reconstruction of dignity

The institutional organization of APAC, through its structured routine, emotionally safe environment, and encouragement of individual responsibility, functions as a support-education system, promoting that those in recovery learn, internalize, and practice self-care in its various forms. In this sense, actions such as balanced nutrition, personal hygiene, regular physical activity, and adequate sleep were widely referred to as expressions of self-care demands, aimed at maintaining life and human functioning.

I get a good night's sleep. I do my job calmly. I don't get too tired and I eat healthily. (A8)

But I got all that here at APAC, because on the street it was drinking and eating only superfluous things, just snacks. Here, the food is very light, not heavy. (A7)

Working out not only helps the body, but also the mind. (A12)

Washing your hands regularly, brushing your teeth after everything, eating well, exercising, and taking care of your diet by not eating too much fat. (A6)

In addition to these practices, the interviewees reveal the notion of care by associating it with mental health, the cultivation of spirituality, continuing education, and leisure activities. These aspects reveal that the concept of care for those in recovery transcends the mere biological dimension, incorporating subjective, emotional, spiritual, and relational elements, thus constructing a holistic and integral understanding of health and well-being.

Care is precisely the zeal, right, for everything, especially the body, right, the mind, the heart, life itself; care is ideal in our lives. (A4)

Care is, as they say, about health, appearance, survival, and also, as I said, education. (A14)

We take care of ourselves, our bodies, and also mentally we take care of ourselves. (A2)

It's health, spiritually. Especially mentally, which I've been working on a lot by reading books. That's helping me a lot. (A8)

Today I try to seek God more, a higher power that is God. I try to read the Bible, I try to seek wisdom in God, because if we don't understand the word, we won't know how to act in any situation. [...] Sometimes a joke that I could turn my back on and walk away from would avoid a lot of trouble, but I'm kind of explosive. So I ask a lot to be in control in that area, to take care of myself in that area. (A11)

I keep writing, or composing poems, or songs, or drawing. (A9)

Nowadays, what I do is work my mind more, read a book. (A12)

[...] mainly mentally, which I've been working on a lot by reading books. That's helping me a lot. (A8)

This process of reframing self-care also manifests itself in the adoption of preventive behaviors, such as getting checkups, reducing sugar consumption, and seeking emotional balance. There is also a clear perception that taking care of oneself is a fundamental condition for taking care of others, which reinforces the relational dimension of self-care.

To know if we are going to have a disease in the future or if we already have one, it is good to get some tests done. For me, it is self-care. (A5)

[...] taking care of yourself and staying healthy so you don't get sick and don't have bigger problems in the future, I think that's how it is. (A7)

Right now, here inside, I'm more careful. I'm talking to you about health, like I'm jumping rope, cycling, doing push-ups, lifting weights with the boys. But it's really important for your health, like I cut out sugar because it's really bad for you. (A7)

First, I have to take care of myself. Then I can try to help other people. (A8)

But it's good to take care of ourselves and those we love. Sometimes a communicable disease can affect them, like I have a 4-year-old sister, my nephew, my wife, I think it's important for us and those who live close to us. (A7)

These statements show that the APAC model, by breaking with the purely punitive logic of the conventional prison system, creates conditions for individuals deprived of their liberty to perceive themselves as worthy of care and, consequently, as active agents of their own resocialization. Thus, care transcends basic and routine practices, assuming a central role in the reconstruction of identity, the restoration of self-esteem, and the (re)affirmation of human dignity.

By encouraging the exercise of conscious choices and ethical responsibility

ity towards oneself and others, APAC becomes a space for the production of subjectivities, where care is valued as a fundamental principle and practice. This experience, even in the face of deprivation of liberty, allows those in recovery to recognize their potential for transformation, preserving essential dimensions of human existence.

Thus, the results indicate that care is not only a survival strategy, but also a powerful expression of subjective resistance to exclusion, pain, and social invisibility. Giving visibility to these practices means reaffirming the right to health and dignity for people deprived of their liberty.

In short, the perception of care in APAC involves a broader understanding that encompasses the biological, individual, existential, and relational dimensions of the subject. By establishing itself as a locus that encourages care and self-care, APAC positively influences the subjective productions of those in recovery, generating real possibilities for personal and social transformation.

DISCUSSION

The results show that, in the context of APAC, care related to food, hygiene, and physical activity is not limited to mandatory routines but is experienced as an essential part of the process of resocialization and strengthening self-care. From the perspective of Orem's Theory⁵, these structured activities function as a mechanism to meet the Universal Requirements of Self-Care (such as nutrition, activity, and risk prevention), while developing individuals' Self-Care Agency, that is, their ability to perform these actions consciously and proficiently⁵.

By highlighting that, in this context, those in recovery actively participate in meal preparation, cleaning spaces, and maintaining daily discipline, there is a reinforcement of in-

dividual responsibility and collective commitment to the resocialization of the subject. These practices take on a formative role, helping to create healthier and more sustainable habits. This scenario is clearly distinct from the conventional prison system, in which care focused on biological dimensions is unable to respond to the complexities of individuals. Focusing solely on the physical dimension generates dissatisfaction and exacerbates vulnerabilities, that is, it becomes a self-care deficit imposed by the environment itself.

Therefore, in the context of APAC, when activities such as work therapy and physical activities are proposed, there is a different contribution from the care offered in traditional prisons, as these activities contribute not only to occupying time, but also to promoting physical and emotional balance, preventing diseases, and stimulating self-esteem.

The results also allow us to relate the meanings of care presented by the recovering individuals to theoretical constructs on self-care described by the World Health Organization (WHO), which defines it as a set of practices undertaken by individuals with the aim of promoting and maintaining their own health. Thus, self-care, when referring to care practices to prevent and deal with diseases, with or without the support of health professionals, broadens the concept, encompassing environmental and socioeconomic factors, hygiene habits, lifestyles, nutrition, and others¹².

Thus, self-care, as an analytical category, is understood as a central aspect of nursing and supports important references in the profession. The concept of self-care, introduced by Dorothea Orem in 1959, aimed to explain why individuals needed nursing care.

Orem then describes self-care as the focus and purpose of nursing care, in addition to representing the theoretical

“ A teórica definiu, portanto, o autocuidado como a prática de atividades que uma pessoa inicia e realiza por sua própria vontade para manter a sua vida, saúde e bem-estar. Trata-se de um comportamento realizado de forma independente, com consciência e intencionalidade, porém, que se encontra inserido em um contexto social e ambiental específico. ”

foundation of various health interventions.

Based on the current literature, it is evident that the practice of self-care is a critical practice in the context of deprivation of liberty. This is because prison environments are characterized by a rigid regime and repetitive routine, which can give rise to feelings of monotony and a lack of purpose in life. In this sense, confined spaces can restrict mobility and impair physical and mental well-being. In addition, the loss of autonomy and control over oneself sometimes limits the exercise of self-care^{10,11}.

In short, deprivation of liberty is a unique scenario in terms of Social Determinants of Health, as it imposes different lifestyles on people that impact their health. In this sense, the conditions inherent to the prison environment involve a series of challenges and stressors, which require individuals to develop different strategies to overcome them, taking into account the resources available^{13,14}.

The spiritual dimension also stands out as another prominent element in the care experience of recovering individuals. In Orem's theory, spirituality can be understood as a basic conditioning factor that profoundly influences Self-Care Agency, providing motivation, purpose, and resilience for the practice of self-care. This finding corroborates other studies that identify spirituality as one of the central pillars in the conception of care for individuals deprived of liberty, even in ordinary prisons^{10,11}. On the other hand, in the alternative environment, it is consolidated as a daily practice of comprehensive care, connected to the preservation of human dignity and the protagonism of each individual, through spirituality journeys, one of the principles of the APAC method^{7,15}.

In this sense, the APAC experience reveals itself as an innovative practice and a concrete example of the application of Orem's theory⁵. By valuing self-

care and shared care, recognizing the multiple dimensions of care expressed by the recovering individuals themselves, the institution not only contributes to the reduction of harm, but also reframes the social place of people deprived of their liberty.

In this context, the role of the nurse, in light of Self-Care Theory, becomes even clearer. It is clear that their work must be developed in order to understand the unique concepts of care experienced by the population⁵. In their work, professionals must evaluate and plan interventions specific to the context experienced. In this way, the practice of nursing is configured in the encounter constituted by the exchange of knowledge and respect, enabling the effective participation and emancipation of individuals in the conduct of care. The construction of nursing practice must take place within and alongside communities, so that it is capable of (re)cognizing particularities, in order to direct its actions in line with local values and culture, eliminating forms of oppression and social invisibility¹⁶.

Finally, the APAC experience proves to be a powerful practice in the field of health, breaking with the punitive paradigm and offering a model centered on human dignity, comprehensive care, and co-responsibility. By valuing self-care and shared care as strategies for health promotion and resocialization, the institution not only contributes to the reduction of physical and mental harm, but also reframes the social place of people deprived of their liberty. This experience demonstrates the possibility of integrating principles of equity, comprehensiveness, and humanization in the prison context, offering concrete support for the formulation of fairer and more effective public policies to address health inequalities.

Despite this, this study has some limitations that should be considered. The research was conducted only with inmates in the closed regime, making it impossible to understand the institu-

tional dynamics for other regimes such as the semi-open regime. In addition, it would be interesting to analyze the perspective of the institution's civil servants and employees on the provision of care. We therefore suggest that future research should incorporate other regimes of deprivation of liberty and the institution's employees.

CONCLUSION

This study showed that APAC is a significant space for the development and strengthening of care and self-care. The structuring of the routine, the emotionally safe environment, and the encouragement of individual responsibility favor the adoption of healthy habits and the recognition of self-care as an integral process that encompasses physical, emotional, spiritual, and social aspects. These findings demonstrate that the APAC methodology promotes not only the maintenance of health, but also the reconstruction of identity, the restoration of self-esteem, and the preservation of the human dignity of those in recovery.

For nursing, the contributions of this study stand out as relevant and important, as they provide a practical model of how comprehensive care can be fostered in contexts of deprivation of liberty. Nurses and health professionals can use this evidence to plan and implement strategies that promote care, expanding the scope of care beyond the treatment of diseases to incorporate psychological, social, and spiritual dimensions. Furthermore, nursing's role in providing guidance, health education, and emotional support to recovering individuals can strengthen their autonomy and protagonism in the resocialization process.

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