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To cite this article: Pajarita Charles, Luke Muentner, Sarah Jensen, Chiara Packard, Chloe Haimson, John Eason & Julie Poehlmann-Tynan (2021): Incarcerated During a Pandemic: Implications of COVID-19 for Jailed Individuals and Their Families, Corrections, DOI: [10.1080/23774657.2021.2011803](https://doi.org/10.1080/23774657.2021.2011803)

To link to this article: <https://doi.org/10.1080/23774657.2021.2011803>



Published online: 29 Dec 2021.



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Incarcerated During a Pandemic: Implications of COVID-19 for Jailed Individuals and Their Families

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ABSTRACT

U.S. jails are typically over-crowded settings and have faced notable social distancing challenges and a lack of personal protective equipment during the COVID-19 pandemic. In response, institutions made swift policy changes that included canceling in-person visits, suspending programming, and releasing a proportion of people with low-level charges. That said, a still-significant number of individuals remained incarcerated for whom the consequences of such abrupt procedural changes amidst an ongoing pandemic remain largely unknown. To begin to examine this, 33 adults in a mid-sized, county jail were surveyed to assess their experiences. Participants were majority Black men, half of whom were parents, and all had been tested for COVID-19. Quantitative and qualitative data were collected yielding results, which indicated that COVID-19 significantly disrupted daily jail activities, adversely influenced health, and strained family relationships. Use of segregation, delayed court proceedings, inadequate health responses, and suspended programming and visits with limited contact alternatives reportedly intersected with depleted mental health to contribute to feelings of isolation and heightened concern for the well-being of family. Policy and practice implications are discussed that would help incarcerated people receive necessary support and maintain family connections while mitigating health concerns that emerge during public health crises.

KEYWORDS

Jails; relationships; reentry/reintegration; COVID-19; pandemic; coronavirus; public health crisis

Introduction

Toward the end of 2019, a novel coronavirus (COVID-19) – a severely infectious acute respiratory disease – began its spread and was officially deemed a global pandemic by the World Health Organization in March 2020. As of June 2021, over 33 million COVID-19 cases and more than 600,000 associated deaths had been tracked in the United States, alone (Centers for Disease Control and Prevention, 2021). While the virus ravaged through communities seemingly indiscriminately, certain groups [e.g., densely populated areas, older individuals, people in poverty or without health insurance, and Black, Indigenous, people of color (BIPOC)] were disproportionately impacted by incidence and mortality (Zelner et al., 2021; Zhang & Schwartz, 2020).

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Of particular concern has been incarcerated populations where one in five individuals has tested positive for COVID-19, with rates of infection nearly four times that of the general population (Schwartzapfel et al., 2020).

On any given day prior to the pandemic, estimated 1.5 million people were imprisoned and another nearly 750,000 were detained in jails (Carson, 2020; Zeng & Minton, 2021). Jails – regionally operated confinement facilities that hold individuals awaiting sentencing, being transferred or re-admitted from community corrections, or serving sentences of less than 1-year – see considerable churn in their population, reporting more than 10.3 million admissions annually (Zeng & Minton, 2021). The incarcerated population – similar to those at risk for COVID-19, more broadly – is disproportionately composed of BIPOC individuals affected by poverty and with limited healthcare access (Carson, 2020; Massoglia & Pridemore, 2015). The revolving-door nature of jails (including spread from staff), their close, confined, communal spaces with limited social distancing, and the restriction of hygiene products operate in conjunction to create epicenters for COVID-19 transmission, leading to calls of concern for the health and well-being of jailed individuals (Kinner et al., 2020).

Previous research on carceral settings has documented a range of responses to outbreaks of other infectious diseases, such as pneumococcal disease and influenza. During the 2009 influenza pandemic for example, 61% of the carceral settings surveyed received the influenza vaccine (Lee et al., 2014) and in prisons, antibiotics were distributed to combat pneumococcal infections (Sanchez et al., 2021). While the presence of infectious disease is not novel in carceral settings, what makes COVID-19 unprecedented is its highly contagious nature, mortality risk, and potential for long-term health consequences (Mayo Clinic, 2021).

In response to the dangerousness presented by COVID-19 within jails, administrators swiftly employed fragmented policy changes. Many proposed decarcerating – or releasing a subset of those jailed who were nearing the end of their sentences, charged with nonviolent offenses, or had medical conditions – and transferring people to community-corrections (Prison Policy Initiative, 2021). These strategies were thought to reduce overcrowding (thereby attempting greater social distancing and distribution of limited resources) and allow access to community health services (which are generally of better quality than those offered in jails; Henry, 2020). Most jails (about 87%) decreased populations, resulting in an average reduction of 23% between March and July 2020 (though populations have begun rising again since; Widra, 2021). Decarceration, however, leads to a now-increased necessity for expanded and adapted reentry services that meet health-related, human capital, and criminogenic needs for those released into a world facing economic and social turmoil from the pandemic (Desai et al., 2021).

Yet for the still-significantly sized jailed population untouched by these policies, daily life in the facility was left considerably altered with substantial health, social, and family-related needs remaining. Guidance put forth in March 2020 recommended that jails immediately cancel all visitation and programming, suspend all non-essential transport (including across housing units and the community, such as work release), and isolate any person with flu-like symptoms, meanwhile urging the consideration of waived medical copays and free calls to family (American Correctional Association, 2020). Even still, significant gaps existed in the extent to which jails adequately tested and quarantined new intakes, reduced housing unit capacity, and provided access to disinfectants and personal protective equipment (PPE;

Kowalski et al., 2020). As such, those who were already medically vulnerable were forced to rely on jails' precarious testing and healthcare as well as expensive commissary hygiene products as self-employed mechanisms of health and safety; those already experiencing poverty and with limited employment prospects were cut off from income and work opportunities; solitary confinement as an already inhumane practice was being employed as a primary health tactic; and already isolated individuals were even further cut off from their community, including family members, children, and friends.

These challenges in maintaining social ties were in large part owed to the suspension of in-person visits. Indeed, visits were halted in all 50 states, while 48 supplanted with free phone calls but only 16 added free video calls, 15 free e-mail, and 10 free postages (Dallaire et al., 2021). Those jails that did not implement free or reduced-cost contact alternatives likely placed significant fiscal burdens on those incarcerated, as well as on family members. Pointedly, phone and video calls can cost up to \$1 per minute in local jails for often limited access to low-quality services shared between many individuals. Jails in the state where this study occurred have seen an average of over \$7 for a 15-min call (Wagner & Jones, 2019). Even paying for outgoing e-mail or postage can have financial consequences on stretched commissary budgets where, for example, after paying for postage, one must rely on backlogged jail mailrooms and slow mail services (Raheer, 2021). Limited access to and knowledge of how to use technology in and outside of jails further contributes to challenges with staying connected.

These changes spark concern given that 65% of the jail population are estimated to be parents (Shanahan & Agudelo, 2012) for whom maintaining contact has proven to result in benefits for them and their families (Poehlmann et al., 2010). Even jailed non-parents rely on family support as such strengthened bonds are linked to more successful post-release reintegration (Naser & Visser, 2006). Dallaire et al. (2021, p. 239) argue for the importance of overcoming these contact-related barriers which COVID-19 spurred, saying that "thoughtful and safe resumption of in-person visiting is critical, as are ongoing efforts to increase and sustain contact through other forms of communication between incarcerated people and their loved ones."

The actual consequences of these policy changes for incarcerated individuals remain largely unknown, including areas of life critical to understanding people's health and well-being such as how their daily lives, civil liberties, health, and family are being impacted. These COVID-19-related experiences among people remaining behind bars have been inadequately studied, owing in large part to barriers restricting communication and opportunities for direct data collection with people in jail. To begin to fill this gap, this study surveyed individuals incarcerated during the pandemic to ask about the consequences of and proposed changes to COVID-19-related policies for individual well-being and family relationships.

Method

Procedures and sampling

Data were collected during the summer of 2020 in an urban, midwestern, mid-sized county jail. The jail reduced its population by 40% beginning in March 2020 from an average daily population of 790 people to approximately 450 people through a number of policy and

procedural changes. Some of the changes included increased usage of citations in lieu of custodial arrests, relief from warrants of nonviolent offenses, delay of jail report dates, and remote court appearances for local and state proceedings (including probation and parole revocations). As of August 2021, the jail had maintained some, but not all, policies created during the pandemic with the jail population increasing to approximately 650 people. Although there is no single reason why the jail population increased, the resumption of normal court proceedings is likely a major contributing factor. For example, jury trials restarted leading to convictions and sentences for people who were in the community during the pandemic. Similarly, people on pretrial release were required to appear in person for some proceedings with failure to do so resulting in pretrial detention. However, it is expected that the jail population may decrease if the pandemic worsens again.

Upon approval from the Sheriff's Office, paper-copy surveys were sent to the jail's programming coordinator who made them available in the facility's common spaces for participants to fill out voluntarily (those who could not read and write English were excluded). Surveys took 10 min to complete and included prepaid, self-addressed envelopes to return to the study team. Due to jail policy and anonymity, it was not possible to compensate incarcerated individuals for participation. The University's Institutional Review Board approved the study, including a waiver of documentation of informed consent due to the voluntary and anonymous nature of the survey.

Thirty-three participants completed the survey. Respondents were primarily men (84.4%) and ranged in age from 19 to 60 ($M = 39.4$, $SD = 10.3$). They were majority Black (38.7%) or White (32.3%) and natural-born U.S. citizens (90.6%). Over half (58.1%) were parents ($M = 2.8$ total children, $SD = 2.1$), though all spoke about challenges in maintaining relationships with family (for instance, just over half or 53.3% were in a relationship). Participants had been incarcerated an average of 6.9 months ($SD = 9.4$). Complete demographic information is displayed in [Table 1](#).

Drawing from data that capture a "snapshot" of the general jail population from a randomly selected day within the study period, we find that the sample demographics have some differences compared to the jail population demographics with women and people who are multiracial and of another race overrepresented among study participants. The difference in racial representation is likely a result of the jail's absence of a multiracial category in their data (i.e., they use Black, White, and other race only). The slightly higher proportion of women represented in our study may be due to the high interest among mothers in sharing information about the impacts of COVID-19 on families and children.

Survey instrument and analysis

Survey items were generated by the research team and adapted from the Riker's Island Longitudinal Study, developed by the Justice Lab at Columbia University. The instrument inquired about personal and family demographics, incarceration details, and health conditions. It included open-ended questions about changes to daily life and activities as well as consequences for relationships in and outside jail. Participants also recommended strategies to improve well-being while in jail and strengthen contact with family during public health crises. Descriptive statistics were analyzed using Stata/SE 15.1, and content analysis was conducted on open-ended questions by two trained analysts.

Table 1. Participant demographics (N = 33).

	N	% or M (SD)
Age	30	39.4 (10.3)
Gender		
Man	27	84.4
Woman	5	15.6
Race		
White	10	32.3
Black	12	38.7
Multi-racial or Other	9	29.0
Hispanic/Latin(x)	2	6.7
Born in the U.S.	29	90.6
Education		
Less than High School Degree	8	26.7
High School Degree or Higher	22	73.3
Parent	18	58.1
Number of Children	18	2.8 (2.1)
Relationship Status		
Unmarried, Single	8	26.7
Unmarried, In a Relationship	16	53.3
Widowed, Separated, Divorced	7	20.0
Months Incarcerated	31	6.9 (9.4)
Health		
Excellent or Very Good	14	42.4
Good	8	24.2
Fair or Poor	11	33.3
Obtained Flu Shot this Year	10	34.5

Only valid nonmissing responses were included in the calculations.

Results

Quantitative results

Table 2 displays participants' experiences with COVID-19 in jail. Respondents reported substantial shifts in connections to family (79.3%), friends (62.1%), and others inside the jail (66.7%). Similar to society at large, the majority of people's lives were upended with more than 90% reporting daily life as being adversely impacted and nine out of 10 saying that activities and routines at the jail had markedly changed. Respondents reported fewer impacts for employment with 36.4% and 42.4% reporting consequences inside and outside the jail, respectively.

Participants also documented health-related implications. An estimated 29% reported COVID-like symptoms, including difficulty breathing (22.6%), coughing (12.9%), and body aches (9.7%). A similar proportion (30%) reported that others in their housing unit had symptoms, affirming challenges with preventing the spread of viruses in shared but confined living spaces like jails. One-quarter of participants had provided care to other incarcerated people in the previous month, further indicating difficulties in preventing the spread of diseases and providing healthcare in jail settings. While care services may have been limited, testing seemed readily available with nearly all respondents reporting being tested with two reporting a positive case.

Finally, participants relayed impacts on family life and interactions with loved ones. Participants reported suspended in-person visits (100%), as well as decreased letters (78.6%) and phone calls (67.9%). Parents shared difficulties of being in jail and finding new ways to educate (85%) or care for (81%) children. Meanwhile, participants reported that families faced significant challenges in their own right, including worrying about their incarcerated

Table 2. Impacts of COVID-19 on jailed individuals (N = 33).

	N	%
Impacts on Daily Life		
Have your relationships with the following people changed since the pandemic began?		
With family	23	79.3
With friends	18	62.1
With people in your housing unit	18	66.7
Has COVID-19 affected your ...		
Activities and routines at the jail	26	89.7
Your daily life	31	93.9
Job inside jail (e.g., lost shifts, fired, hard to find, safety concerns)	12	36.4
Job options outside of jail (e.g., lost shifts, fired, hard to find, safety concerns)	14	42.4
Health Related Impacts		
What symptoms do you currently have? ^a		
No symptoms	22	71.0
Flu-like (body aches)	3	9.7
Fever	2	6.5
Difficulty breathing	7	22.6
Coughing	4	12.9
Someone in housing unit has COVID-19 symptoms	9	30.0
You provided care to someone with COVID-19 symptoms in past 30 days	7	25.0
You were tested for COVID-19 in the jail	30	100.0
If tested, positive test result	2	6.7
Have access to hygiene products (e.g., soap)	8	26.7
Family Related Impacts		
Has COVID-19 impacted your ability to ...		
Have visits with family	27	100.0
Send/receive letters from family	22	78.6
Make/receive calls from family	19	67.9
Has COVID-19 forced you to find new ways to ...		
Educate your children ^b	17	85.0
Care for your children ^b	13	81.3
Challenges that children and families face in the community because of COVID-19 include ...		
Worry about having a loved one in jail or prison	22	91.7
Worry about money	24	96.0
Worry about employment	25	96.2
Difficulty staying in contact with loved ones in jail or prison	21	91.3
Stress on family	25	96.2
Risk of abuse	9	81.8

^aThe items in the symptom list are not mutually exclusive. Participants selected any that were applicable. ^bThe participants who answered these items were parents (n = 18).

loved one (91.7%), having financial concerns (96%), having difficulty staying in contact with their loved one in jail (91.3%), and overall increased pandemic-related stress for the family (96.2%).

Qualitative analysis

Consequences for daily life, health, and family well-being

Policy responses to COVID-19 directly influenced daily life in the jail. To limit exposure, nearly all programming was cut leaving people with – as one person reported – “not much to do; no library books, recreation, church bible study, NA, AA, visits.” Limited services contributed to inadequate support, as one participant worried that no one was “getting the help [they] need.” Work opportunities were similarly halted as another person shared how “anything that has to do with movement from your cell, even if you go to the doctor,” resulted in “segregation for 14 days.” These changes were met with scrutiny, as another person explained that “deputies come in and out daily” without having to quarantine. Those with

canceled or delayed court dates commiserated over feeling “like civil rights are being violated” and detailed threats to their due process. One man disclosed, “no lawyers come, no visits, court is video court, the public defender’s office is closed. I feel like I’m stuck in the system.”

Being restricted to an environment notorious for exposure to and spread of COVID-19 had significant health implications. One woman explained the emotional distress of “people in bad moods” from being quarantined in housing units. Confined spaces combined with inadequate intake procedures made people feel physically vulnerable, as one person explained: “I don’t feel safe because people come in from the streets every day.” Even still, one participant described “an inability to protect ourselves [because] some deputies aren’t wearing masks or giving out soap,” concerns heightened for those with preexisting conditions. Many participants discussed depleted mental health, as one put it, “I feel like I have been sentenced to death, scared, just waiting to catch the virus. I’ve had close family members die and my mental health is severely messed up.”

For many, structural and health detriments were worsened by being disconnected from family. In response to canceled visits, most parents shared sentiments such as, “My kids can’t come see me and it has me very depressed and stressed out.” Even one non-parent discussed how “not being able to see family” came coupled with an economic crisis that left them having “no money for calls” despite this being now one of the only ways to maintain social ties. This led to, what one participant called, a “lack of resources in all areas of life” that contributed to significant uncertainty and concern because, as another parent put it, “not knowing how they are, puts on a lot stress.” This strain was reportedly felt by loved ones on the outside too, with one jailed father sharing: “My family needs me but they can’t see me ‘cuz the jail has so much coronavirus in it.”

Participant-reported policy and practice recommendations

In jail, many participants expressed a desire for more frequent testing, stricter enforcement of social distancing, and mandated mask wearing. Many also requested additional information regarding policy changes (e.g., rules for early release, when programming would resume) and greater communication between staff and incarcerated individuals more generally. Participants urged for a continued reduction of the jail population, expanded alternatives to incarceration, and resumed work release. Upon release, participants called for reentry support to assist in navigating complexities of reintegrating into a world left changed by a pandemic.

Despite these challenges, participants suggested providing pre-stamped envelopes and free and more frequent video visits and phone calls to reduce barriers to contact with families (including three-way calls among incarcerated parents, teachers, doctors, and childcare providers, for example). Others requested both monetary and technical support for families, themselves, to assist in technological alternatives of contact. That said, nearly all participants recommended that safe in-person visits (e.g., socially distanced, mandated masks, outside) be implemented as soon as possible to allow for contact during the difficult time of the pandemic.

Discussion & implications

The purpose of this study was to examine the experiences of people incarcerated in jail during the COVID-19 pandemic to better understand how their daily lives, health, and family relationships were impacted, as well as what policy and program recommendations they

would offer given their lived experience of incarceration during a global, public health crisis. With extreme barriers preventing access to incarcerated populations throughout the pandemic, this study makes a unique contribution to the nascent literature on jails impacted by COVID-19 by using direct reports of jailed individuals; most studies to date have used only publicly available information (e.g., from jail websites; e.g., Dallaire et al., 2021; Kowalski et al., 2020).

Our study found that, like society at large, jailed individuals faced abrupt changes to life including the suspension of rehabilitative programming, access to resources, and immediate elimination of contact with friends and family members. The restrictions preventing connections to people outside, as well as inside the jail, may pose distinct health risks to incarcerated individuals who often enter jails in unstable states to begin with because of substance use disorders, untreated mental illness, and medical ailments (Massoglia & Pridemore, 2015). Supportive relationships, known to be beneficial to incarcerated people both during and after incarceration (e.g., Naser & Visher, 2006), were appreciably impacted by the mere fact that jailed individuals' opportunities for communication were dramatically curtailed. This left people both in and outside the jail with little information about each other's well-being, likely increasing stress and anxiety levels during an already overwhelmingly worrisome period.

Individuals in other types of confined spaces, such as nursing homes and assisted living facilities, have similarly had to face strict isolation measures (e.g., eliminating in-person visits) to prevent the spread of COVID-19 (Konish, 2020). Recent research has revealed how these measures have resulted in increased loneliness and emotional anxiety for nursing home residents (Mo & Shi, 2020; Montgomery et al., 2020), as well as feelings of frustration and concern among family members, with many of them fearing the physical and emotional impact the social isolation might have on residents (Paananen et al., 2021).

While less than one-third of the sample reported experiencing COVID-like symptoms, our qualitative findings suggest that these people may have been the most negatively impacted by the jail's health practices. For example, jails relied on solitary confinement – a punitive practice typically reserved for punishment – for those with symptoms as a primary strategy of quarantining or isolating people to reduce the spread of disease (Cloud et al., 2020). The use of segregation may cause individuals to be reluctant to report symptoms to avoid being isolated. Additionally, respondents reported both living with and caring for others with COVID-19 symptoms, an inequitable burden placed on those who remained in the jail. Many participants expressed feeling trapped and helpless, fearful they might catch the virus given the tight quarters in the jail and lack of adequate safety measures in place, while others conveyed discouragement about the disruption in criminal justice procedures, leaving them stuck without any recourse.

Consistent with other literature, respondents made recommendations to address these issues such as implementing free or affordable video visits, calls, and letters (Dallaire et al., 2021), further decarcerating the jail population (Henry, 2020), mandating stricter health and safety measures (e.g., testing and PPE) given that social distancing is a mere impossibility (Hawks et al., 2020), and providing more clarity and communication regarding options for early release and programming availability. Adherence to these suggestions would likely be advantageous.

Like other localities, the jail population in our study began to rise during the summer of 2021 and by August was approaching pre-pandemic levels. Many reasons account for the uptick including community supervision practices (e.g., remote video monitoring and

telephone meetings) that may have faltered compared to traditional in-person strategies leading to technical violations and subsequent incarcerations. Instead of returning to “business as usual” tactics, however, localities could work toward improving remote access and communication pathways (like what the workforce has done during the pandemic) so as to keep people in the community when feasible and safe to do so (Marcum, 2020). This may also be a time to reconsider standard practices like pretrial detention when alternatives to incarceration that protect people’s health and prevent confinement in jail are possible. Cases where defendants are awaiting trial but have not committed serious or violent crimes, pose a minimal risk of flight, and are not a threat to the public (Abraham et al., 2020) would be appropriate for alternatives to pretrial detention – especially during a public health crisis. Furthermore, research shows that offering such alternatives presents negligible safety risks to the community (Herring, 2020).

Limitations

The study has several limitations worth noting. Despite surveys being distributed and available throughout the jail, selection bias remains a concern such that participants who responded were likely more concerned about the pandemic than those who did not respond. A considerable number of participants also self-reported low overall health prior to the pandemic, which may lead to increased concern about complications from contracting the virus. Having a more diverse sample including family members of jailed individuals could also have yielded valuable and different data. Additionally, the response rate was comparatively low and sampled from only one county jail, limiting the generalizability of findings. Also, those in solitary confinement – either as a punishment or because of symptoms or positive tests – could not get access to the survey. We did not collect information about incarceration status (e.g., pre-trial, sentenced, held by parole or probation) which could have been helpful in understanding individual’s circumstances and differences between the cause of jail stays during the pandemic compared to other times. Finally, at the time of the survey, there was limited access to COVID-19 testing and no vaccine yet available; today, people’s responses to the survey would likely differ.

Conclusion

Despite these limitations, our findings have important practical implications for jail settings. This study draws attention to the need to reduce incarcerated populations whenever possible while helping those who remain to sustain connections to family but in carceral environments that employ practices mitigating physical and mental health issues that emerge during public health crises like COVID-19. The results of the study suggest the need for evidence-based public health approaches to reduce the grave consequences of a pandemic that disproportionately impacts an already vulnerable and marginalized population. With the nationwide median jail population reduction being half that of this study’s jail (20% vs 40%; Widra & Hayre, 2020), the primary focus must remain on decarceration in jails across the country especially as jail populations have begun to rise again after the initial reduction during the pandemic (Martyn et al., 2021). This is ever more critical given that incarcerated people are still at risk of

contracting COVID-19 with only an estimated 55% having been vaccinated (Herring & Widra, 2021) and the majority of corrections officers declining the COVID-19 vaccine (Bertram & Sawyer, 2021). Affording people behind bars similar public health protections and evidence-based services that support family connections, health, civil liberties, and general well-being calls for bold and proactive measures that should be the focus of U.S. jails.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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