











Promotion of physical and mental health in women deprived of liberty: a teaching strategy in undergraduate Medicine

Promoção de saúde física e mental com mulheres privadas de liberdade: uma estratégia de ensino na graduação de Medicina

Promoción de la salud física y mental con mujeres privadas de libertad: una estrategia de enseñanza en la carrera de Medicina

Luciano Hashimoto Malheiro¹ , Gabriela Garcia de Carvalho Laguna¹ , Ana Flavia Novaes¹ , Andressa Santos Viana¹ ,
Jéssica Oliveira de Souza Nascimento¹ , Jonathan Santos Apolonio¹ , Mariana Masimessi Fernandes¹ , Priscilla Teixeira Figueiredo¹ ,
Ronaldo Teixeira da Silva Junior¹ , Vanessa Moraes Bezerra¹ 

¹Universidade Federal da Bahia, Multiprofessional Institute of Health – Anísio Teixeira Campus – Vitória da Conquista (BA), Brasil.

Abstract

Problem: Brazil occupies the third place in the world ranking for the number of people incarcerated, due to the progressive increase in prisons that has been occurring for at least two decades. In this context, it is noteworthy that there are more than 40 thousand women deprived of their liberty in Brazil, the majority of whom are young, mixed race and with low education. The current prison structure can subject its occupants to unsanitary conditions, with overcrowded cells and a lack of programs that encourage social reintegration. A situation that contributes to the worsening of the physical and mental health of this population, considered vulnerable. **Methods:** This is an experience report about a Health Production Workshop, carried out with women prisoners in a provisional regime and conducted by students from a Medicine course in a penal complex in the interior of Bahia in the year 2021. For the improvement of their physical and mental health, the inmates were divided into two groups, in each of which activities were carried out involving integration, arts, musicality, physical exercises and feedback. **Results:** With the development of the workshop, those involved were able to exchange experiences, exercise self-knowledge through drawings or portraits and relieve accumulated tensions with music, dance and functional gymnastics. **Conclusions:** The experience was enriching for the training of students who were more reflective about social conditions and beneficial for the inmates, who positively evaluated the actions carried out, highlighting the importance of exchange between university and society.

Keywords: Prisoners; Women's health; Mental health.

Corresponding author:

Luciano Hasimoto Malheiro
E-mail: lucianohm@ufba.br

Funding:

no external funding.

Ethical approval:

not applicable.

Informed consent form:

not applicable.

Provenance:

not commissioned.

Associated Editor:

Claunara Schilling Mendonca.

Peer review:

external.

Received: 12/29/2022.

Approved: 02/24/2025.

How to cite: Malheiro LH, Laguna GGC, Novaes AF, Viana AS, Nascimento JOS, Apolonio JS, et al. Promotion of physical and mental health in women deprived of liberty: a teaching strategy in undergraduate Medicine. Rev Bras Med Fam Comunidade. 2026;21(48):3633. [https://doi.org/10.5712/rbmfc21\(48\)3633](https://doi.org/10.5712/rbmfc21(48)3633)



Resumo

Problema: O Brasil ocupa o terceiro lugar no ranking mundial do número de pessoas encarceradas, devido ao aumento progressivo de prisões que tem ocorrido há pelo menos duas décadas. Neste contexto, destaca-se que existem mais de 40 mil mulheres privadas de liberdade no Brasil, que são, em sua maioria, jovens, pardas e com baixa escolaridade. A estrutura carcerária atual pode submeter seus ocupantes a condições insalubres, pois apresenta superlotação de celas e escassez de programas que estimulem a reinserção social. Tal situação contribui para o agravamento da saúde física e mental dessa população, considerada vulnerável. **Método:** Trata-se de um relato de experiência acerca de uma Oficina de Produção em Saúde realizada com mulheres detentas em regime provisório e conduzida por discentes de um curso de Medicina em um conjunto penal no interior da Bahia no ano de 2021. Para a melhoria de sua saúde física e mental, as internas foram divididas em dois grupos; em cada um deles foram realizadas atividades que envolveram integração, artes, musicalidade, exercícios físicos e devolutiva. **Resultados:** Com o desenvolvimento da oficina, os envolvidos puderam trocar experiências, exercitar o autoconhecimento por meio de desenhos ou retratos e aliviar as tensões acumuladas com música, dança e ginástica funcional. **Conclusão:** A experiência foi enriquecedora para a formação de discentes mais reflexivos sobre as condições sociais do público atendido e proveitosa para as detentas, que avaliaram de forma positiva as ações realizadas, evidenciando a importância do intercâmbio entre universidade e sociedade.

Palavras-chave: Prisioneiros; Saúde da mulher; Saúde mental.

Resumen

Problema: Brasil ocupa el tercer lugar en el ranking mundial por número de personas encarceladas, debido al progresivo aumento de prisiones que se viene produciendo desde hace al menos dos décadas. En este contexto, cabe destacar que en Brasil hay más de 40 mil mujeres privadas de libertad, la mayoría jóvenes, mestizas y con baja escolaridad. La estructura penitenciaria actual puede someter a sus ocupantes a condiciones insalubres, con celdas superpobladas y falta de programas que fomenten la reintegración social. Una situación que contribuye al empeoramiento de la salud física y mental de esta población, considerada vulnerable. **Método:** Se trata de un relato de experiencia sobre un Taller de Producción de Salud, realizado con mujeres presas en régimen provisional y realizado por estudiantes de la carrera de Medicina en un complejo penitenciario del interior de Bahía en el año 2021. Para mejorar su salud física y mental, los internos fueron divididos en dos grupos, en cada uno de los cuales se realizaron actividades de integración, artes, musicalidad, ejercicios físicos y retroalimentación. **Resultados:** Con el desarrollo del taller, los involucrados pudieron intercambiar experiencias, ejercitar el autoconocimiento a través de dibujos o retratos y aliviar tensiones acumuladas con música, danza y gimnasia funcional. **Conclusión:** La experiencia fue enriquecedora para la formación de estudiantes más reflexivos sobre las condiciones sociales y beneficiosa para los internos, quienes evaluaron positivamente las acciones realizadas, destacando la importancia del intercambio entre universidad y sociedad.

Palabras-clave: Prisioneros; Salud de la mujer; Salud mental.

INTRODUCTION

The Brazilian prison system houses numerous individuals with the aim of resocialization and atoning for crimes committed against society. However, the history of prisons in Brazil is recent, and it was only in the 19th century that deprivation of liberty was established as the main sanction applicable to criminal offenses.¹ Despite this, Brazil ranks third in the world in incarceration and is the largest country in Latin America in terms of the number of prisoners.²

Regarding women deprived of liberty (WDL), according to the World Prison Brief (WPB), more than 740,000 are held in penal institutions worldwide, and the number has increased by almost 60% since 2000. Brazil surpassed Russia in the latest survey of 2022, accounting for 42,694 women in prison detention in the country.³ Furthermore, data from the Penal Information Report (Relipen) for the first half of 2023 indicate that the Brazilian female prison population is mostly composed of young women between 25 and 29 years old, of mixed race, from rural areas, single, and with incomplete elementary education, many of whom already have children, but they do not even have identification documents.⁴

These women may be subject to unsanitary prison conditions and overcrowding in poorly structured cells.^{5,6} In view of this, such individuals may repress their own personality, with possible losses of linguistic and relational characteristics, further hindering their resocialization process. Furthermore, facing social

isolation, imprisonment, and living with strangers in a poorly ventilated environment are conditions that lead to the development of depressive and anxiety disorders.⁷ Thus, this scenario fosters illness or worsens physical and mental health problems among the inmates.^{7,8}

Anxiety can be described as a feeling of anticipation for events to come, that is, negative expectations and thoughts, as well as fear, discomfort, and apprehension about the future. Studies conducted in Brazil reveal that most female inmates, as well as their close relatives, had some degree of anxiety and other mental disorders, aggravated by the COVID-19 pandemic.⁹⁻¹²

As a way to reduce the symptoms of anxiety in various areas of social relations, individuals can be subjected to self-knowledge techniques, based on their behavior and the experiences to which they have been exposed during their lives.¹³ Since this knowledge corresponds to the ability to discriminate one's own actions and the variables that control externalized behaviors, there is the possibility of modifying issues inherent to oneself through this proposal.¹⁴⁻¹⁶

Accordingly, art therapy is a tool that aims to restore the wholeness of the human being through processes of recognition and transformation, seeking to encompass affective, cultural, and social issues that are of significant importance to the mental health of individuals.¹⁷⁻¹⁹ This is because this technique facilitates the expression of emotions and thoughts in a safe space for exchange, which is not always possible in other contexts.²⁰ In art therapy, an image representation of oneself is called a self-portrait and, in addition to the image itself that each person possesses, the self-image carries the feelings and thoughts generated by this visualization, which makes it an important tool in combating anxiety and human suffering.²¹ Furthermore, music also acts as a promoter of effects on the human mind, because, in addition to entertainment, it acts positively on psychological aspects due to its ability to activate the autonomic nervous system; lower stress levels; decrease heart rate, respiratory rate, and blood pressure; as well as having beneficial effects on cognition, language, and culture.²²

Another strategy for reducing anxiety and stress levels is the practice of physical activities, which demonstrates positive results on the biological and psychological aspects of people. Specifically for the incarcerated population, the benefits can extend to resocialization processes, recovery of self-esteem and reduction of sedentary lifestyles, including contributing to greater discipline and maintenance of order in prisons.^{23,24}

Thus, in the context of training health professionals capable of dealing with the specific needs of the incarcerated population, it is worth noting that extension activities, combined with research and teaching, constitute the triad of the public university. By going beyond the walls of the institution, students are exposed to situations of learning, reflection, and social responsibility, in addition to providing feedback that can transform the lives of people and communities.²⁵ Thus, the objective of this study was to describe the experience of medical students who organized and developed, within the scope of a Health Promotion Workshop (HPW), an acute intervention based on arts, self-portraiture, music, and functional gymnastics to alleviate the deleterious effects caused by incarceration on the health of female inmates in a penal complex (PC) in southwestern Bahia.

METHODS

This activity was part of the Health Production Workshop curricular component, present in several semesters of the Medicine course at the Federal University of Bahia (UFBA), whose purpose is to share knowledge and promote health within the community. It took place in the 2nd semester of 2021 in a PC,

which houses women in provisional detention, located in the southwest region of Bahia. The activity was conducted by 20 students from the 4th period, under the guidance of the curricular component's professor. For the actions proposed by this HPW to be carried out, authorizations were requested from both the management of the PC and the educational institution.

The planning and operation of the action were outlined according to two moments in the PC. In the first moment, a visit to the site was carried out, beginning with an observation of the environment and the WDL. Subsequently, during the sunbathing period, the inmates of the visited wing were invited to participate in a conversation circle with the students in the courtyard. Those who were willing to interact were asked about the problems faced inside the prison. This process was supervised by prison officers. After hearing the inmates' statements and accounts, it was found that most of them complained of anxiety and idle time, as they were confined to their cells and only left at specific times for sunbathing. Based on this, activities were planned to be carried out with the incarcerated women during a second visit to the PC.

For the activity, the institution's management provided a period of 4 hours, and the WDL were divided into 2 groups. Group 1 consisted of inmates who were in a differentiated regime because bad behavior, called "safe," and lived in separate cells. Because it was a small group, a total time of 1 hour and 30 minutes was stipulated. Group 2 included women who were in shared cells. With these, 2 hours and 30 minutes were planned for the workshop. All WDL were previously informed and invited to participate by the PC management; however, they were not obliged to interact. Thus, the inclusion criterion was being in the PC on the day of the intervention, in addition to the desire and availability to participate in the proposed activity.

The program was the same for both groups and divided into four moments. The first consisted of organizing the space and initial interaction, in which an icebreaker dynamic was carried out, conducted by a student and involving the WDL from each group and the other 19 students. On that occasion, those present positioned themselves in a circle, and a brief explanation of the HPW program was given by the student in charge. Following this, he stated his name and city of origin and, finally, held one end of a string and threw the roll to another person further away, who repeated the process. As the dynamic progressed, a web was formed connecting all those involved.

The second moment, also led by a student, was based on art therapy, with the creation and sharing of self-portraits. The aim was to exercise reflection and encourage contact. Initially, clipboards with sheets of cardstock and colored crayons were distributed. After the initial instructions, the WDL were encouraged to represent themselves graphically, either through the positive way they see themselves or through what strengthens them.

In the third stage, there was initially an activity focused on musicality, in which a student led a voice and guitar performance of national songs, and both students and WDL were invited to remain in a circle to sing and dance. Following this, an activity led by a physical education professional was conducted, consisting of a functional gymnastics circuit with various stations to relieve emotional stress and attempt to demonstrate how it is possible to combat sedentary lifestyles with exercises adapted to the available space. The rhythm was established by music played on a portable speaker.

Finally, in the fourth stage, the WDL were asked to share their experience provided by the HPW through an oral feedback session.

RESULTS

Initially, it should be noted that in all visits to the PC, the students were supervised by the responsible professor and the complex's management. Whenever there was contact with the inmates, prison officers

were also on standby to ensure safety. At no time were there any situations of tension or animosity from the WDL towards the visitors; communication was always cordial and friendly.

The first group, called “safe,” had the participation of 3 inmates (100%). The 2nd group had the participation of about 61% of the invited WDL (n=11). In both cases, the execution of the actions was faster than planned, since each cycle was completed in about an hour. In addition, since the sequence of activities was the same for any group and the feedback was very similar, the results are presented jointly.

During the icebreaker activity, it was clear that, although coming from different places and each with their own life story, at that moment everyone was united, both students and WDL. At the end, a student took the floor and sought to reinforce the idea that unity is the guiding thread of trust and companionship, social bonds necessary for survival in any situation.

In the self-portrait workshop, even with the initial guidance, many doubts and fears arose among the WDL. Thus, it was necessary for some of the students to take the initiative to start their own self-portrait. This allowed for a better understanding and development of the activity. Finally, there was the presentation of the drawings, in which a highlight was observed regarding elements valuing family, nature, daylight, children, pets, and, above all, the freedom that is so lacking in the daily lives of the inmates. Many of these accounts were given in an emotional way. The students were able to perceive the relationship of loyalty that the inmates have built among themselves and that, in moments of great distress, they support each other.

The voice and guitar circle was marked by great relaxation, and at various times it was possible to observe laughter and joy among the WDL, including improvised choreography. With the functional gymnastics circuit, it became evident that the inmates had very different physical conditions: while some performed the stations with little effort, others had great difficulty. However, the commitment to finishing the circuit was universal, which created an atmosphere of great enthusiasm and mutual encouragement. In the end, the students noticed the expressions of satisfaction on the faces of the WDL for having conquered all the stations.

The feedback stage was marked exclusively by positive comments. The WDL's accounts included feelings of welcome, empathy, creativity, relaxation, awakening of longing for family and friends, stress relief, and gratitude for the opportunity.

The medical students perceived a positive impact on the overall well-being and mood of the WDL during the development of the exercise program, given the more cheerful and relaxed atmosphere compared to the beginning of the activities. This can also be corroborated by the fact that some WDL participated less in the first stage and became fully integrated after the exercise circuit. Furthermore, knowledge of the WDL's life histories was important for the students to deconstruct prejudices about the prison population, reinforcing that they are vulnerable individuals who require specific health care.

DISCUSSION

Given the culmination of the HPW and the critical evaluation by those involved, it was possible to note that the current model of the Brazilian prison system generally leads to the abandonment of WDL by society and sometimes by their own families. This can lead to recidivism because of the way it is structured.²⁶ It can also be seen that incarceration often deprives individuals of basic human rights essential to their dignity—in addition to segregation without proper social reintegration, which exacerbates their marginalization.²⁷ Therefore, since the system isolates this vulnerable group, it is up to society to mobilize to meet their real needs.

The academic community's contact with this population is important so that a reality outside the conventional learning space can be recognized. In this environment, more than the ability to collect a detailed anamnesis and stimulate clinical reasoning, empathy and sensitivity are also developed to listen to and extract information through the stories of WDL, their dreams, their interpersonal relationships, and their relationships with the environment. Thus, there is the construction of an empathetic professionalism that demands personal and technical growth. Added to this is a new perspective and deconstruction of stigmas linked to the prison population.^{28,29} This becomes relevant insofar as health professionals working in the prison environment must assist in both the prevention and recovery of the biopsychosocial health of detained individuals, instead of merely focusing on the simplistic view of the presence or absence of disease.³⁰

From another perspective, mental health is still a neglected field in terms of care for the incarcerated population, given the characteristics inherent to this reality. Therefore, it is necessary to carry out interventions that seek to enable the individual's connection with their own history, to identify and perceive other characteristics that form the being, as well as to abandon the view that these people are there only to be punished. In this scenario, actions involving physical activity stand out as an instrument for health promotion and prevention, as well as a therapeutic tool.^{31,32} With this, the aim is to ensure that the incarcerated population has access to measures that promote their physical and mental health, as well as to enable contact with themselves and with their future perspectives and goals, encouraging the desire for social reintegration.

It is believed that the methodology for carrying out the activity was adequate for obtaining positive results, as it made it possible to provide lightness and fluidity to the conduct and acceptance of the actions. In addition to enabling WDL to have a different day from their usual routine, the feedback obtained indicates that the program fostered experiences that certainly led them to reflect personally on being and existing in that space and in relation to life as a whole. This exercise brought them into an intimate confrontation and made them think about who they are and how they see themselves. The physical activity, in turn, more than a mechanism aimed at physical health, is a powerful instrument for inclusion and social interaction. The importance of a healthy lifestyle for people of all ages and conditions is a fact, but it is known that applying this within the prison population is a challenge. Therefore, guiding how to make this practice possible is also about promoting integration and good coexistence among the inmates.³³

In this way, the implementation of the HPW in conjunction with the WDL aimed to encompass the preservation of the three basic principles of the Unified Health System (SUS) — equity, comprehensiveness and universality —, as well as contributing to the training of more empathetic professionals capable of listening to and welcoming the demands and different experiences of each individual. In short, it was possible to promote health through the conduct of the various activities carried out. This fact is supported by the expressions of gratitude and reflection from the WDL regarding the improvement of anxious feelings, anguish and social interaction. The punctuality of the workshops is recognized as a limitation of the experience. Thus, future projects can be structured to maintain greater frequency and periodicity to guarantee the strengthening of bonds.

ACKNOWLEDGMENTS

We thank the Federal University of Bahia for the opportunity to conduct this study and the support provided.

CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

LHM: Formal analysis, Investigation, Methodology, Project management, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing. GGCL: Investigation, Writing – original draft. AFN: Investigation, Writing – original draft. ASV: Investigation, Writing – original draft. JOSN: Investigation, Writing – original draft. JSA: Investigation, Writing – original draft. MMF: Investigation, Writing – original draft. PTF: Investigation, Writing – original draft. RTSJ: Investigation, Writing – original draft. VMB: Conceptualization, Formal analysis, Investigation, Methodology, Project management, Resources, Supervision, Validation, Writing – review & editing.

REFERENCES

1. Kallas MR. A falência do sistema prisional brasileiro: um olhar sobre o encarceramento feminino. *Direito em Movimento* [Internet]. 2019 [cited Jan 3, 2026];17(1):62-89. Available at: <https://emerj.jus.br/ojs/seer/index.php/direitoemmovimento/article/view/76>
2. Beato Filho CC, Silveira AM, Ribeiro LML, Rocha RLS, Souza RL, Oliveira VN. Percepções sociais sobre o sistema prisional brasileiro: um estudo quantitativo. *Rev Bras Execução Penal*. 2020;1(1):279-305. <https://doi.org/10.1234/rbep.v1i1.139>
3. Fair H, Walmsley R. World female imprisonment list. 5ª ed. Technical Report [Internet]. Londres: World Prison Brief, ICPR; 2022 [cited Jan 3, 2026]. Available at: https://www.prisonstudies.org/sites/default/files/resources/downloads/world_female_imprisonment_list_5th_edition.pdf
4. SISDEPEN. Dados estatísticos do sistema penitenciário. Relatório de Informações Penais (RELIPEN) [Internet]. SISDEPEN; 2023 [cited Jan 3, 2026]. Available at: <https://www.gov.br/senappen/pt-br/servicos/sisdepen/relatorios/relipen/relipen-1-semester-de-2023.pdf>
5. Menegasso C. Sistema prisional brasileiro e a prisionização feminina. *Rev Intertem@s* [Internet]. 2021 [cited Jan 3, 2026];41(41). Available at: <http://intertemas.toledoprudente.edu.br/index.php/Direito/article/view/9016/67650617>
6. Freitas JR, Silva ACB, Castro ACC. A realidade da mulher em cárcere no Brasil e a omissão estatal. *Rev Jurídica CESUPA* [Internet]. 2022 [cited Jan 3, 2026];3(2):121-49. Available at: <http://periodicos.cesupa.br/index.php/RJCESUPA/article/view/71/42>
7. Sztormowski S, Colet CF, Stumm EMF. A saúde e a doença no sistema prisional: Uma revisão da literatura. XXVI Jornada de Pesquisa [Internet]. 2021 [cited Jan 3, 2026];1-12. Available at: <https://publicacoeseventos.unijui.edu.br/index.php/salaoconhecimento/article/view/20534/19249>
8. Constantino P, Assis SG, Pinto LW. O impacto da prisão na saúde mental dos presos do estado do Rio de Janeiro, Brasil. *Ciênc Saúde Coletiva*. 2016;21(7):2089-100. <https://doi.org/10.1590/1413-81232015217.01222016>
9. Quitete B, Paulino B, Hauck F, Aguiar-Nemer AS, Silva-Fonseca VA. Transtorno de estresse pós-traumático e uso de drogas ilícitas em mulheres encarceradas no Rio de Janeiro. *Arch Clin Psychiatry*. 2012;39(2):43-7. <https://doi.org/10.1590/S0101-60832012000200001>
10. Santos MV, Alves VH, Pereira AV, Rodrigues DP, Marchiori GRS, Guerra JVV. Mental health of incarcerated women in the state of Rio de Janeiro. *Texto Contexto-Enferm*. 2017;26(2):e5980015. <https://doi.org/10.1590/0104-07072017005980015>
11. Santos GC, Simôa TC, Bispo TCF, Martins RD, Santos DSS, Almeida AOLC. Covid-19 nas prisões: efeitos da pandemia sobre a saúde mental de mulheres privadas de liberdade. *Rev Baiana Enferm*. 2020;34:e38235. <https://doi.org/10.18471/rbe.v34.38235>
12. Vieira CL, Ortiz CMGC, Silva FA, Santos BS, Assis CS. Mulheres do cárcere: Ansiedade e Depressão em mães e companheiras de presidiários. 18º Congresso Nacional de Iniciação Científica [Internet]. 2018 [cited Jan 3, 2026]. Available at: <https://www.conic-semesp.org.br/anais/files/2018/trabalho-1000000873.pdf>
13. Souza AS, Abreu-Rodrigues J. Autoconhecimento: contribuições da pesquisa básica. *Psicologia em Estudo*. 2007;12(1):141-50. <https://doi.org/10.1590/S1413-73722007000100017>
14. Brandenburg OJ, Weber LND. Autoconhecimento e liberdade no behaviorismo radical. *Psico-USF*. 2005;10(1):87-92. <https://doi.org/10.1590/S1413-82712005000100011>
15. Li J, Ma W, Zhang M, Wang P, Liu Y, Ma S. Know yourself: physical and psychological self-awareness with lifelog. *Front Digit Heal*. 2021;3:676824. <https://doi.org/10.3389/fgdh.2021.676824>
16. Lou HC, Changeux JP, Rosenstand A. Towards a cognitive neuroscience of self-awareness. *Neurosci Biobehav Rev*. 2017;83:765-73. <https://doi.org/10.1016/j.neubiorev.2016.04.004>

17. Reis AC. Arteterapia: a arte como instrumento no trabalho do Psicólogo. *Psicol Ciênc Prof.* 2014;34(1):142-57. <https://doi.org/10.1590/S1414-98932014000100011>
18. Coqueiro NF, Vieira FRR, Freitas MMC. Arteterapia como dispositivo terapêutico em saúde mental. *Acta Paul Enferm.* 2010;23(6):859-62. <https://doi.org/10.1590/S0103-21002010000600022>
19. Valladares ACA, Lima APF, Lima CRO, Santos BPBR, Carvalho IB, Tobias GC. Arteterapia: criatividade, arte e saúde mental com pacientes adictos. *Jornada Goiana de Arteterapia [Internet]*. 2008 [cited Jan 3, 2026]. p. 69-85. Available at: https://www.researchgate.net/publication/269095218_ARTETERAPIA_CRIATIVIDADE_ARTE_E_SAUDE_MENTAL_COM_PACIENTES_ADICTOS_1
20. Laguna GGC, Fraga RE. Saúde mental tecida com afetos, mãos e ouvidos. *Pragmatizes.* 2023;13(25):666-77. <https://doi.org/10.22409/pragmatizes.v13i25.57030>
21. Loos-Sant'Ana H, Lima TPS. Visualidades do ser: vislumbres de intersubjetividade em situações de sofrimento psíquico através do "Autorretrato Ampliado". *Psicologia Argumento.* 2020;38(100):338-62. <https://doi.org/10.7213/psicolargum.38.100.AO07>
22. Assunção WC, Castro DCC, Reis KV, Jesus WC. O tratamento de sintomas de ansiedade baseado na música e Terapia Cognitivo-Comportamental. *Rev Educ Psicol Interfaces.* 2020;4(1):127-43. <https://doi.org/10.37444/issn-2594-5343.v4i1.195>
23. Assunção EC, Paes MRSS, Santos CAF, Silva FT, Reis RMR, Freitas MCBS. A influência da atividade física na qualidade de vida de mulheres encarceradas. In: *Anais do XXI Congresso Brasileiro de Ciências do Esporte [Internet]*. Campinas: Galoá; 2019 [cited Jan 3, 2026]. Available at: <https://proceedings.science/conbrace-2019/trabalhos/a-influencia-da-atividade-fisica-na-qualidade-de-vida-de-mulheres-encarceradas?lang=pt-br>
24. Silva HP, Ferreira LL, Bugarim JP, Dondoni DZ, Ferreira NF. O exercício físico como processo de ressocialização para penitenciários: Uma revisão de literatura. *RPCS [Internet]*. 2020 [cited Jan 3, 2026];1(1):21-39. Available at: <https://www.revistas.editoraenterprising.net/index.php/rpcs/article/view/277>
25. Moita FMGSC, Andrade FCB. Ensino-pesquisa-extensão: um exercício de indissociabilidade na pós-graduação. *Rev Bras Educ.* 2009;14(41):269-80. <https://doi.org/10.1590/S1413-24782009000200006>
26. Machado NO, Guimarães IS. A realidade do sistema prisional brasileiro e o princípio da dignidade da pessoa humana. *Rev Eletr Iniciação Científ [Internet]*. 2014 [cited Jan 3, 2026];5(1):566-81. Available at: <https://www.univali.br/graduacao/direito-itajai/publicacoes/revista-de-iniciacao-cientifica-ricc/edicoes/Lists/Artigos/Attachments/1008/Arquivo%2030.pdf>
27. Silva AR. Sistema penitenciário brasileiro. *Jornada Integrada de Direito e Ciências Contábeis do Centro Universitário FAG [Internet]*; 2016 [cited Jan 3, 2026]. Available at: <https://www.fag.edu.br/upload/revista/jinteg/5db82bc8da3bc.pdf>
28. Brooker R, Hu W, Reath J, Abbott P. Medical student experiences in prison health services and social cognitive career choice: a qualitative study. *BMC Med Educ.* 2018;18(3). <https://doi.org/10.1186/s12909-017-1109-7>
29. Coelho HC, Silva JN, Abreu LC, Cespedes VDM. A inserção de estudantes de medicina no espaço prisional: relato de experiência de ações de promoção a saúde em um presídio paulista. *Manuscripta Medica.* 2020;3:53-9. Available at: <https://manuscriptamedica.com.br/revista/index.php/mm/article/view/49>
30. Karam ML. Psicologia e sistema prisional. *Rev Epos [Internet]*. 2011 [cited Jan 3, 2026];2(2):1-17. Available at: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S2178-700X2011000200006
31. Schuch FB, Vancampfort D. Physical activity, exercise, and mental disorders: it is time to move on. *Trends Psychiatry Psychother.* 2021;43(3):177-84. <https://doi.org/10.47626/2237-6089-2021-0237>
32. Bull FC, Al-Ansari SS, Biddle S, Borodulin K, Buman MP, Cardon G, et al. World Health Organization 2020 guidelines on physical activity and sedentary behaviour. *Br J Sports Med.* 2020;54(24):1451-62. <https://doi.org/10.1136/bjsports-2020-102955>
33. Nahas MV. Atividade física, saúde e qualidade de vida: conceitos e sugestões para um estilo de vida ativo [Internet]. 7ª ed. Florianópolis: edição do autor; 2017 [cited Jan 3, 2026]. Available at: https://sbafs.org.br/admin/files/papers/file_llduWnhVZnP7.pdf