

Victimization and Psychopathology Prevalence's in a Sample of Inmates in Cape Verde

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Abstract

The literature and research suggested that both victimization and psychopathology are in themselves two risk factors associated with criminal recidivism. If on an international level, studies regarding the prevalence of prison victimization and on the prevalence of mental disorders have proliferated in the last decades, in Cape Verde they are nonexistent. So, the present research resorts to an inmate sample and aims to: characterize it regarding socio-demographic and criminal indicators and estimate either the prevalence of victimization and of psychopathological indicators. The sample includes 402 inmates, approximately 25% of the inmate population of Cape Verde. Two self-report instruments were used: a questionnaire on socio-demographic, criminal and prison characterization and the Brief Symptom Inventory. The results indicated that a significant number of prisoners reported having suffered some kind of violence in the prison context (37.1% reported having suffered some type of violence during their imprisonment and 21.4% reported having suffered violence in the last 12 months) and revealed indicators of psychopathology (namely psychotic problems and paranoid ideation). This study concludes that both victimization and mental health problems are present in inmates of Cape Verde and stresses the need to implement a system to identify, evaluate and intervene in these phenomena in the prison context. The eradication of victimization and the existence of mental health services and care, through the development and implementation of procedures for the evaluation, intervention and monitoring of prisoners for their rehabilitation and social integration, should be considered as guidelines to ensure safeguarded in the prison context and to promote high standard quality services.

Keywords: *Victimization; Psychopathology; Prevalence; Inmates; Recidivism; Reintegration*

Abbreviations

BSI: Brief Symptom Inventory; MA: Missing Answers

Background

The prison context, in particular issues related to victimization and mental health of inmates, should be a focus of attention and concern, given that when discomfort reaches high levels, it may be counterproductive for rehabilitation [1,2]. In fact, if problems in this area are not identified and targeted, it could result in reducing the deterrent effect of prison, increasing hostilities and recidivism of criminal behavior, interfering with the objectives of rehabilitation programs and enhance large-scale violence in prisons [2,3].

Adapting the definition of prison violence by the World Health Organization (2002) [4], prison victimization results from the intentional use of physical force or power over another person (inmate) or group of persons (specific group of inmates) or community (prison

population in general terms), resulting in physical injury, death, underdevelopment or deprivation. Thus, prison victimization is considered to be any experience of violence suffered by the subject during the period of imprisonment in the prison context, ranging from psychological violence to sexual violence and the most serious physical violence, including homicide.

The prison context is a violent context, not only by the characteristics of its population, but also by its coercive nature [5]. Inmates are seven times more likely to be attacked or threatened with violence than individuals in the community [6] and prison victimization rates are three times higher than in the community, even in the most violent contexts [5,7].

Prevalence studies indicate that inmates' victimization, whether by other inmates or by the staff, is not a rare phenomenon [2,8]. Thus, victimization in the prison context is recognized as a problem and is the target of several international prevalence studies. Despite the large variability in rates due to: (i) recruitment and procedures for data collection, (ii) the diversity of methods and tools for estimating victimization rates and (iii) time period and type of victim considered [5], all studies indicate troubling values. For example, a study conducted in Spain by Sanchez and Wolff (2018) indicates that more than 50% of inmates report at least one type of victimization, and that more than 25% report two or more types of victimization. Wolff and Shi (2009) reviewed the studies conducted in the United States and Canada, reporting rates of physical victimization between 10% and 68%. In the context of the 2003, Rape Elimination Prison Act, a study involving all American prisons identified 5,605 reports of sexual violence, with about 50% of cases reporting abusive sexual behavior by employees [10]. As for physical victimization, the rates are higher. Wolff and Shi (2009), in a study of 7,000 inmates from various prisons, indicate that 68% reported being victimized by other inmates and 74% reported having been victimized by staff.

From the review of international studies, it is also possible to conclude that the inmates are not only victims of a single type of violence or of a single perpetrator. Recent literature has emphasized the multiple or cumulative nature of prison victimization, indicating that it involves, in most cases, the experience of various types of victimization [1,7,11].

Prison victimization has negative consequences on the psychological adjustment of inmates, which continue after their return to freedom [12,13]. Psychological adjustment of inmates is essentially analysed in terms of its impact on prison adjustment [14], revealing feelings of insecurity, stress, depression, anger, low self-esteem and isolation during incarceration.

Regardless of the problem of victimization, the problem of psychopathological disorders in the reclusive population has been reported. Research shows that the prevalence of severe mental disorders is 5 to 10 times higher in the inmate population than in the general population [6,15]. A review elaborated by Fazel and Seewald (2013) indicates that one-fifth of male inmates have mental health problems, namely personality disorders.

Also a report from the United States Department of Justice [16] reveals that about 15% of inmates and 26% of jail inmates report severe psychopathological symptomatology in the last month and that 36% of inmates and 44% of jail inmates have been diagnosed in the past with some psychopathological disorder - depression, bipolar disorder, schizophrenia or other psychotic disorder, posttraumatic stress, anxiety, and personality disorder.

Despite the alarming prevalence of mental disorders among the reclusive population, diagnosis and treatment rates are reduced. In fact, only a minority receives some form of mental health treatment during incarceration, although mental disorders constitute a high risk factor for criminal recidivism [6,15].

Accordingly, to the analysis of the literature and research, it is consensual that both victimization [1-3] and psychopathology [6,15] are in themselves two risk factors associated with criminal recidivism, which, if not identified and intervened, interfere with the inmates' ability to be adequately reintegrated in society [1,15].

Purpose of the Study

If on an international level, studies on the prevalence of prison victimization and on the prevalence of mental disorders have proliferated in the last decades, there are countries where this is not the case, namely Cape Verde. At the national level, there are no studies in this area. Therefore, the present study aims to:

- Characterize Cape Verde's inmate studied sample regarding socio-demographic and criminal indicators;
- Estimate either the prevalence of victimization and of psychopathological indicators in the inmate sample studied.

Significant of the Study

Cape Verde is an African, island country, where crime and recidivism rates have increased [17]. Since there are no studies on the Cape Verde's prison population, it is urgent to characterize this population and to estimate the prevalence of two important risk factors for recidivism suggested by the literature - victimization [1,2] and psychopathological indicators [6,15]. It is therefore crucial to identify the victimization phenomenon in the inmate population, as well as to assess the existence of mental health problems in order to identify those who need intervention during incarceration and to develop appropriate prevention and treatment policies and practices. Identification and treatment constitute the cornerstones in the process of promoting social reintegration and reducing criminal recidivism.

Materials and Methods

Measures

In this study the instruments used were two self-report questionnaires: (i) a questionnaire on socio-demographic, criminal and prison characterization and (ii) the *Brief Symptom Inventory* (BSI) developed by Derogatis (1982) and translated and adapted by Canavarro for the Portuguese population [18].

The first instrument was created and designed by the authors to collect socio-demographic and criminal data (the first and second section), and to measure the occurrence of victimization in prison (third section). The socio-demographic section included questions regarding sex, age, profession, literacy, while the criminal section addresses crime's typology, recidivism, sentence and number of detentions. The third section, on victimization, addresses victimization throughout imprisonment, and also if the individual had experienced victimization over the past 12 months using dichotomous questions. It also inquired the number of experiences over these two periods, using a Likert-type scale (none, once, twice, three or more times), about the perpetrator (inmates, staff, both) and what type(s) of victimization (sexual, physical, verbal and threat).

The BSI [18] was used to obtain indicators of psychopathology. This instrument evaluates psychopathological symptoms assessing nine dimensions of symptomatology and summarizing levels of emotional disturbance. The nine dimensions refer to important elements of psychopathology: somatization, obsession-compulsion, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychoticism. Regarding general scores, three indicators are available: a general index of symptoms, an index of positive symptoms and a total index of positive symptoms. It should be noted that this instrument is the one that has been most highlighted internationally as being transversal and used in different countries and cultures. For Cape Verde's population the values for the Portuguese population were used as reference considering that both countries are culturally closer and also because of the inexistence of validated instruments in Cape Verde for this purpose.

Participants

The present study includes 402 inmates, approximately 25% of the prison population of Cape Verde (1567), a stratified sample considering: (i) Prisons in the country - Prison of City of Praia, Prison of Mindelo, Prison of Santo Antão, Prison of Island of Sal and the Prison of Island of Fogo - and (ii) typology of crime (property crime *versus* crime against people).

Data collection

The data collection was carried out at the request of the General Direction of Prisons and Social Reintegration of Cape Verde, in order to establish a diagnosis regarding the intervention needs of the inmate population. The researchers contacted all Cape Verde Prison Offices who, having learned about the study, scheduled the days and times for data collection. The collection took place in September 2018.

Regarding the administration of the instruments, it was carried out in a group setting with the help of the researchers. Participation in the study was voluntary, and informed consent was given to participants, clarifying the objectives of the study as well as their anonymity (any data that could identify the participant would be concealed).

Analysis

Using descriptive statistics, demographics and criminal characteristics of the inmates were analysed. The occurrence of victimization and the existence of psychopathology in Cape Verde's inmates was also examined.

Results and Discussion

Sociodemographic, criminal and prison characterization

In terms of socio-demographic characteristics (Table 1), the sample consists of 402 inmates, 96% male and 4% female, with a mean age of 31.16 (SD = 8,568). Mostly they are single (87.6%) although more than half of the sample has children (54%). These results corroborate the ones of international studies, which indicate a higher number of men arrested compared to women. For example, in the African context, a study carried out in all Nigerian prisons [19] and one developed in South Africa [20], indicate similar values to that of the present study.

Variables N		Sample (N = 402)	
		%	
Sex	Men	386	96
	Women	16	4
Marital status	Single	352	87.6
	In a nonmarital relationship	26	6.5
	Married	15	3.7
	Divorced [†]	3	0.7
	Missing Answers (MA)	6	1.5
With Children	Yes	217	54
	No	182	45.3
	MA	3	0.7
Level of education	None	62	15.4
	Basic/Literacy	239	59.5
	High School	32	8.0
	Higher Education	13	3.2
	MA	56	13.9

Nationality	Cape Verdean	365	90.8
	Nigerian	4	1.0
	Guinean	3	0.7
	Dutch	3	0.7
	Brazilian	2	0.5
	Angolan	1	0.2
	Italian	1	0.2
	MA	23	5.7
Job or profession	Military	3	0.7
	Experts in intellectual and scientific activities	2	0.5
	Administrative staff	9	2.2
	Personal, insurance and sales staff	33	8.2
	Farmers and skilled workers in agriculture, fishing and forestry	75	18.7
	Workers, craftsmen and similar workers	115	28.6
	Installation and Machine Operators and Assembly Workers	2	0.5
	Elementary occupations	87	21.6
	MA	76	19
Age groups	16 - 21 years	36	9.0
	22 - 24 years	52	12.9
	25 - 29 years	107	26.6
	30 - 34 years	92	22.9
	35 - 39 years	53	13.3
	40 - 49 years	42	10.4
	50 - 59 years	11	2.7
	60 and more years	3	0.7
	MA	6	1.5

Table 1: Sociodemographic characterization of the sample.

The majority of inmates are of Cape Verdean nationality (90.8%), with some African and European foreigners. Globally they are single (87.6%), with a basic education level (59.5%), and about 15.4% without literacy. In terms of the professional level, the majority are workers/artisans with minor qualification (28.6%) or have elementary professions (21.6%). These results are also similar to the ones found in international studies, either in the African continent [20], in Europe [15] and in North America [21]. It is a young population, where 71.4% are under 35 years of age. It should be noted that the highest percentage is in the 25 - 29 age group (26.6%), not underestimating that about 9% are between 16 and 21 years old. Compared with other countries, Cape Verde has a much younger percentage of inmates. For example, the most recent statistics from the United States [19] indicate that inmates up to age 35 do not reach 40%, while in Cape Verde

they are over 70%. The percentage of inmates up to the age of 21 years is also much higher than the 1.1% in the United States. Even for African countries [20,21], the mean age of Cape Verde's inmates is lower, indicating a younger prison population.

Regarding the characteristics of the criminal process and situation, 88.6% are convicted and 10.7% are in custody. Robbery is the most prevalent crime (33.8%), followed by violent and serious crimes against individuals - homicide (21.9%) and rape (6.7%). It is also worth noting that 7% have criminal versatility, being deprived of freedom as a result of practicing different types of crime.

In prison matters, the majority of inmates are in the largest Prison in Cape Verde, Prison do City of Praia (69.2%), and is under the closed regime (86.6%). About 59% have one conviction, but it is noteworthy that 34.1% have two or more convictions. 65.2% are primary, in the case of their first reclusion, but almost 30% are criminal recidivists (See table 3). A systematic review of recidivism in 21 countries [22] indicates values with a high variability of recidivism rates, from 9% to 59%, compared to which Cape Verde is in a medium position.

Variables n		Sample (N = 402)	
		%	
Processual situation	Condemned	356	88.6
	Preventive	43	10.7
	MA	3	0.7
Types of crime	Homicide	88	21.9
	Attempted homicide	11	2.7
	Assault	9	2.2
	Illegal possession of a weapon	4	1.0
	Robbery	136	33.8
	Drug trafficking	22	5.5
	Several types of crime	28	7.0
	Sexual abuse of minors	19	4.7
	Homicide accomplice	4	1.0
	Fines	1	0.2
	Rape	27	6.7
	Gender-Based Violence	11	2.7
	Forgery	5	1.2
	Swindle	5	1.2
	Fire	1	0.2
	Aggression	4	1.0
	Infanticide	1	0.2
	Attempted rape	2	0.5
	Resistance to authority	2	0.5
	Kidnapping	1	0.2
MA	21	5.2	

Table 2: Description of the criminal case and situation of the sample.

Variables n		Sample (N = 402)	
		%	
Prison	City of Praia	278	69.2
	São Vicente	48	11.9
	Santo Antão	15	3.7
	Island of Sal	42	10.4
	Island of Fogo	19	4.7
Penalty Regime	Closed Regime	348	86.6
	Open regimes turned inward	32	7.7
	Open regimes turned outward	12	3.0
	Special Regime	2	0.5
	MA	9	2.2
Number of convictions	One	237	59
	Two	81	20.1
	Three	25	6.2
	Four	14	3.5
	Five	12	3.0
	More than five	6	1.3
	MA	27	6.7
Number of arrests	One	262	65.2
	Two	71	17.7
	Three	21	5.2
	Four	10	2.5
	Five	10	2.5
	More than five	7	1.6
	MA		

Table 3: Prison characterization of the sample.

Prevalence of victimization

According to data in table 4, about 37.1% of inmates reported having suffered some kind of violence during their seclusion, 12.1% reported having suffered 3 or more episodes while imprisoned and 21.4% indicated having suffered violence in the last 12 months (6.2% reported having suffered 3 or more victimizations). They report essentially having suffered physical violence (12.9%) or having suffered cumulatively violence (12.9%). Staff members of the Prisons were indicated as the main perpetrators (17.4%) compared to the inmates (8.7%), thus, taking institutional victimization to higher levels. The values corroborate the literature which, as it turned out, indicates a great variability in prevalence rates. However, compared to a study carried out in Portugal [23] which mentions values of 25%, Cape Verde has higher rates, as well as a higher number of victimization perpetrated by staff members.

Variables n		Sample (N = 402)	
		%	
Suffered victimization during confinement	No	250	62.2
	Yes	149	37.1
	MA	3	0.7
How many times (during full detention time)	One	59	14.7
	Two	35	8.7
	Three or more	49	12.1
	Does not apply	249	61.9
	MA	10	2.5
How many times in the last 12 months	None	46	11.4
	One	35	8.7
	Two	26	6.5
	Three or more	25	6.2
	Does not apply	270	61.9
	MA	21	5.2
Type of violence suffered in the past 12 months	Verbal	27	6.7
	Physical	52	12.9
	Sexual	1	0.2
	Threats	13	3.2
	Cumulative victimization (several types)	52	12.9
	Does not apply	249	61.9
	MA	8	2.0
Perpetrators	Inmates	35	8.7
	Detention facility staff	70	17.4
	Both	37	5.2
	Does not apply	249	61.9
		11	2.7

Table 4: Victimization in prison of the sample.

Therefore, the phenomenon of victimization in the prisons of Cape Verde assumes significant values, questioning the process of resocialization. The literature indicates that inmates who were victims have problems in the process of adaptation to prison, present greater difficulties in their social reintegration and in society, as well as have a greater probability of recidivism [1,3].

Prevalence of psychopathological indicators

The BSI results indicate that the inmate population has relevant clinical/psychopathological problems. As presented in table 5, the percentage of inmates with a general symptom index equivalent to clinical values (23.6%) is not to neglect or undervalue, given the specificity of the prison context. To underlie is the fact that the scales where inmates present the most significant clinical values are the most compromising from a clinical and mental health point of view - 32.1% of inmates present psychotic problems and 23.6% paranoid ideation - and may have serious implications for prison adaptation and, consequently, the level of social reintegration and criminal recidivism.

		Sample (N = 402)	
		N	%
Interpersonal sensitivity	Clinical values	82	20.4
	Non-Clinical values	320	79.6
Depression	Clinical values	79	19.7
	Non-Clinical values	323	80.3
Anxiety	Clinical values	41	10.2
	Non-Clinical values	361	89.8
Hostility	Clinical values	47	11.7
	Non-Clinical values	355	88.3
Phobic Anxiety	Clinical values	56	13.9
	Non-Clinical values	346	86.1
Paranoid Ideation	Clinical values	95	23.6
	Non-Clinical values	307	76.4
Psychoticism	Clinical values	129	32.1
	Non-Clinical values	273	67.9
Index of General Symptoms	Clinical values	95	23.6
	Non-Clinical values	307	76.4
Index of Positive Symptoms	Clinical values	226	56.2
	Non-Clinical values	103	25.6

Table 5: BSI and indexes.

Psychoticism implies a continuum ranging from insensitive behaviors to the primary symptoms of schizophrenia - hallucinations and lack control and can take on severe psychotic manifestations. In turn, paranoid ideation implies paranoid behaviors arising from a disturbed cognitive functioning, that is, projective thinking, hostility, suspicion, grandiosity, egocentrism, fear of loss of autonomy and delusions. These are important psychopathological indicators, since they may justify or be the basis for violent, inappropriate or bizarre behaviors in the prison context, and may be misinterpreted as indiscipline, aggressive characteristics or lack of individual control.

There are also depressive problems (19.7%) and interpersonal sensitivity (20.4%). It is noteworthy that about 52.6% present a positive index of symptoms, indicating that the psychopathological symptoms are experienced with great intensity.

These results are in line with the rates of psychopathology found in other studies [15,17,24], indicating a considerable prevalence of psychopathological indicators in Cape Verde's reclusive population, which should be addressed in the rehabilitation process.

Conclusion

The present study concludes that both victimization and mental health problems are present in the prison population in Cape Verde. The results indicated, on the one hand, a significant number of inmates who reported having suffered some kind of violence in the prison context (37.1% reported having suffered some type of violence during their imprisonment and 21.4% reported having suffered violence in the last 12 months) and, on the other, reveal significant indicators of psychopathology (namely psychotic problems and paranoid ideation).

Research and literature indicate that inmates who are victims of prison have increased prison adjustment problems, have greater difficulties in their social reintegration, and have a higher risk of recidivism, so intervening in this area is mandatory.

Failure to meet basic human needs by reducing the level of satisfaction of these needs below what is potentially acceptable should be recognized as an act of violence [25,26]. On the other hand, when the prison system does not safeguard and protect the fundamental rights of inmates, in particular the dignity of the human person, this constitutes an act of violence. Thus, with regard to victimization and the safeguarding of human rights, the prison system must consider that protection is the first step to rehabilitate and promote reintegration, thus contributing to a safer society [3].

In this sense, developing practices aimed at identifying, evaluating and monitoring the phenomenon, using information gathering instruments on the prevalence of the phenomenon and its characterization (types, agents, contexts, frequency, severity and severity) should be as a priority. The literature draws attention to the black figures of the phenomenon and it is estimated that most of the cases will not be denounced due to the idiosyncrasies of the prison context that inhibit the denunciation due to: (i) the fear of retaliation of the peers, with a code of behavior among inmates who punishes "snitchers" and (ii) regarding victimization perpetrated by the staff, the fear of retaliation by the prison system [27]. Thus, in addition to the adoption of standardized evaluation and monitoring methodologies, it is necessary for the prison system to provide a context that favours and promotes denunciation of victimization situations.

From the present study, another conclusion may be drawn - the violence perpetrated by the staff is expressive. The State (through the prison system) must provide inmates with the necessary assets for a dignified life, protecting their dignity and self-esteem. If the purpose of the arrest is to encourage those who committed crimes to recognize and value the rights and interests of victims, it is counterproductive to violate their rights and interests to achieve this goal [28]. In fact, the most likely outcome would be the release of individuals in the community whose criminal predisposition have not changed but rather strengthened. Therefore, it is a priority to raise the awareness of professionals working in prisons for this problem.

Another important conclusion is the identification of mental health as another priority area in the prison system, given that the present study resulted in the identification of significant psychopathological problems in the prison population in Cabo Verde, which compromises the rehabilitation and social integration of inmates. The prison system should provide each prisoner with the diagnosis and access to mental health care - essential for a successful rehabilitation and reintegration into the community. Improving the mental health of inmates is contributing to the safety of the community, so the prison system must have efficient and effective mental health services.

In summary, the eradication of victimization and the existence of mental health services and care, through the development and implementation of procedures for the evaluation, intervention and monitoring of inmates for their rehabilitation and social integration, should be considered as sine qua non which must be brought together and safeguarded in the prison context. Obviously, this implies a paradigm shift in the prison system as well as awareness and training for professionals in the field of victimization, mental health and human rights.

Conflict of Interest

Bibliography

1. Listwan S., et al. "The Prison Experience and Reentry: Examining the Impact of Victimization on Coming Home. Final Report". U.S. Department of Justice: National Institute of Justice (2012).
2. Labrecque Rm., et al. "Reducing violence in Correctional institutions: revalidation of the inmate risk assessment for violent, non-sexual victimization". *Violence and Victims* 33.1 (2018): 126-141.
3. Conde R and Gonçalves RA. "Vitimação cumulativa em contexto prisional: Da intervenção individual à intervenção institucional". *Vítimas de crime e violência. Práticas para a intervenção*. Braga: Psiquilíbrios (2014).
4. WHO. "World Report on Violence and Health". Geneva: World Health Organization (2002).
5. Blitz C., et al. "Physical victimization in prison: The role of mental illness". *International Journal of Law and Psychiatry* 31.5 (2008): 385-393.
6. Sanchez F, et al. (2017). "The nexus of trauma, victimization, and mental health disorders among incarcerated adults in Spain". *Psychiatric Quarterly* 88.4 (2017): 733-746.
7. Sanchez F and Wolff N. "Understanding polyvictimization in prison: prevalence and predictors among men inmates in Spain". *Journal of Interpersonal Violence* (2018).
8. Wolff N., et al. "Measuring victimization inside prisons: Questioning the questions". *Journal of Interpersonal Violence* 23.10 (2008): 134-136.
9. Wolff N and Shi J. "Contextualization of physical and sexual assault in male prisons: Incidents and their aftermath". *Journal of Correctional Health Care* 15.1 (2008): 58-82.
10. Beck AJ and Harrison PM. "Sexual victimization in state and federal prisons reported by inmates". Bureau of Justice Statistics- Special Report December (2007): 1-48.
11. Listwan SJ, et al. "Poly-Victimization Risk in Prison: The Influence of Individual and Institutional Factors". *Journal of Interpersonal Violence* 29.13 (2014): 2458-2481.
12. Listwan SJ, et al. "Victimization, social support and psychological well-being: A study of recently released prisoners". *Criminal Justice and Behavior* 37.10 (2010): 1140-1159.
13. Boxer P, et al. "Exposure to Violent Crime During Incarceration: Effects on Psychological Adjustment Following Release". *Criminal Justice and Behavior* 36.8 (2009): 793-807.
14. Picken J. "The coping strategies, adjustment and well being of male inmates in the prison environment". *Internet Journal of Criminology* (2012): 1-29.
15. Fazel S., et al. "Mental health of prisoners: prevalence, adverse outcomes, and interventions". *The Lancet Psychiatry* 3.9 (2016): 871-881.
16. Bronson J and Berzofsky M. "Indicators of mental health problems reported by prisoners and jail inmates, 2011-12". US Department of Justice. Bureau of justice statistics (2017).
17. Dias J, et al. "Delinquencia juvenil y victimización en cabo verde: indicadores de prevalencia y caracterización del fenómeno". *Revista de Investigación Científica en Psicología* 13.1 (2016): 24-38.

18. Canavarro MC. "Inventário de Sintomas Psicopatológicos (BSI): Uma revisão crítica dos estudos realizados em Portugal". Avaliação Psicológica: Instrumentos Validados para a População Portuguesa. Coimbra, Quarteto Editora (2007).
19. Federal Bureau of Prisons. "Statistics" (2017).
20. Abdul-Rasheed S., et al. "Gender differentials in criminal behavior in Nigeria. Pathways to African feminism and development". *Journal of African Women Studies Centre, University of Nairobi* 1.4 (2016): 24-36.
21. Stephens T., et al. "Prospective examination of marital status as a determinant of sexual risk-taking behavior among inmates in KwaZulu-Natal and Mpumalanga provinces, South Africa". *Journal of Behavioral Health* 5.1 (2015): 7-11.
22. Fazel S and Wolf A. "A Systematic Review of Criminal Recidivism Rates Worldwide: Current Difficulties and Recommendations for Best Practice". *PLoS ONE* 10.6 (2015): e0130390.
23. Conde R., et al. "Vitimação na prisão e Saúde mental". Saúde Mental da Comunidade - Trauma e Resiliência. Gaia: O Gaiense (2019).
24. Fazel S and Seewald K. "Severe mental illness in 33,588 prisoners worldwide: systematic review and meta- regression analysis". *The British Journal of Psychiatry* 200.5 (2012): 364-373.
25. Chapman A. "A "Violations Approach" for Monitoring the International Covenant on Economic, Social and Cultural Rights". *Human Rights Quarterly* 18.1 (1996): 23-66.
26. Ho K. "Structural violence as a human rights violation". *Human Rights Review* 4.2 (2007): 1-18.
27. Ross JI and Richards SC. "Behind bars: Surviving prison". New York: alpha Penguin (2002).
28. Ward T and Birgden A. "Human rights and correctional clinical practice". *Aggression and Violent Behavior* 12.6 (2007): 628-643.

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