

**Locked up while locked down:
Prisoners' experiences of the COVID-19 pandemic**

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Abstract

Worldwide, the COVID-19 pandemic has had a devastating impact on prisoners. The prison environment and prisoner health puts prison populations at a higher risk of contracting COVID-19. As a result, prison systems have adopted mitigation strategies to reduce the transmission of the virus into and within prisons. These strategies, however, have had an unintended impact on prisoners and their living conditions. In this article we explore prisoners' lived experiences of the pandemic in English and Welsh prisons, captured through correspondence with prisoners throughout twelve months of regime restrictions, from April 2020 to April 2021. Drawing on prisoner narratives, the analysis reveals how the restricted regime has exacerbated the pains of imprisonment and had a detrimental impact on prisoners.

Key words

COVID-19, pandemic, England and Wales, prisoner, experience

Here goes.
Sitting on the floor.
Razor in hand.
I've got to cut.
I've got to get rid of these thoughts.
My minds racing.
Boom Boom Boom.
SHUT UP!

(From a poem written during the COVID-19 pandemic by Skyee, a prisoner)

INTRODUCTION

COVID-19 and associated restrictions have had a devastating impact worldwide, particularly in prisons. At the start of the pandemic, the World Health Organisation (WHO) (2020: 1-2) warned that prisoners 'are likely to be more vulnerable to the coronavirus disease outbreak than the general population', due to prisons' environmental conditions (e.g. over-crowding, poor ventilation) and prisoners' health characteristics (e.g. high levels of chronic respiratory illness). These predictions have been borne out in prisons around the world, with infection and death rates in custody far higher than in the community (Byrne *et al.* 2020b: 894). Thus, in England and Wales, between March 2020 and February 2021, the COVID-19 death rate among prisoners was 3.3 times higher than among people of the same age and gender in the general population (Braithwaite *et al.* 2021: 1).

Prisons, an integral part of the public health response to the pandemic, introduced three types of mitigation strategies: (1) 'front-end', 'to limit the movement of the virus into prison' (e.g., suspending prison visits), (2) 'in-prison', 'to limit the spread of the virus among inmates and staff' (e.g., quarantining infected inmates), and (3) 'back-end', 'to reduce the risk of infection among vulnerable subgroups' (e.g., early release of elderly inmates) (Byrne *et al.* 2020b: 883). While the effectiveness of strategies for reducing the COVID-19 transmission in prisons is yet to be established (Malloy *et al.* 2021), it is increasingly clear that some strategies 'may have serious *unintended* consequences for prisoners' (Byrne *et al.* 2020b: 890), i.e. effects outside the avowed objectives (Oliver *et al.* 2019: 63) to 'preserve life' and 'safeguard the mental and physical health' of prisoners and staff (Ministry of Justice and Her Majesty's Prison and Probation Service 2020: 2) (e.g., multiple prisoners' deaths from opioid

overdose in Italian prisons following the introduction of restricted regime (Tavoschi *et al.* 2020)), creating 'a ticking time bomb' in prisons worldwide (UNAIDS 2020).

This article answers the call to assess unintended consequences of in-prison mitigation strategies (Byrne *et al.* 2020b: 897) by exploring prisoners' lived experiences of the pandemic, captured through correspondence research with transgender and non-binary prisoners in England and Wales from April 2020 to April 2021. Our unique longitudinal data, systematically collected through written dialogues sustained over a year and encompassing numerous aspects of respondents' lives, are much richer and allow us to examine experiences in greater depth than the single-point data utilised in grey literature, namely, prisoners' views gathered through brief conversations during short visits/teleconferences (HM Chief Inspector of Prisons 2020a; Independent Monitoring Boards 2020), one-hour interviews (Her Majesty's Inspectorate of Prisons 2021), phone messages to National Prison Radio (Independent Advisory Panel on Deaths in Custody 2020), and single letters (the Prison Reform Trust (2020a; 2020b; 2021) CAPPTIVE project), that did not allow researchers to follow-up, clarify, and investigate respondents' views in detail.

Framing analysis around the 'pains of imprisonment' (Sykes, 1958), we argue that the pandemic mitigation strategies have led to 'the toughest, most restrictive prison regime ... in a generation' (Prison Reform Trust 2020c: 1), severely exacerbating these pains.

COVID-19 IN PRISON AND MITIGATION STRATEGIES

Throughout history, prisons have been a breeding ground for infectious diseases, due to conditions that continue to plague prisons today (Marland *et al.* 2020): overcrowding (MacDonald 2018; Simpson *et al.* 2019); inadequate infrastructure and health care (Heard 2019; House of Commons 2018; World Health Organization Europe 2014); confined unhygienic spaces with inadequate ventilation (European Centre for Disease Prevention and Control 2020), and poor physical (Aldridge *et al.* 2018) and mental health (Fazel and Seewald 2012) of the prison population. These conditions have created an 'imperfect storm' (Byrne *et al.* 2020b: 863), placing prisoners at a heightened risk of contracting, and dying from, coronavirus, increasing pre-existing health inequalities within this vulnerable population, and threatening to spill over into the socio-economically deprived communities from which

prisoners are disproportionately drawn (Kinner *et al.* 2020). Hence, correctional systems world-wide have been an integral part of the public health response to the pandemic (WHO 2020) and introduced a range of strategies to reduce the risks of COVID-19 outbreaks.

Strategies implemented in England and Wales by Her Majesty's Prison and Probation Service (HMPPS) echo measures taken by prison systems in other countries (see the special issue of 'Victims and Offenders' (Byrne *et al.* 2020a) for global, regional and country reports) and are summarised in Table 1.

Table 1 about here

While some mitigation strategies, such as social distancing, were similar to guidelines for the general population, they were logistically harder to implement in prison and placed additional pressures on an under-resourced system. Therefore, all non-essential activities ceased, and prisoners were unlocked only for short periods in small groups to access essential services.

To alleviate the negative impact of restricted regime on prisoners' well-being, HMPPS introduced several measures. To compensate for the suspension of social visits and help maintain contact with family and friends, it provided access to mobile handsets for prisoners who had no in-cell phones, gave all prisoners £5 weekly phone credit, negotiated national reduction in call rates, and introduced video-conferencing ('purple visits') (House of Commons 2020). Many of these compensations, however, did not reach 'the majority of families' (Prison Reform Trust 2020a: 16), as a thousand mobile handsets delivered to prisons could not cover over 30,000 prisoners with no in-cell phones (Inside Time Reports 2020) and video-call technology was inadequate, and calls rationed to one 30-minute call a month (HM Chief Inspector of Prisons 2020a: 16). To compensate for pausing non-essential activities, prisons distributed in-cell education, exercise, and 'distraction' packs (e.g., Sudoku, colouring); continued to pay prisoners regardless of their current employment; introduced prison newsletters and competitions; and allowed exercise time on the prison yard. Yet, adult formal education ceased; and offending behaviour programmes stopped. For prisoners

whose release depended on the completion of these programmes this meant 'extra months or years spent in prison for a reason wholly beyond their control' (Prison Reform Trust 2020b: i). This undermined the main prison functions to 'rehabilitate, reduce reoffending and help prisoners to build productive and meaningful lives' (Her Majesty's Inspectorate of Prisons 2021: 3). As an early review of the HMPPS mitigation strategies concluded, 'the adopted measures appear to have helped curtail the spread of the virus within prisons, but at a great cost to the inmates and their families' (Brennan 2020: 1227, 1215).

THE CURRENT STUDY

Prison has long been identified as painful and harmful to those living inside its walls. COVID-19 and mitigation strategies have put additional, immense strains on the incarcerated, depriving them of visits and meaningful activities and confining them to cells for most of the time. Yet, the impact of the pandemic and associated restrictions on prisoners is largely unknown. While three 'snapshot' projects, by Prison Reform Trust (2020a; 2020b; 2021), HM Inspectorate of Prisons (2021), and the Independent Advisory Panel on Deaths in Custody (2020) collated prisoners' views, ours is the first systematic qualitative longitudinal study (Vogl *et al.* 2018: 177) to explore the impact of coronavirus on prisoners' lives through their own narratives, over one pandemic year.

We situate these narratives in the wider penology literature, using the pains of imprisonment to frame our analysis. Following his seminal study of the New Jersey State Prison, Sykes (1958: 64) outlined five fundamental 'deprivations', or 'pains', that characterise daily life in prison: of liberty, desirable goods and services, sexual relationships, autonomy, and security. The pains of imprisonment are well documented (Haggerty and Bucerius 2020), as is the impact of modern penal practices on these pains (Crewe 2011a). Extrapolating from the prior research (e.g., Crewe *et al.* 2017), we expect that restrictions introduced to limit the coronavirus transmission would intensify the existing pains. Our findings have international significance since prisons in many jurisdictions have implemented similar restrictions (Byrne *et al.* 2020b: 883-891).

DATA AND METHODS

Data collection

We collected the data as part of our study of transgender and gender non-conforming (TGNC) prisoners' lived experiences that commenced in June 2019 and continued throughout the pandemic. The data were gathered using the letter writing method, advocated for uncovering 'hidden experiences of imprisonment' (Vannier 2020: 249). Our approach was representative of qualitative longitudinal research, which 'typically takes the form of small-scale, in-depth studies of individuals or small collectives, tracking them intensively over relatively modest time frames to generate rich, situated data' (Neale 2016: 9). The data come from the participants' responses to our three letters focused on COVID-19 (with 144 open-ended questions, similar to those employed in reflective interviews (Roulston 2010), covering the effects of regime changes on prisoners' lives, health, and relationships), written between April and October 2020, their follow-ups written between April 2020 and April 2021, and prison notices and newsletters they forwarded.

Sample

Participants, recruited through an advertorial in the prison newspaper *Inside Time*, were transgender women and non-binary prisoners in male English and Welsh prisons. Fifteen participants, from two high-security, five Category B, four Category C and two local establishments, completed our COVID-19 questionnaires, reporting on the situation contemporaneously at points between April and October 2020 and contributing one to three letters each (30 letters in total). Of these, fourteen also provided updates on the situation between April 2020 and April 2021 in regular correspondence, contributing 2 to 19 letters each (119 letters in total, of which 58 were written post-October 2020).

Quotations from letters are reproduced verbatim (to ensure accuracy and out of respect for correspondents) and attributed to participant's chosen pseudonym, letter's record number and month it was written.

Ethics

The project received research permission from HMPPS NRC and ethical approval from the Ethics Review Committees of University of Leicester, Northumbria University and Open University. All participants provided written informed consent and accepted that correspondence could be read by prison staff for security reasons.

Data analysis

We undertook a Reflexive Organic Thematic Analysis that promotes an iterative and fluid coding process and requires multiple analysts to immerse in the data and reflect on the research question (Braun and Clarke 2019). Two researchers independently worked through the data and, through a verification process with a third coder, agreed the final coding frame. This process identified fourteen meta-themes and 103 operational codes. Several themes were then selected and considered through the lens of our thematic framework – the pains of imprisonment (Sykes 1958). Our analysis illuminated a range of deprivations faced by prisoners during the pandemic. We categorised these into three pains, relating to deprivations of liberty, security, and goods and services; and present these in detail below.

RESULTS

Deprivation of liberty: ‘A prison in a prison’

Deprivation of liberty, inherent in imprisonment, is exacerbated when prisoners are kept in cells for the vast majority of their time. Before the pandemic, Her Majesty’s Chief Inspector of Prisons (2020b: 158) expected prisoners to be unlocked for at least 10 hours daily, though only 13% enjoyed this privilege. The COVID-19 restrictions limited daily time out of cell to 30-60 minutes during April-May 2020 (HM Chief Inspector of Prisons 2020a: 13), gradually increasing to 100-120 minutes in some prisons over the summer and then falling back to 60 minutes, with the HMPPS-wide return to Stage 4 regime in January 2021, until at least 29 March 2021, when the first 15 prisons were moved to Stage 3. Thus, for twelve months, all adult prisoners, except keyworkers, were locked up daily for 22 hours at best and 23 hours at worst.

Respondents described these conditions as 'prison in a prison' (Jess, C3/August 2020), echoing the moniker for solitary confinement in the literature (Haney 2018a: 366). The conditions were equivalent to prolonged solitary confinement, defined by the United Nations Standard Minimum Rules for the Treatment of Prisoners (United Nations Office on Drugs and Crime 2015: Rules 43 and 44) as confinement 'for 22 hours or more a day without meaningful human contact' 'for a time period in excess of 15 consecutive days', and prohibited as amounting to 'torture or other cruel, inhuman or degrading treatment or punishment'.

Deprivations of 'meaningful contact' and 'access to positive environmental stimulation' associated with solitary confinement (Haney 2018b: 286-287) were keenly felt.

Deprivation of meaningful social contact

Drawing on the human rights guidance (HM Inspectorate of Prisons 2020; Penal Reform International and Human Rights Centre 2017), we define as 'meaningful' the contact that is not monotonous and repetitive (not 'the same day in, day out', with 'the same small group of people'); involves some choice; is not 'fleeting and incidental', but entails empathetic sustained dialogue; is not limited to the interactions determined by prison routines; and contributes to well-being and building relationships.

Before the pandemic, opportunities for meaningful contact included work, education, gym, library, chapel, prisoners' forums, and free association. The COVID-19 restrictions removed these options: libraries and the majority of workshops remained closed from late March 2020 to April 2021; gyms reopened, at best, only briefly, from October to December 2020 (Fayth, C3/October 2020; prison newsletters); chapels did not permit communal worship; and education paused (except for distributing 'various study packs' (Jerika, C3/August 2020)):

Since the pandemic/lockdown I have had no contact with the O.U [Open University], the distance learning coordinator here or education' (Winter Rose, L15/March 2021)

Contact with other prisoners shrank to 'fleeting' interactions with the same small group of co-located inmates unlocked at the same time. Unlike 'support bubbles' on the outside, these groups were not freely chosen by prisoners; and interactions revolved around daily routines:

45 minutes exercise, 5-10 minutes phone calls, 10 minutes showers and meal collection x 2 (Jess, C2/July 2020).

Time out-of-cell was 'rushed and stressful', and, like other prisoners (Her Majesty's Inspectorate of Prisons 2021: §2.34), our respondents struggled to do the chores, let alone have a sustained conversation.

Communications with prisoners outside the group were reduced to 'shouting at windows on the exercise yard' (Fayth, C3/October 2020) – a practice forbidden in some prisons (Eve, C3/September 2020) and excluded from the human rights' definition of meaningful contact (Penal Reform International and Human Rights Centre 2017: 88-89). Relationships with prisoners outside the landing 'ceased to exist' (Jerika, C3/August 2020).

Contact with staff varied. In some prisons, officers had 'regularly engage[d] with prisoners' (Eve, C3/August 2020). Elsewhere, interactions were reduced to daily lock/unlock and perfunctory 'weekly welfare checks' (Amelia, C3/September 2020), i.e. 'purely functional' contacts, with staff primarily interested in making sure 'the day ran on time' (Her Majesty's Inspectorate of Prisons 2021: §2.52).

Prisoners sharing a cell experienced 'the worst of both worlds': a constant enforced proximity to another person coupled with deprivation of 'meaningful social interaction' (Haney 2018b: 290). A double-celled respondent wrote:

I've been ... struggling with isolation from friends who form my key support structure as they are on wings isolated from me. I've not got ... lonely per say ... but I've lost all concept of time passing and the world seems less and less real (Fayth, C3/October 2020).

This corroborated the European Court of Human Rights' (ECtHR) (2020: §44) opinion that 'confinement in a double cell may have similar negative effects' as solitary confinement.

Deprivation of access to positive environmental stimulation

The restrictions on access to most parts of the prison meant that the prisoners' world shrank:

my wing, my wing's yard and the short distance to my work classroom was everything. Now its just my cell & the corridor outside my cell... Prison is small & confined anyway, now its minute (Hotaru, C3/August 2020)

The lack of stimuli was keenly felt:

I think I know every single spec, scratch, chip and grane on all 4 of my walls now!
(Skyee, C2/May 2020)

While positive stimuli reduced, negative, such as noise, increased, with prisoners becoming noisier 'due to the irritation of 23 hour lock up' (Rachel, C3/August 2020). Prisoners' sensitivity to negative stimuli also heightened (cf. Shalev 2008):

It feels louder, because we're locked up all the time. Normally we would be out so the noise just blends into the background but now its just loud and irritating... and theres no way to escape it (Winter Rose, C3/August 2020)

The 'incessant, inescapable' noise, as an emotional distress factor, potentially contributed to self-harm and suicide (Wainwright and Decodts 2020: 10).

Like prisoners in solitary, our participants described how the 'unvarying sameness' (Haney 2018b: 294) grated on them:

Psychologically it feels like me, my cell & padmate exist out of time as nothing changes & even the news barely feels real. [...] it's the lack of any real ups or downs that is impacting me – a lack of events for inspiration, motivation or even anchoring memories off ... (Fayth, C3/October 2020)

Since most work and education stopped, prisoners suffered from enforced idleness throughout the entire pandemic year:

Most of us don't really do anything, maybe sleep alot more or watch tv. A few try to keep active with in-cell exercises or hobbies like art & writing. Other than that there isn't anything to do, everyone is bored and frustrated ... I've know some people to rearrange their cells every week just for something to do. Other than your letter today, I have done nothing but sleep. Tomorrow I have a little art in-cell work which

will take me a couple of hours after that, I'll be doing nothing again until sometime next week (Hotaru, L15/March 2021)

Even keyworkers found the shortage of meaningful activity painful:

I am lucky to be working full time, so I can speak to others for most of the day. Weekends are most difficult for me, sitting in my cell alone with nothing to do, nothing to watch on TV and just waiting for one hour out of cell time (Amelia, C3/September 2020).

Our respondents' experiences highlighted the importance of human contact 'not just for pleasure and play but for the individual's very sense of self' (Shalev 2008: 18).

Consequences of deprivations

Additional deprivations of liberty detrimentally affected both prisoners' health and the prisons' social fabric. Respondents reported adverse physiological and psychological responses similar to those experienced in solitary confinement (Haney 2018a; Haney 2018b), including depression:

i'm depressed its driving me mad sat in a cell all day (Brittany, C2/May 2020);

lethargy:

slowly losing my drive to do things (Fayth, C3/October 2020)

irritability:

not having that social balance has made me more agitated and I'm findings it's the little things that are causing that agitation (Winter Rose, C3/August 2020)

self-harm and suicidal ideation:

Struggling, have self harm on a number of occasions in secret [...] its lonely and depressing especially as I have no one outside prison supporting me anyhow, so now completely isolated so increases my suicide and self-harm thoughts (Eve, C2/August 2020 and C3/August 2020)

Some prisoners further withdrew from social contact – a paradox noted in research on solitary confinement (Haney 2018b):

The main change I've seen is people who 'disappear' & fully isolate themselves. [...] In normal times there would be some interaction as people go to & attend work. Now you only have to stand in a food queue, & only then with your own landing. It would be easy to 'disappear' into the background (Fayth, C3/October 2020)

Social consequences included the corrosion of mutual support and trust among prisoners:

Before lockdown prisoners met by the pool tables and spent hours playing and chatting. That created a community that was more like a family, where prisoners knew almost everybody and helped each other. At the moment we have lot of small groups of people who either work together or are from the same landing. It's not the same enhanced wing like it was before pandemic. It's much worse. Previously nothing was stolen from fridges, now it is a norm (Amelia, C3/September 2020)

There was a notable increase in bullying:

Those more vulnerable and mental health and elderly are targeted more [...] where before the lockdown, those bullies would be with their associates in their cells, leaving you in peace... Where that bullying before might of been a couple of hours in evening, its now all day as well (Eve, C3/August 2020)

Relationships between prisoners and staff suffered. The lack of proper justification for the continuing use of lock-up added a further dimension to this deprivation of liberty. The restrictions were perceived as not only harsh but irrational and interpreted by some as an additional punishment:

What I do not understand is why we are out of cells for just one hour and not all day like during normal regime... Social distancing is non-existent in prison and the only people who can bring covid to prison or spread between wings, prison staff, do not wear PPE at all! Is it just another form of punishing us? (Amelia, C2/June 2020)

This is unsurprising, since prisoners often mistrust the staff and the institutional rules and policies (Crewe 2009). While some COVID-19 experiences brought prisoners and staff closer, the perceived unreasonableness of the restrictions drew a wedge between them, as respondents blamed the prison authorities for the restrictions:

If staff had been subject to proper testing and made to wear masks we could have continued with a near normal internal regime (Wildgoose, C3/August 2020)

At the same time, they criticised the behaviour of some prison staff, suggesting that:

staff ...actually enjoyin it keepin' us caged like Dogs (Brittany, C2/May 2020)

Idiomatic expressions are commonly deployed in making critical assessments, particularly in relation to behaviour (Drew and Holt 1988). The idiom 'caged like dogs' functions as a complaint not only about the staff behaviour but also about their internal motivation. Whether there was any truth in such attributions was impossible to ascertain but the prisoners' perceptions that they were purposefully victimised by staff should not be ignored, as comments like this 'alert us to the new ways that staff can ... abuse their power' (Crewe 2011b: 465) and suggest that COVID-19 exacerbated the 'us versus them' mentality (Crawley 2004).

Deprivation of security: 'Hands. Face. Space', testing, and vaccination

As part of the public health response to COVID-19, the UK Government created the 'Hands. Face. Space' guidance, used across community and prison settings. The prison environment, however, posed additional hurdles to its implementation, making some measures ineffective. Policies on testing and vaccinations in prisons were equally concerning.

'Hands'

Hand washing was positioned as fundamental in the battle against COVID-19, making soap, hand sanitiser and running water essential. These, however, were not readily available in all prisons. Whereas all prisoners were given free soap, access to sanitiser was sporadic: in some prisons, it was dispensed in certain communal areas, e.g., 'by the entrance gate to the wing' (Amelia, C3, September 2020); in others, it was available only to 'keyworkers working in high risk areas' (Poppy, C2/July 2020) or only to staff, while prisoners had 'to make do with soap and water' (Jerika, C2/May 2020). When some prisons started selling sanitisers, prisoners with no outside financial support found them, 'at £1.49 per bottle', unaffordable (Hotaru, C3/August 2020) on a meagre prisoner pay. Weekly keyworker wages ranged from £11.05 for cleaner to £24 in print shop; those who lost jobs during the pandemic had been 'furloughed' on pre-pandemic wages until February 2021, when their pay was halved down

to that of the unemployed; and unemployment pay varied from £10.50 a week in one prison to £2.50 in another (Wildgoose, L14/February 2021; Winter Rose, L14/February 2021; Jerika, Lx3/February 2021).

Even more troubling was the situation in prisons with no running water or toilet in some cells (e.g., affecting 400 prisoners in one establishment) and operating 'Night Sanitation' system, which allows '1 person on each landing out of their cell to access the toilets/sinks/running water'. Under normal conditions, 'no-one is more than an hour from toilet access'; but under the restricted regime prisoners 'had to spend ~4hrs without toilet/running water in the morning & ~3hrs per afternoon' (Fayth, L5/October 2020). This 'degrading' system became a health risk during the pandemic, contributing to airborne and contact transmission in cells (as prisoners resorted to 'urinating or defecating in buckets or bags in their cells' (HM Chief Inspector of Prisons 2020a: 13)) and shared toilet facilities (Caruso and Freeman 2020: e173). Insufficient accessibility of handwashing facilities and poor accessibility and affordability of sanitiser made 'hands' an unattainable goal, contributing to deprivation of security.

'Face'

Introduction of face coverings for staff and prisoners was slow and patchy, despite the avowed sufficient supply of personal protective equipment (HM Chief Inspector of Prisons 2020b). In the community face masks became mandatory on public transport in June and in close contact services in September 2020. In prisons, until October 2020, only healthcare personnel consistently wore them, while other staff donned them only on specific occasions: dealing with prisoners showing symptoms, escorting prisoners to hospital appointments (Rachel, C3/August 2020) or 'conducting cell searches' (Poppy, C2/July 2020). In some prisons, officers 'were not allowed to' wear masks (Fayth, C3/October 2020).

Respondents were critical of staff not wearing masks, reasoning that

when the initial handful of cases had cleared the only danger was staff bringing the virus in (Wildgoose, C3/August 2020)

Only in October 2020 HMPPS (2020: 2) admitted that staff represented the 'greatest transmission risk' and mandated they wore masks.

A strategy on prisoners' face coverings was introduced even later, in November 2020 (Buckland 2020). Until then, prisoners, except for highly vulnerable one (e.g., 'shielded'), were not provided with masks; and if they made their own masks from 'cloths or socks', were told to remove them on security grounds (Jess, C2/July 2020). They were not allowed to use masks even in prisons where workshops were producing masks for external orders (as reported from two prisons), echoing the case of US prisoners not allowed to use hand sanitiser they manufactured (Otugo and Wages 2020: 404). Eventually, 'some prisoners were issued washable masks in November and the rest in December and they became mandatory after Christmas' (Jerika, Lx3, February 2021) (in some prisons – as late as February 2021). Even then, supplies were occasionally mismanaged:

Prisoners were issued with two washable face-masks, but ... no one bothered to order spares, so some prisoners are now having to use single-use masks repeatedly (Wildgoose, L14/February 2021)

Like 'hands', 'face' was difficult to follow in prison context.

'Space'

At the start of the pandemic, prisons made concerted efforts to promote social distancing, such as putting 'hazard tape every 2 metres to make people aware of the 2 metre rule' (Proudandfabulous88, C2/April 2020). Yet, prison architecture made it difficult to keep the distance 'on stairs or in corridors which are less than 2m wide' (Amelia, C3/September 2020) or on landings waiting for staff to let prisoners into their cells (Fayth, C3/October 2020)

Like in the community, individuals were expected to assume responsibility for following the rule, with most respondents 'taking every measure' to socially distance themselves from others (Jerika, C1/April 2020). The enforcement, however, was problematic: by May it became 'quite lax' (Fayth, C3/October 2020); by August in some prisons the rule was 'universally ignored' (Wildgoose, C3/August 2020); by September it appeared that

no one cares about social distancing anymore. Prisoners often sit together in groups of 4-5 or more on the exercise yard. I also often see 4-6 wing officers sitting together in their wing office of approx. 3x3m in size (Amelia, C3/September 2020)

Respondents were also critical about the staff who

were far more concerned about prisoners social distancing whilst failing to do so themselves (Wildgoose, C3/August 2020)

Such inconsistency undermined the perceived legitimacy of staff's requests to socially distance. Given the importance of perceived legitimacy in maintaining social order in prisons (Liebling 2004), it is unsurprising that prisoners chose not to adhere to the rules.

Testing

Priority testing for prison staff and routine testing of all prisoners were demanded by the Prison Officers' Association in April 2020; and international guidance underscored the importance of mandatory mass testing in prisons, because a majority of identified cases were pre-symptomatic or a-symptomatic (Lemasters *et al.* 2020). A voluntary mass prisoner testing project ran in 28 prisons in August 2020, including two in our sample (respondents reported that they were never told the results). Mass testing, however, did not commence until 2021, and only in outbreak sites (Chalk 2021). A respondent from a prison with an outbreak reported:

Mass testing took place earlier this week and it seems that many of the positives have been asymptomatic... Apart from the "pilot project" [in August 2020], and the mass testing this past week, I'm not aware of any prisoner based testing here other than suspected cases. There has been a staff testing programme in place for several months, but I don't think it has been compulsory (Wildgoose, L14/February 2021)

Vaccinations

Respondents started receiving vaccinations in February 2021, based on age. Against medical advice to prioritise prisoners and staff *en masse* as high risk groups (Siva 2020) and vaccinate them all concurrently (Edge *et al.* 2021), the Joint Committee on Vaccination and Immunisation opted to vaccinate prisoners 'in step with the general UK prioritisation criteria, based on age and presence of long-term conditions', despite difficulties in identifying eligible people in prisons (Braithwaite *et al.* 2021: 1).

Deprivation of access to goods and services: Nutrition, healthcare and information

The measures to alleviate the negative impact of regime restrictions on prisoners led to marginal improvements in access to phones (e.g., reduction in phone call rates, provision of phone credit) and television (removal of normal TV charges). Yet, the access to food, healthcare and information deteriorated, exacerbating the pre-pandemic deprivations.

Food

The quality, amount, and choice of prison food, criticised before the pandemic (House of Commons 2018), further declined. Meals prepared by the servery deteriorated:

Food poisoning 3 x over the lockdown so far. A lot of food comes undercooked/raw. Milk arrives covered in rat urine & poop... we thought it couldn't get worse. With lockdown it did (Hotaru, C3/August 2020)

The regime restrictions made it difficult to have a hot meal:

only few cells are opened at a time to collect food from servery ... Most of meals are already barely warm or cold when I collect them and we can't use microwaves to warm up food (Amelia, C3/September 2020)

The canteen, which prisoners use to supplement the prison-cooked food, offered less choice. Many healthy food items 'disappeared' from the list at the start of the lockdown, never to return. Other prisoners noted the lack of chilled and fresh items in June 2020 (Prison Reform Trust 2020b: 23); our respondents reported it as an ongoing problem, excusable at the start of the pandemic, but indefensible as time went by:

I can't find any logic why products such as eggs or hermetically packed cheese are not available any more (Amelia, C3/September 2020)

Shortages continued through the autumn:

chilled products (cheese, butter) that have been allowed for years apparently won't be returning again (Fayth, C3/October 2020)

and winter. A February 2021 newsletter informed prisoners that no chilled or frozen items could be ordered, only five fresh items (bananas, grapes, apples, tomatoes and easy peelers) were available, and milk would not be supplied in a chosen fat content.

The canteen prices increased – an issue discounted by Prison Reform Trust (2020b: 23) as ‘normal price fluctuations’, but more pervasive according to our respondents:

All prices have risen so its difficult to buy meals for ourselves. [...] the supplier ... is taking the chance to profit even more off us (Hotaru, C3/August 2020)

Opportunities for self-cooking were reduced by the suspension of access to wing kitchens, microwaves and toasters (similarly lamented by other prisoners (Prison Reform Trust 2020b: 22)). Self-cooking not only allows prisoners to produce meals more to their liking, but provides a way to exercise some control over their life (Gibson-Light 2018), alleviating some of the pains of imprisonment. This ‘valve’ was obstructed by the pandemic restrictions.

To placate prisoners – ‘it’s like a reward for staying locked up 23 hours a day’ (Jerika, Lx3, February 2021) – prisons distributed free comfort/snack packs (e.g., “posh” crisps, chocolate bar & a coffee sachet’ (Fayth, C2/October 2020)), though this was not universal practice:

We don’t get those. We do get a slightly better quality snack with our evening meal (at the moment popcorn) ... [and] an extra bottle of water (Hotaru, C3/August 2020)

Over time, the quality of packs had ‘gone down hill to very poor stuff which most are throwing away’ (Jess, C3/August 2020), while the frequency fluctuated with regime strictness: from daily in April-July 2020 to every other day when prisons moved to Stage 3, and back to daily in January 2021 (Jerika, Lx3, February 2021). Respondents questioned the nutritional value of comfort packs, and, like other prisoners (Her Majesty’s Inspectorate of Prisons 2021: \$2.75), complained that these ‘treats’ caused them to put on weight and affected dental health.

Healthcare

Before the pandemic, prisoners’ physical and mental health was worse than the general population across a range of conditions, with 50% higher mortality rates, while the availability of services was inferior to the community (House of Commons 2018: 10-11, 13).

During the pandemic, prison healthcare further deteriorated as the staff were short and stretched by caring for suspected/confirmed COVID-19 cases:

no dentist, no opticians, no diabetic clinic, no asthma clinic, and only essential doctor appointments (Eve, C3/August 2020)

The situation showed little improvement as time went by:

Things here are pretty much the same ... My leg is still in bits, but they've given me some painkillers [...] I won't get to see a doctor and/or physio until lockdown ends (Winter Rose, L14/February 2021)

In the community, healthcare services during the pandemic turned to telemedicine (O'Brien and McNicholas 2020); and prisons tried to follow suit, with some respondents reporting having 'teleconferences' with healthcare services. Mass roll-out of telemedicine, however, was hindered by poor access to digital technologies across the prison estate (Centre for Social Justice 2021). Self-help healthcare also suffered: prisoners who had been self-medicating saw supply stopped when pharmacies closed and not restored when they reopened (Jerika, C2/August 2020). The only pandemic bonus was the opportunity to order free vitamin D.

While mental health needs increased:

My mental health has suffered... I admit I've thought more of suicide (Rachel, C3/August 2020),

and coping mechanisms (e.g., gym) and informal support dwindled due to the regime restrictions, mental health services ground to a halt, with little change over time:

I have not seen the mental health since lock down (Jess, C2/July 2020)

no mental health other than sent a distraction pack when in crisis (Eve, C3/August 2020)

In the context of the detrimental impact of lockdown on mental health and the high prevalence of mental health concerns amongst prisoners, the deterioration of mental health provision exacerbated the pains of imprisonment. An estimated one fifth of adults in England will require long-term mental health support for PTSD, depression and anxiety caused by

COVID-19 (O'Shea 2020: 5). In prisons, where half of prisoners had mental health problems before the pandemic (HM Chief Inspector of Prisons 2020b: 155), the toll could be higher.

Information

Timely information about the pandemic and prison regime changes was essential for containing the spread of COVID-19 and alleviating the pains of social isolation. Some prisons introduced regular newsletters, welcomed by respondents:

We now have a weekly newsletter with updates & notices about Covid, regime & other things... [Feedback] forms were created to communicate directly with Covid Command Team... They have helped – we all hope they continue permanently (Fayth, C3/October 2020)

Others provided only occasional updates on regime changes by posting notices or via prison TV:

We don't have weekly bulletins in this prison... In general prison does not keep us informed, from time to time there is a message from the governor on wayout TV (Amelia, C3/September 2020)

The only information we know is what we see on the news, and if you ask staff anything, they reply with I don't know and tell us we know as much as they know (Eve, C2/August 2020)

Some prisons continued frequent bulletins throughout the pandemic (e.g., one prison issued 83 bulletins from March 2020 to March 2021); others dropped the ball:

'Newsletters were originally weekly, then stopped for several weeks and have been intermittent since September. The most recent ones ... were completely out of date... [T]his reflects the overall reduction of information being given to prisoners as time has progressed... [Thus,] no one has bothered to notify us but it would appear that we've gone to level 5 regime' (Wildgoose, L14, February 2021)

The lack of information increased uncertainty, anxiety, and feelings of alienation from the outside world:

A lot of us just don't care anymore, espically about people outside... We are nothing anyway so whats the point anymore (Hotaru, C3/August 2020)

Such sentiments were concerning, as the growing sense of alienation from society did not promote the HMPPS strategic objectives of offender rehabilitation and resettlement.

DISCUSSION AND CONCLUSIONS

This study provides one of the first longitudinal insights into the lived experiences of prisoners during the COVID-19 pandemic. While the mitigation strategies reduced the spread of coronavirus in prisons and limited the number of fatalities (116 to the end of March 2021, against 2,500 predicted at the start of the pandemic (Ministry of Justice 2021)), they also had unintended consequences, significantly exacerbating the pains of imprisonment; and the measures adopted to lessen the negative impact of heightened regime restrictions were insufficient to compensate for the aggravated pains.

The greatest hardships were caused by the continuous use of 22/23-hour daily lock-up amounting to prolonged solitary confinement. Incarceration in 'a prison within a prison' curtailed meaningful contact and positive environmental stimuli, compounding the 'regular' pains of deprivation of liberty and causing psychological deterioration associated with solitary confinement, including increased anxiety and depression, self-harm, and suicidal ideation (Luigi *et al.* 2020: 6). It also led to deterioration of relationships among prisoners and between prisoners and staff, with greater pent-up frustrations and fewer release valves. The prolonged use of solitary confinement for pandemic control was contrary to the UNODC and WHO advice (Armstrong 2020) and violated the Mandela rules for the treatment of prisoners. The restricted regime conditions from March 2020 to April 2021 in English and Welsh adult male prisons for prisoners not engaged in work (i.e. the majority) were arguably equivalent to those in *N.T. v. Russia* (European Court of Human Rights 2020) and *Rzakhanov v. Azerbaijan* (European Court of Human Rights 2013), where ECtHR found the violations of

Article 3 of European Convention on Human Rights¹. Even for double-celled prisoners (a minority, with 1.2 prisoners per cell on average in our sample and across prisons (Ministry of Justice 2020)), whose isolation was not 'absolute', 'the intensity and prolonged duration' of restricted regime could 'raise an issue under Article 3 ... on account of the considerable negative impact ... on [their] well-being and social skills' (European Court of Human Rights 2020: §44).

Further deprivations of security may not have been immediately experienced as pains. Yet the difficulties of implementing 'Hands. Face. Space' placed prisoners at a higher risk of infection and were partly responsible for the heavy reliance on lock-up. Poor accessibility and affordability of hand sanitisers and the use of less effective alcohol-free sanitisers was problematic, especially in prisons with 'night sanitation' systems. Greater provision of alcohol-based sanitisers would have been desirable, with monitoring of distribution to reduce concerns about misuse, as was done in some US prisons (Burton *et al.* 2021). The delayed introduction of mandatory face masks for staff and prisoners was inexplicable, as social distancing without masks in the prison environment was insufficient for protection (Jones *et al.* 2020; Wang *et al.* 2020). Security considerations apparently prevailed over those of prisoners' health, illustrating the historical contention between the management of risks prisoners pose and the acknowledgement of prisoners' human rights (Genders and Player 2013). Deficient implementation of 'Hands. Face. Space', dearth of mass testing, and reluctance to prioritise vaccination of prisoners and staff slowed the pace of lifting lockdown restrictions, adding to deprivation of liberty (Edge *et al.* 2021).

Increased deprivations of access to food, healthcare and information compounded other pains. Deterioration in the quality, amount and choice of food was keenly felt, increased

¹ In *Rzakhanov v. Azerbaijan*, although the applicant was allowed to watch TV, have a radio, access library, and receive visits and correspondence from his family and lawyer, his 'human contacts were practically limited to conversations with fellow prisoners during the one-hour walk and occasional dealings with prison staff'. The ECtHR (2013: §§70, 72) judged that 'even such a partial and relative isolation aggravated the conditions of his detention'. In *N.T. v. Russia*, the facts decisive for the ECtHR's (2020: §§7, 29, 43, 50) ruling were the applicant's confinement to his cell for 22.5 hours a day, limited (90 minutes daily) outdoor exercise, and the lack of purposeful activity (he had access to TV and books, but not to work or structured out-of-cell activities).

health risks (Herbert *et al.* 2012) and, symbolically, was perceived as punishment (Smoyer and Lopes 2017), potentially catalysing dissent (HM Inspectorate of Prisons 2016: 4).

The pandemic restrictions increased prisoners' healthcare needs, as poorer diet and limited time out of cell exacerbated physical health problems, while the psychological impacts of solitary confinement, coupled with anxieties about the risk of infection and the impact of restrictions on progression and release, compounded mental health problems (Usher *et al.* 2020: 2756). The access to general and mental healthcare, however, drastically declined. Although access was curtailed in both prisons and the community, it was further hindered by prison conditions. The mass roll-out of telemedicine was stymied as prisons 'were unable to use software rapidly procured and deployed in community settings' (Edge *et al.* 2020: e451). Access to healthcare, triaged and mediated in prisons by staff (e.g., hospital escorts), suffered from reduced staff availability; and normally minimal opportunities for self-care were further limited by reduced prison pharmacies' service (Davies 2020). While the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) (2020; emphasis added) expected prisoners to 'receive *additional* psychological support from staff' during the pandemic, and the House of Commons recommended this to HMPPS, even regular support was rarely delivered. Additional support in response to recommendations was a paper-based 'self-help tool' to 'reflect on triggers' and 'actions to improve mood', with prisoners advised to 'look after themselves at difficult times' (House of Commons 2020: 5).

The pandemic restrictions increased the need to keep prisoners informed, as the lack of information compounded uncertainty and anxiety and made prisoners feel 'ignored and forgotten' (Hotaru, C3/August 2020). Few prisons earned praise for continually updating inmates through frequent COVID-19 bulletins; others started well but cut down on communications later in the year, just when prisoners needed them most; yet others provided only the bare minimum throughout the pandemic.

To sum up, our findings show that the prisoners' pains have been significantly exacerbated by the regime restrictions aimed at reducing the coronavirus transmission. Over the twelve months, prisoners' conditions, by and large, have not improved, while the pains accumulated.

Our sample size and composition preclude us from claiming the results as representative. Transgender women, whose medical transition slowed down during the pandemic, felt

greater pains of reduced healthcare; and TGNC prisoners, like LGBTQ+ individuals in the community, were more vulnerable to lockdown stressors, due to worse pre-existing well-being and less social support (Pedrosa *et al.* 2020). Yet, the pains we examined here were common to most prisoners in the male estate, regardless of gender.

HM Inspectorate of Prisons (2021: 26) questioned 'whether the right balance had been achieved between managing the risk posed by COVID-19 and providing [prisoners] with enough meaningful activity, engagement and time out of cell'. We conclude that this balance was not achieved and call for further measures to alleviate prisoners' hardships.

To ease the pains of imprisonment, prisoners may attempt to 'overthrow the custodial regime' (Sykes 1958: 80-81); and prisons worldwide have already seen violent reactions to COVID-19 strategies (e.g., coronavirus riots in 36 countries (Beaudry *et al.* 2020: 2)). Although English and Welsh prisons have not experienced mass unrest, the restrictions have created 'a pressure cooker of thousands of prisoners needing to vent their frustrations', and the aftermath of the lockdown 'will likely be a very dangerous time' (Hotaru, C3/August 2020). The restrictions have also detrimentally affected mental health and, in the absence of sufficient mental healthcare and peer support, created 'a growing powder keg of self-harm & suicide' (Fayth, C3/October 2020). Whoever thought prisons were safer during the lockdown was 'likely to be outside the door, carrying keys' (Prison Reform Trust 2021: vi), as the restricted regime, potentially limiting some suicide and self-harm risk factors (e.g., victimisation, drug use), aggravated others (e.g., lower time-out-of-cell, no work, no visits) (Favril *et al.* 2020; Stephenson *et al.* 2021). Suicide rates showed no decline (Office of National Statistics 2021), and the recorded decrease in self-harm likely reflected reduction in incident reporting (Hewson *et al.* 2020; Prison Reform Trust 2021). Prisons remain a ticking time bomb, and measures to defuse it should be implemented before it is too late.

Continued longitudinal research into the impact of the COVID-19 pandemic on prisoners is essential, in order to chart the impact of easing restrictions (which bring new challenges), examine long-term consequences for the pandemic's survivors during incarceration and post release, provide a fine-grained analysis of socio-demographic groups within the prison population, and explore the effects of the pandemic on the prison system, including changes that may arise in the pandemic's wake.

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Table 1. COVID-19 mitigation strategies in adult prisons, England and Wales

Mitigation strategies	Time period
Front-end	
Suspension of social and legal visits	March 2020— (restarted from July, stopped in November 2020) *
Suspension of movement from courts to prison	March 2020-May 2020 (jury trials resumed in May)
Halt to inter-prison transfers	March 2020-July 2020
In-prison	
Social distancing	March 2020— (enforcement patchy)
Creation of designated units for symptomatic, newly-transferred, and 'shielding' prisoners ('cohorting')	March 2020—
Reduction of time out of cell	March 2020—
Suspension of 'non-essential activities' (education, non-essential work, association, religious services, communal dining, and gymnasium)	March 2020— (gradual easing from July 2020; retightening for January-March 2021) *
Provision of handwashing facilities, soap and sanitiser	March 2020 — (variable accessibility)
Provision of face masks	For some staff activities and some prisoner categories: April 2020— Mandatory for staff: October 2020—; for prisoners: November 2020—
Testing	Symptomatic cases: April 2020— All consenting prisoners and staff in 28 prisons: July-August 2020 Regular testing of staff and asymptomatic testing of new receptions: November 2020—
Construction of additional accommodation	March 2020—
Back-end	
Early release schemes:	
Compassionate Release on Temporary Licence for pregnant prisoners, mothers with babies, and extremely vulnerable prisoners	April 2020—
End of Custody Temporary release for risk-assessed prisoners within 2 months of release date	April-August 2020

Note:

* In June 2020, Ministry of Justice and HMPPS (2020) introduced 'COVID-19 National framework for prison regimes and services', with 5 regime stages: 5 = complete lockdown, 4 = lockdown, 3 = restrict, 2 = reduce, 1 = prepare. At that time, all prisons were in stage 4. From July prisons were allowed to start moving to stage 3, and from mid-September – to stage 2. Movement to a more permissive stage was on case-by-case basis, on approval by the HMPPS command centre. From mid-September to late December 2020, several establishments were returned to stage 4, most operated stage 3, one moved to stage 2 (House of Commons 2020: 7). From 1 January to 29 March 2021, all prisons operated stage 4 regime, with designated 'outbreak sites' moving to stage 5.