

PANORAMA OF THE BRAZILIAN CORRECTIONAL STRUCTURE

Panorama da estrutura presidiária brasileira

El panorama de la estructura penitenciaria brasileña

Original Article

ABSTRACT

Objective: To describe, based on the Penitentiary Information Integrated System (Sistema Integrado de Informações Penitenciárias - Infopen), aspects of the national correctional structure, the convicts' characteristics and the profiles of the existing professionals to guarantee the constitutional precept of healthcare. **Methods:** Descriptive study, on a documental basis, carried out from secondary data available in the Penitentiary Information Integrated System, where the Brazilian correctional structure was assessed, along with the prison inmate's profile regarding personal characteristics and the committed crime, and the professionals involved in healthcare. **Results:** There are 298,275 vacancies, occupied by 496,251 convicts in 1,857 prisons. Concerning the inmates' profile, it was observed that 92.3% (461,444) are male between 18 and 24 years old (25.6% - 126,929), dark-skinned (36.7% - 82,354), with incomplete elementary school (40.7% - 201,938), who mainly committed the drug smuggling crime (23.5% - 100,648). As to the composition of the health assistance team, it was evidenced a total amount of 5,132 professionals registered in the system. **Conclusion:** Based on the penitentiary information integrated system, the Brazilian correctional structure is characterized by presenting a vacancy deficit, caused by overcrowding and/or saturation of the existent prisons, what makes it especially difficult to guarantee the fulfillment of the inmates' necessities.

Descriptors: Information Systems; Prisons; Health Personnel.

RESUMO

Objetivo: Descrever, a partir do Sistema Integrado de Informações Penitenciárias – Infopen, aspectos da estrutura prisional nacional, características dos apenados e perfil dos profissionais existentes para garantir o preceito constitucional de assistência à saúde. **Métodos:** Estudo descritivo, de base documental, realizado a partir de dados secundários disponíveis no Sistema Integrado de Informações Penitenciárias, no qual analisaram-se a estrutura carcerária brasileira, o perfil do apenado no que tange a características pessoais e do crime cometido, e os profissionais envolvidos na assistência à saúde. **Resultados:** Constata-se que existem 298.275 vagas, ocupadas por 496.251 presos nos 1.857 estabelecimentos penais. No tocante ao perfil dos presos, verifica-se que 92,3% (461.444) são do sexo masculino, na faixa etária entre 18 e 24 anos (25,6% - 126.929), da cor parda (36,7% - 82.354), com ensino fundamental incompleto (40,7% - 201.938), que cometeram, principalmente, o crime de tráfico de entorpecentes (23,5% - 100.648). Quanto à composição da equipe de assistência à saúde, evidencia-se um total de 5.132 profissionais registrados no sistema. **Conclusão:** Constata-se, a partir do sistema integrado de informações penitenciárias, que a estrutura carcerária brasileira se caracteriza por apresentar um déficit de vagas, ocasionada pela superlotação e/ou saturação dos estabelecimentos existentes, o que dificulta, em especial, a garantia do atendimento às necessidades de saúde dos apenados.

Descritores: Sistemas de Informação; Prisões; Pessoal de Saúde.

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RESUMEN

Objetivo: Describir a partir del Sistema Integrado de Informaciones Penitenciarias – Infopen, los aspectos de la estructura de las prisiones nacionales, las características de los penalizados y el perfil de los profesionales existentes para garantizar el precepto constitucional de la asistencia de salud. **Métodos:** Estudio descriptivo, de base documental, realizado a partir de datos secundarios disponibles en el Sistema Integrado de Informaciones Penitenciarias en el cual se analizaron la estructura de las cárceles brasileñas, el perfil del penalizado acerca de las características personales y del crimen cometido, y los profesionales involucrados en la asistencia a salud. **Resultados:** Se reconoce que existen 298.275 plazas ocupadas por 496.251 presos en los 1.857 establecimientos penales. Respecto al perfil de los presos, se verificó que el 92,3% (461.444) son del sexo masculino en la franja etaria entre 18 y 24 años (25,6% - 126.929), de color pardo (36,7% - 82.354), con educación primaria incompleta (40,7% - 201.938), que han cometido, principalmente, el crimen de tráfico de estupefacientes (23,5% - 100.648). Se evidencia un total de 5.132 profesionales registrados en el sistema acerca de la composición del equipo de asistencia de salud. **Conclusión:** Se concluye que a partir del sistema integrado de informaciones penitenciarias que la estructura de las cárceles brasileñas presenta un déficit de plazas generado de gran de personas y/o saturación de los establecimientos existentes, lo que dificulta, en especial, la garantía de la atención acerca de las necesidades de salud de los penalizados.

Descriptor: Sistemas de Información; Prisiones; Personal de Salud.

INTRODUCTION

The correctional system has been playing a historic role of punishment through incarceration by criminal order, rendering the offender deprived of freedom, prisoner. Although intended for rehabilitation, prisons are seen as major landmarks of social exclusion, characterized as a mere ‘depository’ of offenders⁽¹⁾.

This scenario has been worsening with the steady increase of crime throughout the country, due in part to the weakness in the social structure of the population and lack of opportunity in the labor market, which significantly contributes to the criminal practice⁽²⁾.

The deficiencies in the Brazilian correctional structure is evidenced, especially with regard to overcrowding in precarious prisons⁽¹⁻³⁾. This is because the state’s main concern has been the exclusion of the individual, not preparing for their rehabilitation and reintegration. Without further investments in education and professionalization, the offenders become inapt to interaction with the organized society, preventing its complete rehabilitation and even exacerbating their situation when they return to social

interaction, reinforcing the behavior towards a new offense and hence to the reentry into the prison system⁽²⁾.

Prisons concentrate a considerable part of black and poor individuals who could not achieve the minimum levels for accessing cultural goods and/or services, what places them in the most vulnerable group to infectious diseases⁽⁴⁾. Confinement conditions (overcrowding, unfit sanitary conditions of facilities, lack of access to prevention and care goods, violence, psychological pressure, drug use, poor diet, among others) are crucial to this vulnerability⁽⁵⁾.

Therefore, the Ministry of Health along with the Ministry of Justice have edited the Interministerial Ordinance no.1777/2003⁽⁶⁾, which established the National Plan for Health in the Penitentiary System (*Plano Nacional de Saúde no Sistema Penitenciário - PNSSP*), given the need to define and implement ‘actions and services consonant with the principles and guidelines of the Unified Health System (*Sistema Único de Saúde - SUS*) that enable comprehensive healthcare to the population comprised by the National Penitentiary System’. Thus, the primary health actions, organized by multidisciplinary teams composed of a physician, nurse, dentist, psychologist, social worker, nurse and oral health assistants⁽⁷⁾, would become more accessible to such reality.

The aim of this study is to describe, through the Penitentiary Information Integrated System (*Sistema Integrado de Informações Penitenciárias - INFOPEN*) aspects of the national correctional system structure, characteristics of inmates and profile of the existing professionals, to ensure the constitutional provision of healthcare.

METHODS

This study is characterized as cross-sectional, descriptive, based on secondary data available in INFOPEN⁽⁸⁾.

Taking into consideration the use of documental source of the electronic media type, methodologically, one can state that the study adopted the documental strategy. The survey instrument consisted of a specific form, drawn from the variables consolidated in the data collection software of the penitentiary system in Brazil.

The investigation analyzed the Brazilian penitentiary system structure (number of prisoners in custody in the prison system, capacity, number of prisons, calculation of the ratio between the actual population and the default capacity of the system), the profile of the convict regarding his personal characteristics (education level, age, skin color, nationality), the committed crime (crime and sentence) and the professionals involved in healthcare. In order to ensure reliability, data was collected by two researchers.

For data analysis, descriptive statistics was chosen, with application of simple percentage tests and frequency distribution, using Epi Info version 6.04.

RESULTS

During the investigated period, the prison system housed 496,251 inmates in total, being 50,546 under the Civil Police and the Public Security Bureau custody, and the remaining 445,705 really in custody in the prison system.

Regarding the profile of these inmates, men with low education, youth and browns were predominant (Table I).

Drug trafficking and aggravated robbery are among the most common crimes. Tables II and III show the criminal characteristics of the arrested offender in relation to the quantity of inmates by total convictions and the representation of the most frequent crimes in each category, respectively.

Regarding the convicted prisoners, the men/women ratio is even higher than that proportion regarding the prisoners in general. More than half of women is sentenced up to eight years in prison, while men's jail sentences are variable (Table II).

Table I - Distribution of the convicts according to level of education, age range and ethnicity by gender. Campina Grande-PB, 2011.

Variable	Convicted		Total
	Male	Female	
Level of education			
Illiterate	23,992 (94.8%)	1,327 (5.2%)	25,319(100%)
Literate	52,964 (95%)	2,819 (5%)	55,783(100%)
Incomplete basic education	189,980 (94%)	11,958 (6%)	201,938(100%)
Complete basic education	49,840 (94.3%)	2,986 (5.7%)	52,826(100%)
Incomplete secondary education	44,363 (93.5%)	3,098 (6.5%)	47,461(100%)
Complete upper secondary education	29,744 (91%)	2,917 (9%)	32,661(100%)
Incomplete tertiary education	2,699 (86.1%)	435 (13.9%)	3,134(100%)
Bachelor or equivalent	1,582 (86.5%)	247 (13.5%)	1,829(100%)
Postgraduate	61 (84.7%)	11(15.3%)	72(100%)
Not informed	19,411 (96.5%)	714 (3.5%)	20,125(100%)
Age range			
18 to 24 years	120,408 (94.9%)	6,521 (5.1%)	126,929(100%)
25 to 29 years	105,270 (94.6%)	6,018 (5.4%)	111,288(100%)
30 to 34 years	71,346 (93.9%)	4,599 (6.1%)	75,945(100%)
35 to 45 years	63,556 (92.2%)	5,364 (7.8%)	68,920(100%)
46 to 60 years	24,016 (91.1%)	2,351 (8.9%)	26,367(100%)
Above 60 years	4,079 (93.9%)	264 (6.1%)	4,343(100%)
Not informed	10,130 (94.9%)	546(5.1%)	10,676(100%)
Skin color / Ethnicity			
White	147,217 (94%)	9,318 (6%)	156,535(100%)
Black	66,219 (94%)	4,223 (6%)	70,442(100%)
Brown	170,916 (93.7%)	11,438 (6.3%)	182,354(100%)
Yellow	1,876 (93.5%)	130 (6.6%)	2,006(100%)
Indigenous	692 (92.5%)	56 (7.5%)	748(100%)
Others	10,295 (96.3%)	391(3.7%)	10,686(100%)

Source: Elaborated by the author with data from MJ/DEPEN/INFOPEN – Dec/2010.

Among the 1,857 prisons, there are the public jails, followed by prisons, with formal capacity for 298,275 inmates in all, but comprising 496,251 offenders in the year of the investigation, that is, there was a deficit of 197,976 vacancies, representing 1.6 inmate per vacancy. Therefore, the lack of vacancies reaches approximately 39.9% overall, with the female correctional establishments showing a more evidenced shortage than that found in establishments for males – 46.05% and 39.42%, respectively (Table IV).

As to the health professionals, the records in INFOPEN (Figure I) present an amount of 5,687, with emphasis on the professionals of the technical level and auxiliary nursing (34.4%, 1,957), corresponding to one technician for every 253 prisoners. Among the top-level professionals, the physicians, nurses and dentists are those present in smaller numbers, corresponding to one professional for every 786, 1,000 and 1,213 inmates, respectively.

Table II - Distribution of the convicted according to sentence time. Campina Grande-PB, 2011.

Variable	Convicted				Total	
	Male		Female			
	n	%	n	%	n	%
Total of convicted	248,409	94.49	15,539	5.51	263,948	100.0
Up to 4 years	55,059	92.38	4,537	7.62	59,596	22.58
4 to 8 years	67,257	92.36	5,535	7.64	72,792	27.58
8 to 15 years	52,289	95.23	2,614	4.77	54,903	20.80
15 to 20 years	26,060	96.98	811	3.02	26,871	10.18
20 to 30 years	19,891	97.62	484	2.38	20,375	7.72
30 to 50 years	24,724	94.20	1,525	5.80	26,249	9.94
50 to 100 years	2,595	99.12	23	0.88	2,618	0.99
Over 100 years	534	98.16	10	1.84	544	0.21

Source: Elaborated by the author with data from MJ/DEPEN/INFOPEN – Dec/2010.

Table III - Distribution of the convicts according to the type of crime committed. Campina Grande-PB, 2011.

Type of Crime	Convicted		Total
	Male	Female	
Offences against the person			
Qualified homicide (Art. 121, 2nd Paragraph)	26,846	731	27,577
Property crimes			
Qualified robbery (Art. 157, 2nd Paragraph)	76,168	1,535	77,703
Crimes against the traditions			
Rape (Art. 213)	9,719	71	9,790
Public-order crimes			
Gang or criminal band (Art. 288)	5,899	228	6,127
Crimes against the public trust			
Forgery (Art. 304)	1,767	60	1,827
Crimes against the public administration			
Embezzlement (Art. 312 and 313)	383	51	434
Crimes committed by an individual against the public administration			
Active corruption (Art. 333)	536	39	575
Specific legislation			
Maria da Penha Law - Violence against the woman (Law 9.605 of August, 07 2006)	2,777	58	2,835
Drugs			
Illegal drug trade (Art. 12 of Law 6.368/76 and Art. 33 of Law 11.343/06)	86,591	14,057	100,648
Disarmament Statute			
Illegal firearm carrying (Art. 14)	12,959	284	13,243

Source: Elaborated by the author with data from MJ/DEPEN/INFOPEN – Dec/2010.

Table IV - Distribution of the correctional structure – vacancies by gender. Campina Grande-PB, 2011.

Variable	Convicted					
	Male		Female		Total	
	n	%	n	%	n	%
Number of inmates	461,444	92.98	34,807	7.01	496,251	100.0
Number of vacancies	279,499	93.70	18,776	6.29	298,275	100.0
Correctional establishments	1,642	88.42	215	11.58	1,857	100.0
Penitentiaries	426	90.4	45	9.5	471	25.3
Correctional agricultural colonies	33	97.0	1	3.0	34	1.8
Houses of correction	53	85.5	9	14.5	62	3.4
Public jails	1,090	87.6	154	12.4	1244	67.0
Custody hospitals	26	78.8	5	21.2	33	1.7
'Patronato' housing	12	92.3	1	6.7	13	0.7

Source: Elaborated by the author with data from MJ/DEPEN/INFOPEN – Dec/2010.

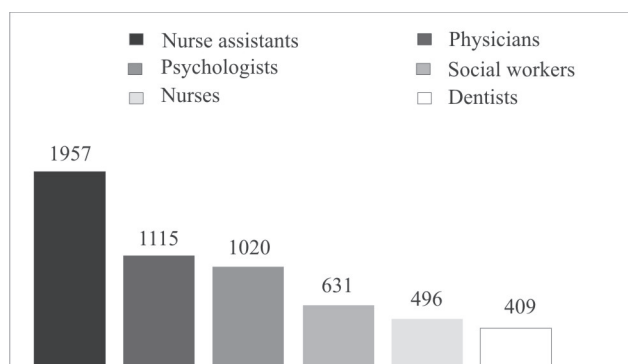


Figure 1 - Demonstrative of healthcare professionals (or linked to it) found in INFOPEN's records. Campina Grande-PB, 2011.

Source: Elaborated by the authors with data from MJ/DEPEN/INFOPEN – Dec/2010.

DISCUSSION

The data represented in this study suggest the early onset of crime among people who have not had the opportunity to complete their basic studies; as to the skin color, defined as 'brown', it portrays the Brazilian miscegenation.

The profile of the individuals in the various prisons of the country presents recurring characterization of people with low income, low educational level and sexually transmitted diseases, who have already used some kind of drug and relapsed into misdemeanors. Conditions that are typically found in systems of neoliberal ideology, with political and economic exclusionary processes even for those who enjoy complete freedom^(9,10).

In 2005, the PNSSP's guidebook already portrayed the Brazilian prison population profile in a direction similar to that found in this study, consisting predominantly of white men, single, under 30 years of age, with low income, criminal profile characterized by crimes centered on theft and burglary, little literacy and no defined profession prior to arrest, featuring a 'condition of social exclusion prior to its entry into the prison system'. It stresses the question of recurrence and the relationship between the criminal practice and the situation of unemployment and poverty⁽⁷⁾.

The economic, cultural, territorial and ethnic exclusion of some society groups entails a set of vulnerabilities. When, due to political or administrative constraints, the country stops generating employment for its citizens, it sets aside those who are already in a less privileged condition. In turn, cultural segregation deprives the individual of getting formal education, which is the instrument for increased chances of a better-paying job and of gaining access to information to enable him to fully exercise their citizenship⁽¹¹⁾.

Therefore, it is noteworthy the key role of education facing such social inequalities. Investments in education tend to reverberate heavily in accomplishments for the public safety. Despite of that, the government's responses to crime, especially in the major Brazilian cities, have been guided by a sensationalist journalism, stimulator of the repressive discourse⁽¹²⁾.

Concerning the prison time, this research corroborates another study⁽¹³⁾, which also found predominantly the penalty of 4 to 8 years in prison. This period represents a relatively short time in prison, since the progression system of penalties currently adopted in the country allows the possibility of change in regime after completion of one

sixth of the sentence, reducing the time of incarceration in closed regime.

Current legislation tends to decrease the number of sentences restricting freedom. More recently, the Brazilian Code of Criminal Procedure has undergone several changes through Law no.12403/11, such as Article 322, which states the police authority shall be empowered to grant bail in cases of infringement with custodial sentence under 4 years⁽¹⁴⁾.

Despite the changes towards more flexible punishments than the freedom-restricting penalty, those have been made with restrictions to various crimes with most serious characteristics. However, the modalities of crimes are increasing, especially of a violent nature, including robbery and qualified burglaries, murder and rape⁽¹⁵⁾, as also shown in this study. There is a strong connection between violence and drug use/trafficking⁽¹⁶⁾.

In the meantime, the Antidrug Law stands out, having been in force since September 2006, which has increased the period of minimum sentencing for drug trafficking (Art. 33), with freedom-restricting penalties without possibility of imposing alternative penalties. The minimum time sentence has been raised from 3 to 5 years⁽¹⁷⁾. Limitation of punishments for crimes of drug trafficking to freedom-restricting penalties has led to an increase in the number of arrests regarding this offense.

Data presented in this study corroborate the findings of other studies regarding the use/trafficking of narcotics. The involvement with narcotics trafficking is today the most common offense in the country and one of the most advantageous 'economic activities' to the world of crime. The dealer makes high profits by exploiting the addiction of others and the cheap manpower of those who maintain his 'business'^(9,10). Such workforce consists mainly of youth and young adults, with a profile similar to that depicted in the results of this study.

The diversity of crimes, the convicts' profile and the characteristics of Brazilian prisons make these environments prone to conflicts and tensions between the various actors, imposing a tendency to give priority to security problems and the immediate survival of the prison guards and inmates, respectively, to the detriment of health-related issues⁽³⁾.

As for the correctional facilities, the public prisons are most evidenced, due to the obligation established by the Criminal Sentencing Law, article 103, that each county must have at least one public jail, 'in order to safeguard the interests of the administration of criminal justice and to allow the convict to remain in the location close to his social and family nuclei'⁽¹⁸⁾.

About the vacancies available in the prison system, there is a pronounced deficit, mainly in female establishments,

leading women to be housed in facilities designed for men, without infrastructure that meets their specific demands, such as sufficient nurseries or appropriate healthcare for pregnant women.

Some aspects have influenced the vacancies deficit all through the country, namely, the growing Brazilian convicted population, the increase in freedom-restricting penalties and in combined modalities of criminality, and weak improvement in the construction of new correctional facilities⁽¹⁾.

Although the general population consider the occurrence of more prisons as a sign of security, it does not reflect that, in face of mass incarceration without due investments in structure and criminal treatment, the results can be a higher number of revolts, riots, the expansion of violence and 'crime school' in our prisons⁽¹⁹⁾.

The lack of physical infrastructure and personnel in Brazilian prisons subject the inmates to live in cells with poor hygiene and ventilation, therefore further increasing the difficulties relating the development of health activities in prisons⁽³⁾.

Although the convict is reclusive, under freedom-restricting penalties, like all other citizens, he has the right to health guaranteed by the Constitution. In recognition of this right, and since they comprise a group of special vulnerability, in September 2003, the Interministerial Ordinance no.1777, of the Ministry of Justice and the Ministry of Health⁽⁶⁾, instituted the PNSSP, aimed at promoting comprehensive healthcare for the population confined in male and female prisons, as well as in psychiatric units.

According to PNSSP, in each prison there must be a health service implemented in accordance with the SUS principles, with staff responsible for up to 500 inmates and for developing primary healthcare, composed of physicians, nurses, dentists, social worker, psychologist, nurse assistant and oral health assistant, working on a weekly workload of 20 hours⁽⁷⁾.

The number of health professionals found in this study does not meet the PNSSP's recommendations, with a very pronounced difference among the categories. Furthermore, it is noteworthy the absence of registers in INFOPEN on the category 'oral health assistant'.

Such disparities on the personnel number can directly influence the implementation of the plan. In 2008, difficulties in facing the requirements by PNSSP on the minimum number of professionals have already been detected, results that were evidenced in all Federal Units⁽²⁰⁾.

Due to personnel shortage, the prison guards take the responsibility of regulating the convicts' access to the health services. Without proper health personnel, the prisoner's

complaint is often undervalued, resulting in a modulation of access to the service based on criteria other than the health needs⁽³⁾.

The profile found in the present investigation emphasizes the current social stratification in our country, the result of several structural, political and economic mechanisms, pointing to the necessity of implementing policies aimed at reducing the existing social inequities, reducing the vulnerability of certain population groups. Thus, it is believed that the information system should be loaded, since it might faithfully picture the proposed scenario, therefore, being a tool to guide public policies for that population group in the country.

CONCLUSION

The Brazilian correctional structure is characterized by INFOPEN records as presenting a deficit of vacancies caused by overcrowding and/or saturation of the existing establishments, which renders it particularly difficult to guarantee the compliance with the inmates' health needs.

Young brown-skinned adults with low schooling level and adverse social conditions occupy the system, with early entrance into the criminal world, committing mainly drug trafficking and qualified robbery, under average time sentence of 4-8 years.

Despite the implementation of PNSSP has represented an improvement in ensuring assistance to prison inmates, the quantity of health workers in the correctional facilities was not consistent with the recommendations of the government guideline, jeopardizing the assistance and hindering the inmates' access to a qualified healthcare.

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