

COVID-19 and Prison Policies Related to Communication With Family Members

Danielle H. Dallaire¹, Rebecca J. Shlafer², Lorie S. Goshin³, Allison Hollihan⁴, Julie Poehlmann-Tynan⁵, J. Mark Eddy⁶, and Ann Adalist-Estrin⁷

¹ Department of Psychological Sciences, The College of William and Mary

² Department of Pediatrics, University of Minnesota

³ Hunter-Bellevue School of Nursing, Hunter College, City University of New York

⁴ The Osborne Association, New York, New York, United States

⁵ Department of Human Development and Family Studies, University of Wisconsin

⁶ College of Education, University of Texas at Austin

⁷ National Resource Center on Children and Families of the Incarcerated, Rutgers University–Camden



To limit the spread of the highly contagious COVID-19 virus, departments of corrections (DOCs) in all 50 states suspended in-person visits to state prisons between March 7 and March 19, 2020. This article describes changes to policies related to the contact incarcerated individuals could have with family members and others since the pandemic began. We also examine the clarity of the information presented to the public regarding COVID-19 testing and outbreaks in state prisons. The results show that DOCs quickly made free phone calls available to incarcerated individuals, although for how long this policy remained in place is unclear. The capacity for video visits during the pandemic was notably less; only 25 state DOCs had video visits in place before March 2020, and 16 of those reported adding free video visits with family members during the pandemic. A smaller proportion of states reported offering free email access ($n = 15$) and free postage/stamps ($n = 10$). Analysis of state DOCs' webpages showed variability in the range of information available about testing and outbreaks. The clarity of the information presented on DOCs' websites was associated with the total number of policy changes DOCs made related to other forms of contact with family members. States that made more policy changes had more accessible and informative data related to COVID-19 testing and prevalence on their webpages. These results have important implications for policy considerations related to incarcerated people's contact with their families as the pandemic continues and are discussed in light of pending legislation in the U.S. Senate.

Keywords: COVID-19, incarceration, correctional policy, visiting, communication

Factors such as a lack of access to personal protective equipment, inability to social distance, and greater concentrations of

chronic illness within the confined population combine to create an increased risk for the rapid spread of infectious disease within custody facilities (Akiyama et al., 2020; Centers for Disease Control and Prevention [CDC], 2020b). Because a wide variety of individuals living in the broader community interact with the incarcerated population (e.g., family members, friends, contractors, lawyers, correctional officers), virus transmission within a correctional facility also places the larger community at risk. Preventing exposure of the incarcerated population to infection in the first place is thus of utmost public health importance. At the time of this writing (September 21, 2020), the United States remains in the midst of the COVID-19 pandemic and leads the world in the number of identified cases and deaths (Johns Hopkins Coronavirus Resource Center, 2020). As the pandemic engulfed the United States in the spring of 2020, the majority of jurisdictions took steps to limit exposure to and spread of the disease within their correctional facilities. One of the most common first steps was the suspension of in-person visits, followed by other changes to contact policies. This article examines changes to visit and contact policies made by state departments of corrections (DOCs) in response to the pandemic, the public availability of

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Danielle H. Dallaire  <https://orcid.org/0000-0001-7816-1240>

Rebecca J. Shlafer  <https://orcid.org/0000-0001-7833-9053>

Lorie S. Goshin  <https://orcid.org/0000-0002-4083-6756>

Julie Poehlmann-Tynan  <https://orcid.org/0000-0001-9249-2425>

J. Mark Eddy  <https://orcid.org/0000-0001-5847-3052>

Ann Adalist-Estrin  <https://orcid.org/0000-0003-4806-9341>

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Correspondence concerning this article should be addressed to Danielle H. Dallaire, Department of Psychological Sciences, The College of William and Mary, P.O. Box 8795, Williamsburg, VA 23187, United States. Email: dallaire@wm.edu

information about COVID-19 within facilities, and the potential implications of both for future policies and practices related to communication between incarcerated men and women and their family members.

The Importance of Visits and Other Forms of Contact for Incarcerated Individuals

Over 10.6 million people in the United States enter jail each year, most of whom are being held awaiting trial and sentencing (Zeng, 2018). Many people in jails are released within that same year, most within days or weeks. In contrast, over 600,000 people enter prison each year (Bronson & Carson, 2019), and at any given time, there are approximately 1,291,000 people in state prisons and 226,000 people in federal prisons (Sawyer & Wagner, 2020). Most of the people in prison serve 1 or more years there. People in prison are at relatively high risk of returning to prison after release (Durose et al., 2014). One possible protective factor against recidivating is social support, particularly support from family members (La Vigne et al., 2005; Maruna & Toch, 2005; Morenoff & Harding, 2014; Visser et al., 2004). Maintaining connections, particularly during longer sentences, is thought to make it more likely that supports that are vital to success (e.g., emotional, financial) will be available after release. Various studies conducted over the past 40 years have supported this idea. For example, Holt and Miller (1972) found that about 50% of men with no visits during their prison stays were rearrested during their first year after release; in contrast, only 30% of those with at least three visits were rearrested. Further, men with no visits were six times more likely to return to prison than men with three or more visits (i.e., 12% vs. 2%). In much larger samples that included both men and women, Bales and Mears (2008) and Duwe and Clark (2013) also found that visits were related to reduced recidivism. Social support from family may help to mitigate and prevent some of the risk factors for recidivism, such as substance abuse and associating with antisocial peers.

More recently, a significant body of work has arisen around visits for incarcerated parents, their families, and children and the potential risks and benefits of visits for all concerned (see Eddy & Poehlmann-Tynan, 2019). A majority of men and women in state and federal prisons are parents with minor children (52% and 63%, respectively; Glaze & Maruschak, 2008). Between 1991 and 2007, the number of children with a parent in prison increased by 80%. All told, their children account for 2.3% of the U.S. population under the age of 18 years. For parents who are incarcerated in prison in the United States, a population-based survey conducted more than a decade ago found that the most common form of parent-child communication was mailed letters, with phone calls as the next most common and in-person visits as the least common (Glaze & Maruschak, 2008). Newer technologies available at some corrections facilities have made email, instant messaging, and video visits possible as well (Shlafer et al., 2015), although policies and practices regarding visits in state prisons vary widely across the 50 states (Boudin et al., 2013). Recent work indicates that the frequency, modality, and quality of parent-child contact during parental incarceration are all important factors for both parents and children (Cramer et al., 2017). Studies focusing on incarcerated parents have found that more parent-child contact during incarceration, usually in the form of phone calls and visits,

is associated with more engaged parent-child relationships during reentry, as well as better parental mental health and lower recidivism (e.g., McKay et al., 2019; Thomas et al., 2020; Visser et al., 2013). This is even true to some degree for video visits (Duwe & McNeeley, 2020).

Regulation of Visits and Other Forms of Contact for Incarcerated Individuals

Contact between incarcerated people and their families is regulated by the rules and policies set forth by each DOC and enforced by specific correctional and custody officers (COs). Rules affect access to telephones and Internet-capable devices for calling, as well as the cost of calls and the number and length of calls that can be made within a certain time frame. Commissions to corrections and detention systems result in surcharges imposed by communications providers (Wagner & Jones, 2019). The costs, then, for phone and video calls can be exorbitant for incarcerated individuals and their families, who usually bear the burden of this cost (Christian et al., 2006; Grinstead et al., 2001).

Facilities also manage the physical space and rules for in-person family visiting. Physical visiting spaces vary considerably across facilities, from booths in which people talk by phone across Plexiglas to child-friendly spaces in which family members can touch, share food, and play games. Wide variation also exists in the amount of in-person visiting time offered, from every day to only one day a week (Boudin et al., 2013). Facilities also regulate who can visit and what visitors can wear and bring into the facility with them. COs screen visitors upon entry and closely monitor them throughout visiting. Suspending an incarcerated person's visiting privileges is commonly used as punishment for violating prison rules (including rules unrelated to visiting). Violating rules during visiting can also lead to punishment for visitors, who may have visits temporarily suspended or terminated.

DOCs can also suspend visiting in response to infectious disease outbreaks. Within the past 20 years, outbreaks of influenza (CDC, 2012), including H1N1 (CDC, 2009; Guthrie et al., 2012); measles (Venkat et al., 2019); varicella (Leung et al., 2014); and tuberculosis (CDC, 2004) have been documented in custody settings around the world. These illnesses share with COVID-19 a predominant transmission route through respiratory droplets and close contact. Conditions of confinement, including overcrowding that makes physical distancing difficult and limited access to hygiene supplies, increase the risk for the spread of infectious disease (Akiyama et al., 2020). Health care capacity in prisons and jails remains limited and varies widely in terms of quality (Olson et al., 2020). In addition to standard public health practices of quarantine and isolation, suspending in-person visits has been one of the most common responses to outbreaks in prisons and jails (Beaudry et al., 2020). Visiting has been categorized as a nonessential and risky prison function in the context of an epidemic (Leung et al., 2014). The goal of suspending visits in these cases is to limit spread both to and from the outside community.

COVID-19 is more contagious and associated with higher morbidity than the infectious diseases prison officials have managed in the past (Beaudry et al., 2020). This pandemic highlights the intersections of incarceration and racial, economic, and health disparities. Black adults represent 13% of the U.S. population, but they are 40% of the overall incarcerated population (Sawyer &

Wagner, 2020). In a large cohort study in Louisiana, Price-Haywood and colleagues (2020) found that Black adults made up 31% of the region but nearly 77% of the population that was hospitalized due to COVID-19 and 71% of the patients who died from COVID-19. The authors speculated that the higher rate of infection might be related to sociodemographic and economic characteristics. The racial disparities in mass incarceration and COVID-19 are both driven by underlying inequities in the social determinants of health (CDC, 2020a) that collectively have devastating consequences for Black individuals, Indigenous individuals, and other people of color; their families; and communities. The intersection of COVID-19 with incarceration, racial, economic, and health disparities sets up a difficult situation where those who may benefit most from in-person visits with loved ones may be the most at risk for the virus. Furthermore, alternatives to in-person visiting may be less accessible for families with an incarcerated loved one who are experiencing economic challenges.

CDC Guidance on Contact and Communication During COVID-19

On March 23, 2020, the CDC (2020b) issued its first interim guidance on managing COVID-19 in custody facilities. Standard public health practices are the foundation of the recommendations, namely, reinforcing and providing access to hand hygiene for everyone in the facility, intensive cleaning, social distancing, quarantine of exposed people, and isolation of those who are ill (CDC, 2020b). Revised guidance on July 14, 2020, added recommendations that incarcerated people and staff wear cloth masks (CDC, 2020c).

Regarding visiting, the CDC asks officials to “consider suspending or modifying visitation programs . . . in the interest of incarcerated/detained persons’ physical health and the health of the general public” (CDC, 2020b, p. 13). The length of the recommended suspension is unclear. The CDC guidance acknowledges the importance of visiting for the mental health of incarcerated people. To maintain contact between incarcerated people and their support systems, the guidance recommends the promotion of “non-contact visits” and includes increasing telephone privileges and providing access to virtual (or video) visiting options under this recommendation. The CDC also recommends reducing or temporarily eliminating the cost of telephone calls to address the financial burden of family contact in most custody facilities. For prison administrators who wish to retain contact visits, the CDC (2020b, 2020c) recommends verbal screening for COVID-19 symptoms, screening visitors to see if they have had close contact with anyone who has been diagnosed with COVID-19, and temperature checks on all visitors at entry. The CDC also recommends providing visitors with alcohol-based hand sanitizer and requiring that they wear a cloth mask. The CDC guidance recommends excluding visitors with symptoms, exposure, and fever and those who decline cautionary medical screening.

Regarding communication, the CDC (2020b) recommends strong communication with all stakeholders during the pandemic, including providing information about localized outbreaks and testing within facilities. This includes communicating any visiting changes and information to prepare for screening (e.g., postpone if they have respiratory symptoms, temperature checks) and providing information about the rate of outbreak in the facility and rates

of testing. Limited information about COVID-19 spread inside facilities and reduced visiting and contact with incarcerated family members may create increased stress for incarcerated people and their families.

The Present Study

The current study sought to examine the responses of U.S. state DOCs regarding maintaining contact between incarcerated people and their families during the early spring of 2020 during the COVID-19 pandemic. This study sought to describe actions taken to respond to COVID-19 as they pertain to visiting policies, policies related to other forms of contact for incarcerated persons, and the timing of these actions in relation to each state’s stay-at-home orders. We were also interested in the clarity of the COVID-19–related information (e.g., number of positive cases, testing, contact policies) available on each state’s DOC website and whether the clarity of the information presented was related to actions made in the state to support communication within families during the COVID-19 outbreak.

Method

Procedure

Between May 21 and May 28, 2020, six independent coders, all undergraduate research assistants under the supervision of the first two authors, reviewed the websites for each state’s agency responsible for corrections and/or criminal justice. Coders revisited the websites approximately 3 weeks later (June 15, 2020) and documented any changes in policies related to in-person visiting, phone calls, video visits, and mail. Two coders reviewed the website for each state DOC and independently rated all items. Under the supervision of the first two authors, all undergraduate student coders met and reviewed their ratings. When the coders disagreed on a rating, the material was reviewed, and a consensus code was agreed upon. Any discrepancies between the two coders were discussed and resolved by consensus. Consensus codes, which have higher validity than individual raters’ codes (Uebbersax, 1988), were used in the following analyses. Because the research did not involve human research participants, it was exempted from formal review from the first author’s university (PHSC-2020-09-25-14543-dhdall) as defined by the U.S. Department of Health and Human Services (DHHS) federal regulation *Protection of Human Subjects* (2009).

Measures

In-Person Visiting Policies in Response to COVID-19

Coders first documented whether in-person visiting had been suspended in response to COVID-19, the dates of any changes in policy, when this occurred relative to the state’s statewide stay-at-home order, and whether or not visiting was still suspended as of June 15, 2020.

Phone, Video, Mail, and Email Policies in Response to COVID-19

Coders then documented whether states implemented policies intended to compensate for the suspension of in-person visiting,

including offering free phone calls, video visits, postage stamps, and emails. Coders also documented whether or not states had the technology in place to offer video visits (in which the person who is incarcerated can have live, interactive video conferencing with a visitor who is either logging in through a personal device at home or at a community location) before COVID-19. For states that changed policies related to phone, video, email, and mail, coders documented when these actions were implemented relative to the suspension of visiting, the number of free phone calls and video visits offered per week, and the number of minutes for each free telephone and video call.

COVID-19 Information Available on DOC Websites

Coders rated the clarity of information about COVID-19 available on each state's website on a scale of 1 (*very poor/none*) to 5 (*very good*). Coders rated the accessibility of information related to testing in the DOC system and whether this information was broken down by facility, the number of positive cases reported (overall or by facility), and how frequently the information was updated. In addition, coders rated how easily accessible this information was from the DOC main landing page. States rated "1" had no information available on their website about COVID-19 infections in the prison system. States rated "2" had minimal information available but did not include specific information about the location (i.e., which prison) or the date of the first COVID-19 case in an incarcerated person. States rated "3" had some information available, but the information was not easily accessible on the website and/or the data on COVID-19 infection rates were out of date (i.e., updated more than 1 month ago). States rated "4" had information about COVID-19 infections available on their websites, but the information was somewhat difficult to understand, or the site had not been updated within the last week. Finally, states rated "5" had information available and easily accessible from the main page, and data on COVID-19 infections were updated at least weekly. After coders independently rated each state's webpage, they met to resolve any conflict and come to a consensus. Screenshots of all of the DOC landing pages and information pertaining to COVID-19 were saved and are available upon request.

Analyses

We first present descriptive data on DOC changes to in-person visiting policies and then policies regarding phone, video, email, and mail contact that were implemented in response to COVID-19. Next, we report the ratings of the clarity of information provided on DOC webpages about COVID-19. Finally, we report the sum of communication policy changes implemented (e.g., added phone, video, email, mail) in response to COVID-19 and the rating of the clarity of the information presented on the state DOC webpage.

Results

In-Person Visiting Policies in Response to COVID-19

As shown in Figure 1, all states (100%) reported suspending in-person visits in response to COVID-19. A majority ($n = 39$, 78%) of states suspended visiting on or before March 13, 2020. Nevada was the first state to suspend in-person visiting in its prisons (on March 7, 2020), and West Virginia was the last state (March 19, 2020). As of June 15, 2020—when many states had ended or were easing restrictions on stay-at-home orders—all state prison systems (100%) remained closed to family visitors.

Phone, Video, Mail, and Email Policies in Response to COVID-19

Table 1 shows policy changes that each state's DOC made after in-person visits were suspended. Nearly all (96%) states reported offering free phone calls in response to in-person visiting being suspended. States offered between 1 and 10 free phone calls each week (mean [M] = 2.18). A majority (76%) of states offered two free phone calls each week. Free phone calls ranged from 5 to 30 min per call ($M = 11$ min). Notably, California added unlimited phone calls during this time. Free phone calls were added, on average, 5 days after visiting was suspended ($M = 5.44$ days, standard deviation [SD] = 6.28, range = 0–30 days). However, it is unclear how long free phone calls were available because most states noted that the free phone calls were for a specified period of

Figure 1
Stem and Leaf Plot of Dates States Visitation Was Suspended

| Date of Visitation Suspension | State Abbreviation |
|-------------------------------|--|
| 03/07/20 | NV |
| 03/10/20 | NJ |
| 03/11/20 | CO, FL, IN, RI |
| 03/12/20 | DE, KS, LA, MD, ME, MN, MO, MS, ND, OH, OR, SD, TN, UT, WA |
| 03/13/20 | AK, AL, AZ, CA, CN, GA, HI, ID, MA, MI, MT, NC, OK, PA, SC, TX, VA, VT, WI |
| 03/14/20 | IA, IL, KY, NY |
| 03/16/20 | AR, NE, NH, NM |
| 03/18/20 | WY |
| 03/19/20 | WV |

Table 1
Actions Taken by State Departments of Corrections (DOCs) Amid COVID-19 to Promote Communication After In-Person Visits Were Suspended

| Action | Number of state DOCs taking action | Details of action |
|---|------------------------------------|--|
| 1. Added free phone calls | 48/50 | Mean of 2.18 free calls per week ^a Range of 1–10 free calls per week |
| 1a. Number of free minutes per phone call | | Mean of 11 free minutes per call Range of 5–30 free minutes per call |
| 2. Added free video calls | 16/25 ^b | Mean of 1 free video call per week Range of 1 per week to 3 per week |
| 2a. Number of free minutes per video call | | Mean of 19.17 free minutes per call Range of 10–45 free minutes per call |
| 3. Added free email | 15/50 | Mean of 2.60 free emails per week Range of 1–5 free emails per week |
| 4. Added free postage/stamps | 10/50 | Mean of 4.5 free stamps per week Range of 1–12 free stamps provided |

^a California offered unlimited free phone calls and was not included in this calculation. ^b Only 50% of state DOCs reported having the capacity to offer video calls before March 2020.

time ranging from 2 weeks to throughout the duration of the pandemic. Virginia, for example, noted that the free calls would expire on May 17, 2020, yet it is unclear based on the information presented on its webpage if the free phone calls were available after this date or not.

A majority (64%) of the 25 states that had some form of video visiting technology in place before COVID-19 offered incarcerated people free video visits. States offered between 1 and 3 free video visits per week ($M = 1$), and free video visits ranged from 10 to 45 min per visit ($M = 19.17$ min). It was unclear how long video visits would be free; information on most states' websites indicated that free video visits were available for a limited duration. The accessibility of video visits was also unclear because some states (e.g., New Jersey) offered video visits only through a community-based organization, which may have been closed due to COVID-19, or may have only offered video visits on-site at the prison facility (e.g., Ohio).

Detailed information about other policy changes and the duration of those changes was less readily available on DOC webpages. A smaller proportion of states reported offering free email access (30%) or free postage stamps (20%).

Clarity of Information Provided About COVID-19 on DOC Websites

Ratings on the clarity of information about COVID-19 presented on each state's website ranged from 1 (*very poor/none*) to 5 (*very good*). Three states were rated "1" (see Figure 2 for a facsimile of information that would be found on a DOC webpage for a state rated very low); 8 states were rated "2"; 10 states were rated "3" (*average*); 24 states were rated "4"; 5 states were rated "5" (see Figure 3 for a facsimile of information that would be found on a DOC webpage for a state with a very high rating). The average clarity rating was 3.31 ($SD = 1.05$). Figure 4 shows a geographical map of the United States with shading to indicate the clarity and accessibility of COVID-19 information provided by the DOC.

There were no differences in ratings by geographical region (e.g., Northeast, Southeast, West, Midwest), $F(3, 47) = 0.50, p = .69$. Overall, there was no association between the total number of policy changes the various DOCs made following the suspension

of visits and the clarity of the information presented on their websites, $r(50) = .16, p = .275$. However, when examining just the states with the highest and lowest clarity ratings, we found that the highest-rated states on this variable implemented on average two actions (e.g., adding phone and video visits) to assist incarcerated people with staying in contact with their loved ones, and the lowest-rated states implemented one action on average, $t(7) = 1.86, p = .035$ one-tailed, $p = .069$ two-tailed.

Discussion

The current study examined states' decisions to suspend visiting and implement other policies intended to maintain incarcerated people's contact with their loved ones, including offering free phone calls, video visits, email, and postage/stamps, in response to the COVID-19 pandemic. Between March 7 and March 19, 2020, state prisons in all 50 U.S. states suspended in-person visits in response to the COVID-19 pandemic. Consistent with recommendations from the CDC (2020b), most states quickly implemented policies that provided free phone calls following the suspension of in-person visits. Although states' capacities for video visits during the pandemic were notably less, most states with that capability reported adding free video visits following the suspension of in-person visits during the pandemic. A smaller proportion of states reported implementing policies that provided free email and postage stamps following the suspension of in-person visits.

The CDC (2020b) also recommends strong communication with all stakeholders during the pandemic, including communicating any changes regarding visiting and providing information about the rates of outbreak and testing in the facilities. As such, we were interested in the clarity of information about COVID-19 available on each state's DOC website and whether the clarity of this information was related to policy changes intended to support communication between incarcerated people and their families during COVID-19. Analysis of the state DOC websites showed that a range of information about testing and outbreaks was available. Few websites were rated as very clear. The clarity of the

Figure 2
Facsimile of COVID-19 Information That Would Be Found on a Website With a Very Low Rating



Note. Facsimiles rather than actual screenshots are presented here because permission to reproduce the latter was not forthcoming. See the online article for the color version of this figure.

Figure 3
Facsimile of COVID-19 Information That Would Be Found on a Website With a Very High Rating

COVID-19 Inmate Testing | Last updated: 7/23/2020 at 8:05 AM

This section indicates the total number of tests administered throughout the COVID-19 pandemic, and does not reflect the current number of cases at each facility.

| Tested | Pending | Positive | Negative |
|--------|---------|----------|----------|
| 7982 | 38 | 2664 | 5280 |

COVID-19 Inmate Quarantine & Isolation

Quarantine separates those who have been exposed or potentially exposed to COVID-19 to see if they become sick. *Isolation* separates those who are currently sick from those who are not.

| Facility | # Staff Reported Positive COVID-19 Tests | # COVID-19 related Staff deaths | # Staff recovered | # Units in Quarantine | # Inmates in Quarantine | Housing type | # Inmates in Isolation | # Inmates tested positive for COVID-19 | # Probable COVID-19 related inmate deaths | # Confirmed COVID-19 related inmate deaths | # of inmates with pending COVID-19 test results | # of inmates recovered |
|---------------|--|---------------------------------|-------------------|-----------------------|-------------------------|--------------|------------------------|--|---|--|---|------------------------|
| Facility #1 | 20 | 2 | 15 | Entire Institution | 320 | Open Bay | 115 | 109 | 2 | 1 | 134 | 31 |
| Facility #2 | 12 | 0 | 10 | 5 | 153 | Cells | 74 | 68 | 0 | 0 | 82 | 48 |
| Facility #3 | 6 | 0 | 2 | 4 | 112 | Combo | 37 | 36 | 0 | 0 | 51 | 32 |
| Facility #4 | 13 | 1 | 11 | 3 | 78 | Combo | 19 | 16 | 0 | 0 | 22 | 17 |
| Facility #5 | 9 | 0 | 4 | 1 | 47 | Cells | 5 | 3 | 0 | 0 | 15 | 3 |
| Totals | 60 | 3 | 42 | | 710 | | 250 | 232 | 2 | 1 | 304 | 131 |

Note. Facsimiles rather than actual screenshots are presented here because permission to reproduce the latter was not forthcoming. See the online article for the color version of this figure.

information on the site was associated with the number of policies states implemented around other forms of contact, suggesting that these states may have been more closely following recommendations from the CDC (2020b).

These findings have a number of implications for practice and policy. Our recommendations are made in the context of the continuously changing realities related to the COVID-19 pandemic and the nuanced effects of both incarceration and the pandemic on families. Previous research has demonstrated that in-person visits play an important role in maintaining family connections and have been shown to have benefits for the incarcerated, their families, and the correctional environment (e.g., Bales & Mears, 2008). Although there is limited scientific evidence on the benefits of in-person visits relative to video visits for adults (Tartaro & Levy, 2017), families have expressed considerable concerns about video visits and their preferences for in-person visits (Lewis & Lockwood, 2019). Furthermore, there is emerging evidence of important differences between visit types for young children (Poehlmann-Tynan et al., 2015). For young children, the ability to hug and be physically close to a parent is essential for parent-child relationship

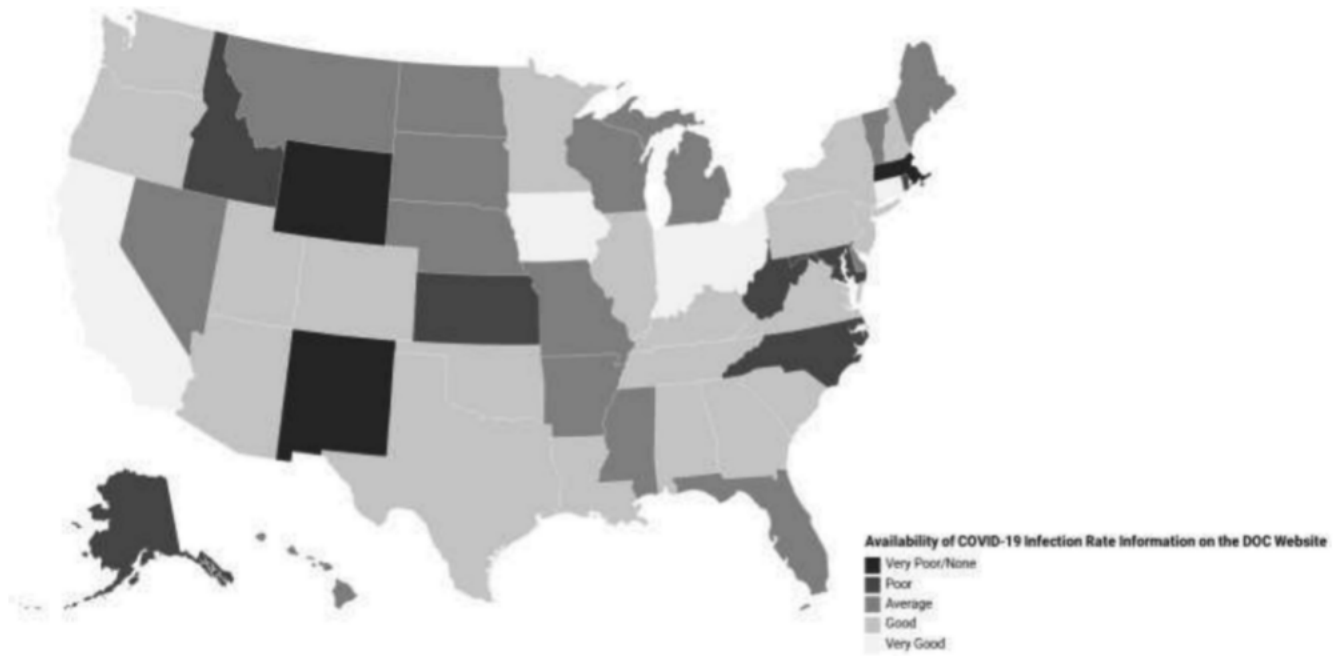
quality and is one clear benefit of in-person visits over video visits. With no vaccine for this highly contagious and deadly virus at the time of this writing, in-person visits may not be possible at some facilities for some time.¹ As such, our recommendations are made with the acknowledgment that in-person visits are essential and preferable for many families.

Limiting the transmission of this virus in correctional settings is of the highest priority for communities. As the virus becomes contained within facilities and communities, we recommend thoughtful resumption of visiting that includes input from incarcerated people and their families, along with the recognition that reducing the spread of the virus in these facilities is critical

¹ The U.S. Food and Drug Administration (FDA, 2020) gave emergency use authorization to two COVID-19 vaccines between December 11 and 18, 2020. The National Academy of Medicine (2020) recommends prioritizing people who live or work in custody settings within COVID-19 vaccine distribution plans (older adults in phase 1, all others in phase 2). Vaccinating this population is expected to reduce morbidity and mortality in some of the worst U.S. COVID-19 hot spots, and it may also allow visiting to resume more safely and expeditiously.

Figure 4

Ratings of Clarity of Information About COVID-19 Provided on State Department of Corrections Webpages



(Guthrie et al., 2012). Accurate, timely, and facility-specific data on infection rates are essential for making informed decisions about when it is safe for DOCs to resume visiting. Our review and analysis of state DOC websites revealed considerable variation in the clarity of the information presented about COVID-19, and many states had very limited or unclear information on their sites regarding COVID-19. It is imperative that DOCs provide clear and timely information about COVID-19 infection rates (including the number of active in-custody cases and the number of individuals who have been released, recovered, or died) in each facility publicly on their website and update this information on a regular basis (at least weekly). This information is critical to families because it helps inform family members about their loved one's environment and aids in the decision-making process for families to decide whether in-person visiting is safe for them once visits are reinstated.

Clear and accurate information about the types of contact available and any restrictions to each type of contact should be clearly communicated to families and through multiple channels of communication (e.g., updates on the website, text alerts). In addition, DOCs should be transparent about the costs associated with each form of communication and any changes to these costs that may occur over time (e.g., when free calls will no longer be offered). Timely and accurate information about plans for reopening in-person visiting, the schedule, any requirements for visitors (e.g., masks), and what visitors should expect when they arrive at the correctional facility should also be easily accessible from the main DOC landing page.

Until in-person visits can be resumed safely, we recommend that any and all alternative methods of staying in contact with an incarcerated loved one should be made available to families. The vast majority of states were able to offer free phone calls during the pandemic, and we strongly recommend the continuation of this practice. For facilities that already have video visiting technology (i.e.,

live, interactive video conferencing) in place, we recommend the continuation of this practice. For facilities that do not yet have the capacity to offer video visits, we recommend that these facilities invest in video visiting technology, with the long-term goal of having free video visits supplement—and not replace—in-person visits when they are reinstated. We recommend that incarcerated people be provided with access to free email communication and free postage stamps, paper, and envelopes, especially while paid vocational programs are suspended or restricted and incarcerated people's financial resources are further limited. Outside of correctional environments, phone, video chat, email, and mail are easily accessible and low-cost options. The pandemic has demonstrated that the cost of phone calls and other forms of communication can be reduced or eliminated within correctional environments.

We realize that thoughtful restrictions (e.g., restricting people who are experiencing symptoms) are critical for the health of incarcerated people, their visitors, custody staff, and local communities. To that end, we recommend that DOCs continue to follow the CDC (2020b, 2020c) and local and state government recommendations regarding in-person visits. Considering each of these recommendations prior to making a decision is crucial because of the politicization of the pandemic in the United States and how that has affected what science-based information is and is not shared by various governmental bodies. Being aware of recommendations from a variety of institutions with an interest in public health, rather than just one, can assist in countering this problem. When in-person visits resume, adherence to CDC and community guidelines is recommended, including verbal screening for COVID-19 symptoms and recent close contact with infected individuals and conducting temperature checks on all visitors at entry. The CDC also recommends providing visitors with alcohol-based hand sanitizer, requiring face masks, and sanitizing all areas before and after visits. In addition, per the CDC's recommendation to

reduce the possibility of respiratory transmission, we encourage facilities to consider utilizing outdoor spaces and expanding visiting hours to reduce capacity in visiting rooms and lobbies.

Policy Implications

The Martha Wright Prison Phone Justice Act (H.R. 6389) passed the U.S. House of Representatives on May 15, 2020, as part of the HEROES Act and awaits a vote in the U.S. Senate. This bill would protect incarcerated individuals and their families from unjust and excessive charges related to telephone, video conferencing, and email services. It would also ban correction and detention systems from receiving commissions from communications providers. Profits are reaped at the expense of the family members of the incarcerated, who are disproportionately of low socioeconomic status and families of color (Carson, 2020), the very families who are disproportionately affected by the negative health and economic consequences of the pandemic (CDC, 2020a). Prior to the pandemic, approximately 65% of families with an incarcerated loved one struggled to meet basic household needs, in part because of the exorbitant fees related to communicating with an incarcerated family member (Christian et al., 2006; deVuono-powell et al., 2015). With in-person visiting largely suspended, making other forms of communication accessible by reducing or eliminating the rates and fees associated with communications is critically important. Our results would suggest that it is not only possible to reduce or eliminate the cost of phone and video communication for incarcerated individuals and their families but that it is also necessary and humane to do so given the ongoing pandemic.

Limitations and Future Research

Our results should be considered with a number of limitations in mind. COVID-19 was—and continues to be at the time of this writing—a rapidly evolving situation. Although we attempted to document policy changes during a defined time frame using the information available on states' websites, DOCs were actively updating their websites during this time to reflect policy changes and new information about COVID-19 as it became available. Relatedly, we had hoped to document how long policies allowing free phone calls and video visits would be in place while visits were suspended; however, this information was rarely available on DOCs' websites. We note that although this was challenging for us from a data-collection standpoint, this is likely to be especially frustrating and scary for family members trying to understand what is happening at the prison where their loved one is incarcerated and is not consistent with recommendations from state and local governments and the CDC (2020b) about the importance of clear and timely communication with family members. Importantly, we documented information that was publicly available on states' websites, but we do not know how these policy changes were communicated to or how they were experienced by incarcerated people or their family members.

Our data provides a snapshot of what occurred during the early months of the pandemic in DOCs in the United States. As the pandemic has continued into the fall and winter of 2020

with varying rates of infection in different communities, some DOCs have allowed visiting to resume. As of September 30, 2020, 10 states have resumed allowing visits in at least some of the prisons in their state, and several other states reported expecting in-person visiting to resume in early October. A useful follow-up study would be to examine how the resumption of in-person visiting has affected infection rates at facilities. In addition, future research should include the perspectives of families of those incarcerated and their lived experience of visiting and contact during this time.

Our study is also limited by our focus on DOCs, which are generally responsible for the state's prisons but not local jails. Jails typically hold people who are pretrial or serving short sentences. Jails have considerable turnover—with more than 10.6 million admissions to jails each year (Zeng, 2018)—adding additional challenges to COVID-19 mitigation. The visiting environment in jails is often quite different than that in prisons because most jails only offer noncontact visits, such as video visits or Plexiglas visiting (Cramer et al., 2017; Schlafer et al., 2015). Given these key differences, it is important for future research to examine if and how jails' contact policies have changed in response to COVID-19.

Conclusions

Although the suspension of in-person visiting was initially implemented to reduce the spread of infection, administrators must recognize that the benefits associated with visiting are essential and resume in-person visits when it is safe to do so. Thoughtful and safe resumption of in-person visiting is critical, as are ongoing efforts to increase and sustain contact through other forms of communication between incarcerated people and their loved ones. When considering policies about visits and other forms of contact between incarcerated individuals and their loved ones, prison and jail administrators should include those who are directly affected in the decision-making process as stakeholders in the process (see Cramer et al., 2017). Further, partnering with community organizations that offer supportive visiting and parenting programs inside correctional facilities may be helpful in bridging this collaboration between the correctional administrators, incarcerated people, and their families in an effort to gather input to most effectively—and equitably—support incarcerated people during this unprecedented time.

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