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Lived Experiences of Incarcerated Person with Disabilities in Surigao Province

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Abstract
Persons with disabilities who experience incarceration may encounter barriers that are intensified by the physical, social, and institutional conditions of correctional facilities. This study explored how incarcerated persons with disabilities described and made sense of their experiences within selected correctional facilities in Surigao Province, Philippines. A qualitative approach informed by a phenomenological orientation was employed, with data analyzed using Braun and Clarke's Reflexive Thematic Analysis. Fifteen incarcerated persons with disabilities from the Cantilan District Jail in Surigao del Sur and the Surigao City District Jail in Surigao del Norte participated in semi-structured interviews. Observations and key-informant accounts were also used to provide contextual support for the participants' narratives. Three overarching themes emerged: (1) Negotiating Daily Survival Through Interdependence, (2) Living in an Environment That Restricts Functioning and Participation, and (3) Enduring Marginalization While Cultivating Resilience and Hope. The findings indicate that participants frequently depended on fellow inmates, correctional personnel, and healthcare providers to manage mobility, communication, healthcare needs, and routine activities. They also encountered physical and institutional barriers, including difficult stairways, inaccessible pathways, restricted movement, communication difficulties, limited participation, and delays in accessing health-related services. Despite these challenges, participants demonstrated resilience through peer support, spirituality, acceptance, help-seeking, and adaptation. Their aspirations after release centered on improved health, greater independence, social connection, and a better quality of life. The findings highlight the need for disability-responsive correctional systems that address accessibility, communication, healthcare, psychosocial support, and staff capacity. An Inclusive Correctional Support and Accessibility Enhancement Program was proposed as a practical response to the identified concerns..

Keywords: incarcerated persons with disabilities, disability, correctional facilities, lived experiences, qualitative research, resilience, accessibility

Introduction

Persons with disabilities experience barriers to participation and access across many areas of social life. Within correctional settings, these barriers may become more pronounced because incarceration places individuals in highly structured environments where movement, communication, healthcare, social interaction, and access to services are regulated by institutional routines. For persons with disabilities, correctional environments that are not sufficiently adapted to individual needs may create additional

difficulties in performing everyday activities, accessing essential services, maintaining independence, and participating in institutional programs.

The challenges associated with disability in correctional environments extend beyond physical accessibility. Incarcerated persons with disabilities may experience difficulties related to healthcare, communication, psychological well-being, rehabilitation, social relationships, and institutional support. The reviewed literature in the present study indicates that persons with disabilities in correctional settings may encounter inaccessible infrastructure, inadequate healthcare, communication barriers, discrimination, insufficient rehabilitation opportunities, and limited disability-sensitive services. These concerns are particularly important because incarceration itself involves restrictions on autonomy and access to resources, while disability may create additional dependence on other individuals for daily functioning.

International literature has documented the vulnerability of incarcerated persons with disabilities across different correctional contexts. Studies cited in the present research have identified concerns involving inadequate healthcare, inappropriate correctional policies, psychological distress, communication difficulties, insufficient rehabilitation, and discrimination. Other research has emphasized the importance of correctional personnel's awareness and training in ensuring appropriate treatment and support for incarcerated persons with disabilities. The literature further suggests that the problems experienced by this population are multidimensional, involving interactions among individual impairments, institutional environments, social relationships, and available support systems.

The Philippine context presents similar concerns. The country has established legal and policy frameworks intended to protect the rights of persons with disabilities, including Republic Act No. 7277, or the Magna Carta for Persons with Disabilities, and has ratified the United Nations Convention on the Rights of Persons with Disabilities. Nevertheless, the literature reviewed in this study indicates that the implementation of disability-inclusive measures within correctional facilities remains inconsistent. Philippine studies cited in the thesis have reported concerns involving inaccessible facilities, inadequate healthcare, limited rehabilitation services, communication difficulties, insufficient staff preparedness, social exclusion, and weak implementation of disability-related policies.

These concerns are particularly relevant in local correctional settings where infrastructure, staffing, healthcare resources, and specialized services may be limited. In Surigao del Norte and Surigao del Sur, correctional facilities accommodate persons deprived of liberty with different backgrounds and needs, including persons with disabilities. However, limited research has focused specifically on how incarcerated persons with disabilities experience everyday life within these facilities. Existing local studies have generally examined particular disability-related concerns, specific facilities, or the broader experiences of persons deprived of liberty rather than providing an integrated account of disability, incarceration, accessibility, social participation, coping, and aspirations.

A significant gap therefore remains in understanding the firsthand experiences of incarcerated persons with disabilities in the correctional facilities of Surigao Province. The present study addresses this gap by centering the voices of incarcerated persons with disabilities themselves. Rather than examining disability only in terms of impairment or institutional provision, the study considers how participants experience daily life, negotiate dependence, respond to environmental and social barriers, seek support, cope with difficulties, and imagine their lives after release.

The study was guided by the broader perspective that disability-related difficulties within correctional settings are shaped not only by individual conditions but also by the interaction between individuals and

their physical, social, and institutional environments. The theoretical perspectives used in the thesis—including the Biopsychosocial Model of Disability, Goffman's concept of Total Institutions, and perspectives concerning disability, stigma, social support, and resilience—provided interpretive lenses for understanding these experiences.

Accordingly, this study explored how incarcerated persons with disabilities describe and make sense of their lived experiences within selected correctional facilities in Surigao Province. Specifically, the study examined their everyday experiences, the barriers and challenges they encountered, the ways they coped with these conditions, and their aspirations for life after release. The findings were also used to identify implications for more inclusive and disability-responsive correctional practices.

The study is significant because it contributes a localized perspective to the limited body of research concerning disability and incarceration in the Philippines. More importantly, it provides an opportunity for the experiences of incarcerated persons with disabilities to inform correctional practice, institutional support, rehabilitation, and disability-inclusive policy development.

Methods

Research Design

This study employed a qualitative research design informed by a phenomenological orientation to explore the experiences of incarcerated persons with disabilities (IPWDs) within selected correctional facilities in Surigao Province. The qualitative approach was appropriate because the study sought to understand participants' personal accounts, perceptions, challenges, coping strategies, and aspirations rather than measure these experiences numerically.

Data were analyzed using Braun and Clarke's Reflexive Thematic Analysis, which enabled the researcher to identify, organize, and interpret recurring patterns of meaning across the participants' narratives. The analysis involved familiarization with the data, generation of initial codes, development and review of themes, definition and naming of themes, and production of the final analytic account.

Participants and Research Setting

The participants were 15 incarcerated persons with disabilities housed in two selected correctional facilities: the Cantilan District Jail in Surigao del Sur and the Surigao City District Jail in Surigao del Norte. Participants were selected through purposive sampling because they possessed direct experience of both incarceration and disability and could provide information relevant to the phenomenon under investigation.

Participants were included if they were adults with identified physical, sensory, intellectual, or psychosocial disabilities, had been incarcerated for at least one year, were able to provide informed consent, and could participate meaningfully in the interview. Individuals whose condition or institutional circumstances prevented safe and voluntary participation were excluded.

Data Collection

Primary data were obtained through semi-structured, in-depth interviews with the 15 participants. The interview guide explored participants' everyday experiences inside the correctional facility, challenges and barriers associated with disability, institutional support, coping mechanisms, and aspirations following release.

With participants' permission, interviews were audio-recorded and transcribed. The researcher also documented relevant observations concerning the physical environment, accessibility, support services, and interactions within the facilities. In addition, interviews with key informants, including correctional personnel and service providers, were conducted to provide contextual information and support the interpretation of participants' accounts.

The interviews were conducted in private and secure areas within the correctional facilities to encourage participants to share their experiences openly while maintaining confidentiality and institutional security.

Data Analysis

The interview transcripts were analyzed using Braun and Clarke's Reflexive Thematic Analysis. The researcher first became familiar with the interview data through repeated reading of the transcripts and listening to the corresponding recordings. Initial codes were then generated from significant statements and experiences relevant to the study.

Related codes were subsequently clustered to develop candidate themes. These themes were reviewed against the transcripts to determine their coherence and relevance to the overall dataset. Themes were then refined, defined, and named before being incorporated into the final narrative.

The analysis was supported by a reflexive journal and an audit trail documenting analytical decisions. Where feasible, participants' accounts were compared with observations and key-informant accounts to strengthen the credibility of the interpretations.

Trustworthiness

Several strategies were employed to enhance the trustworthiness of the findings. Triangulation was undertaken by comparing participant interviews with observations and available institutional information, as well as with key-informant accounts. Member checking was used where feasible to clarify responses and confirm the researcher's understanding of participants' accounts.

An audit trail was maintained to document decisions concerning coding, theme development, and methodological procedures. The researcher also maintained a reflexive journal to record methodological reflections, assumptions, and potential biases throughout the research process. These procedures supported the credibility, dependability, and confirmability of the findings.

Ethical Considerations

Given the vulnerability of the study population, ethical safeguards were observed throughout the research process. Permission to conduct the study was obtained from the appropriate correctional authorities, and participants were informed about the purpose of the research, the voluntary nature of participation, confidentiality procedures, and their right to withdraw without penalty.

Written informed consent was obtained before participation. Participants' identities were protected through the use of respondent numbers rather than names, and information that could identify individual participants or compromise institutional security was excluded from the reporting of findings. Interviews were conducted in secure and private locations, and the researcher maintained sensitivity toward participants' physical, psychological, and social circumstances.

Results

The analysis of the narratives of the 15 incarcerated persons with disabilities generated three overarching

themes that describe how participants experienced and responded to disability within the correctional environment: (1) Negotiating Daily Survival Through Interdependence, (2) Living in an Environment That Restricts Functioning and Participation, and (3) Enduring Marginalization While Cultivating Resilience and Hope. These themes integrate the findings originally presented across SOPs 1–4 and reflect recurring patterns in participants' accounts.

Negotiating Daily Survival Through Interdependence

Participants described dependence on other people as an important part of their everyday lives inside the correctional facility. Fellow inmates, correctional personnel, and healthcare providers served as sources of assistance for mobility, communication, healthcare, and other routine activities. Rather than experiencing daily life as entirely independent, participants described survival within the facility as involving cooperation and mutual assistance.

One participant stated:

"Ako mga kauban na piniriso mo tabang, kinahanglan jud makisama." *(My fellow inmates help me; it is really necessary to get along with others.)*

Similarly, another participant explained:

"Tabang sa ka-selda ma'am, kay kami raman magkasinabot sa tanan namo buhaton diri." *(We help each other inside the cell because we are the ones who understand each other in everything we do here.)*

Healthcare personnel also constituted an important source of assistance. One participant noted:

"Ang clinic maka tabang sab kay naa man mi need ug maintenance." *(The clinic also helps because we need maintenance medication.)*

These accounts indicate that social relationships were not merely sources of companionship but practical resources for navigating everyday life. Participants relied on others when disability-related limitations made particular activities difficult or when institutional conditions restricted their independence.

Peer support was particularly evident in participants' accounts of coping. Another participant stated:

"Sa mga kauban, kami-kami raman tinabangay." *(With my companions, we help each other.)*

Another explained:

"Sa mga amigo na kauban ma'am, tabang man sila ug naa koy kinahanglan." *(My friends help me whenever I need something.)*

Thus, interdependence emerged as an important means through which participants managed the demands of incarceration and disability.

Living in an Environment That Restricts Functioning and Participation

Participants also described the correctional environment as presenting physical, communicative, and institutional barriers that restricted their ability to move, participate, and perform everyday activities independently.

Mobility was one of the most frequently described difficulties. One participant stated:

"Lisod kaayo ang hagdanan ma'am, lisod mosaka ug manaog." *(The stairs are very difficult; it is hard to go up and down.)*

Another participant described difficulties associated with emergency access:

"Ang emergency exit lisod jud agian kung naay kalit nga emerhensya." *(The emergency exit is very difficult to pass through during emergencies.)*

Participants also described their movement more generally as restricted by the correctional environment:

"Limitado ang paglihok kay syempre prisohan ni." *(Movement is limited because this is a prison.)*
Another participant similarly stated:
"Lisod molihok kay limitado tanan." *(It is difficult to move because everything is limited.)*
These accounts suggest that participants' functional limitations were shaped not only by their disabilities but also by the physical characteristics and routines of the correctional environment.
Accessibility problems also affected routine activities. One participant explained:
"Kada mangaon, maglinya mi ug taas kaayo, usahay dili na maka-kaon kay dugay." *(Every mealtime, we line up for a very long time; sometimes we are unable to eat because it takes too long.)*
Communication and participation constituted another dimension of accessibility. Participants reported situations in which they were unable to fully participate in activities or receive information because of disability-related communication difficulties. One participant stated:
"Gusto unta mi maka-apil sa mga kalihokan para maka-feel mi na apil mi." *(We hope to join activities so that we can feel that we belong.)*
Another participant described exclusion from institutional opportunities:
"Wala mi tagda tungod kay naa mi in ani ma'am, usahay dili mi i-apil sa mga kalihokan." *(We are not given attention because we are like this; sometimes we are not included in activities.)*
A further participant stated:
"Dili i-apil halos." *(We are mostly not included.)*
The findings therefore indicate that accessibility extended beyond ramps, stairs, and pathways. It also involved access to information, institutional activities, rehabilitation opportunities, and meaningful participation.
The key-informant accounts provided additional contextual support for these findings. The key informant identified the absence of ramps and sufficiently wide pathways as barriers to mobility and noted that verbal announcements and written notices might not adequately accommodate individuals with hearing or visual impairments. Limitations in staffing, resources, and the number of inmates were likewise identified as factors affecting disability-inclusive service provision.

Enduring Marginalization While Cultivating Resilience and Hope

Although participants experienced physical difficulties, dependence, exclusion, and emotional distress, they also demonstrated various ways of adapting to their circumstances. Their accounts revealed resilience through spirituality, acceptance, positive thinking, help-seeking, peer relationships, and environmental adaptation.
Participants described emotional difficulties associated with disability and incarceration. One participant stated:
"Kapoy ug magsalig, tungod sa kakapoy, ug sipog kaayo." *(It is tiring to depend on others, and it is also embarrassing.)*
Another explained:
"Kaluya, kabalaka, kay dili man ko inborn nga PWD ma'am." *(Weakness and anxiety, because I was not born as a person with disability.)*
Loneliness and the need for social connection were also evident:
"Nagkinahanglan ko og kaistorya para dili ko makafeel og kamingaw." *(I need someone to talk to so I will not feel lonely.)*

Despite these difficulties, participants described positive and adaptive ways of coping. Spirituality was particularly evident. One participant stated:

"Kuha jud kog kusog sa Ginoo ma'am, siya raman jud nakabalo sa tanan." *(I draw my strength from God; He is the only one who truly knows everything.)*

Participants also described acceptance, positive thinking, and seeking assistance from others. One participant explained:

"Mangayo tabang sa pamilya, higala, o komunidad kon kinahanglan." *(I ask for help from family, friends, or the community when needed.)*

Another stated:

"Bisag makapungot, magpabilin ra gihapon mi positibo." *(Even if it is frustrating, we still remain positive.)*

Adaptation also involved identifying changes that could improve their ability to function. Participants expressed the need for ramps, wheelchairs, and accessible pathways. One participant stated:

"Dugang wheelchair." *(More wheelchairs.)*

Another emphasized:

"Accessible nga agianan." *(Accessible pathways.)*

These responses demonstrate that participants were not merely describing their difficulties; they were also articulating practical ways through which their environment could become more accessible and supportive.

Aspirations for Life After Release

Participants' accounts of the future were largely centered on health, independence, social connection, and improved quality of life. Many expressed the desire to maintain medical treatment, regain physical strength, improve mobility, reduce dependence on others, and strengthen relationships.

Their aspirations suggest that independence was an important dimension of their desired future. Participants wanted to perform daily activities with less assistance, maintain their health, communicate more effectively, and participate more actively in social and community life.

The findings therefore indicate that participants' experiences of incarceration were not limited to their present circumstances. Their narratives also reflected an orientation toward life after release, particularly the desire to regain autonomy, maintain health, rebuild relationships, and become more socially engaged.

Summary of Emergent Themes

The findings can be summarized into three interconnected dimensions:

Table 1. Summarization of Themes

Major Theme	Central Meaning
Negotiating Daily Survival Through Interdependence	Participants relied heavily on peers, correctional personnel, and healthcare providers to perform daily activities and manage disability-related needs.
Living in an Environment That Restricts Functioning and Participation	Physical, communication, institutional, and social barriers restricted mobility, access, independence, and participation.

Enduring Marginalization While Cultivating Resilience and Hope	Despite exclusion, emotional difficulties, and disability-related challenges, participants used spirituality, acceptance, peer support, help-seeking, and adaptation while maintaining hopes for health, independence, and social connection.

Discussion

The findings demonstrate that the experiences of incarcerated persons with disabilities in Surigao Province are shaped by the interaction of disability-related needs, institutional conditions, social relationships, and individual coping resources. Rather than being defined solely by physical or psychological impairment, participants' experiences were strongly influenced by the extent to which the correctional environment enabled or restricted mobility, communication, healthcare access, social participation, and independence. Three interconnected patterns were particularly evident: interdependence as a means of navigating daily life, environmental and institutional barriers that restricted participation, and resilience developed amid marginalization and uncertainty.

Interdependence as a Strategy for Navigating Incarceration

The first major finding was the central role of interdependence in participants' everyday lives. Participants frequently relied on fellow inmates, correctional personnel, and healthcare providers to accomplish activities that were difficult because of their disabilities. Peer support was particularly important because fellow inmates were able to provide immediate assistance and shared an understanding of the circumstances of incarceration.

This finding is consistent with the social-support perspective reflected in the original study, which emphasizes the importance of interpersonal relationships in coping with stressful circumstances. The participants' accounts demonstrate that social support within the correctional environment served both practical and emotional functions. Assistance from peers facilitated mobility and daily activities, while social relationships also reduced loneliness and provided participants with a sense of belonging.

However, interdependence should not be interpreted solely as evidence of successful social support. The extent of participants' dependence also reveals limitations in formal institutional accommodation. When incarcerated persons with disabilities must rely on fellow inmates to move around the facility, access basic services, or perform routine activities, peer assistance may function as an informal substitute for formal disability-responsive services.

This interpretation is particularly important in the context of correctional institutions, where individuals already experience restrictions on autonomy. For persons with disabilities, insufficient accommodation may further increase dependence and reduce opportunities for independent functioning. Thus, strengthening formal support systems should complement rather than replace the positive peer relationships already present within correctional facilities.

Environmental Barriers and the Social Production of Disability

A second major finding concerns the role of the correctional environment in intensifying disability-related limitations. Participants described difficult stairways, inaccessible pathways, restricted movement, problems during routine activities, and difficulties accessing emergency areas. These experiences suggest that the participants' limitations were not produced solely by their physical or

sensory conditions. Rather, the physical and organizational characteristics of the correctional environment contributed to the difficulties they experienced.

This finding is consistent with the Social Model of Disability, which conceptualizes disability as arising partly from barriers within the environment rather than from impairment alone. In the present study, the absence or inadequacy of ramps, accessible pathways, and other accommodations transformed ordinary institutional routines into significant challenges for participants with mobility-related limitations.

The findings also extend the meaning of accessibility beyond physical infrastructure. Participants reported difficulties concerning communication, information, institutional activities, and opportunities for participation. Consequently, a correctional facility may be physically accessible in some respects while remaining socially or communicatively inaccessible.

The key-informant account reinforces this interpretation. The facility was described as having limitations involving ramps and pathways, communication mechanisms, healthcare resources, staffing, and the number of incarcerated individuals requiring services. These institutional constraints help explain why participants experienced disability not simply as an individual condition but as a continuing interaction between their needs and the environment.

This finding also supports the Biopsychosocial Model of Disability used in the original study. Participants' physical conditions interacted with psychological experiences such as anxiety, frustration, loneliness, and embarrassment, while social and institutional factors influenced their ability to function. The findings therefore support a multidimensional understanding of disability in correctional settings.

Marginalization, Stigma, and Restricted Participation

Participants also described experiences of exclusion and limited participation in correctional activities. Some felt that they were not sufficiently considered when activities or opportunities were provided. Others experienced difficulties receiving information because existing communication mechanisms did not adequately accommodate their needs.

These findings indicate that marginalization occurred not only through physical barriers but also through social and institutional processes. Participants' statements concerning being left out of activities and opportunities suggest that disability could influence how they experienced belonging within the correctional community.

The finding can be understood through Goffman's perspective on stigma, which emphasizes how individuals perceived as different may experience social devaluation and exclusion. Within a correctional setting, disability may intersect with the already marginalized status of being incarcerated. Consequently, participants may experience what can be understood as layered marginalization: they are simultaneously navigating the restrictions associated with incarceration and the barriers associated with disability.

This is consistent with the local literature reviewed in the study, which identified social exclusion, inadequate accommodation, insufficient staff preparedness, and limited disability-inclusive programs among the concerns affecting incarcerated persons with disabilities. The present findings add to this literature by demonstrating how these institutional issues are experienced directly by the individuals affected by them.

Resilience Does Not Eliminate Institutional Vulnerability

Despite the challenges described by participants, the findings also revealed substantial evidence of resili-

ence. Participants relied on prayer, acceptance, positive thinking, help-seeking, peer support, and adaptation to manage difficult circumstances. Their narratives demonstrate that they were not passive recipients of institutional conditions; they actively developed ways of coping with their circumstances.

The findings are consistent with the Stress and Coping perspective of Lazarus and Folkman, as participants employed cognitive and behavioral strategies to manage difficult circumstances. Spirituality was also evident as a source of strength, while peer relationships provided both emotional and practical support.

The findings can likewise be interpreted through the concept of resilience associated with Masten's "ordinary magic." Participants demonstrated resilience through ordinary protective resources, particularly social relationships, faith, acceptance, and adaptive responses to environmental challenges.

Nevertheless, resilience should be interpreted carefully. Participants' ability to cope does not mean that the barriers they encountered were acceptable or insignificant. In fact, the presence of extensive coping strategies may demonstrate the degree to which individuals were required to adapt to environments that did not consistently accommodate their needs.

This distinction is important for correctional policy. Disability-inclusive practice should not place the responsibility for adaptation primarily on incarcerated persons with disabilities. Institutional systems must also adapt by providing accessible environments, appropriate communication mechanisms, healthcare, psychosocial support, and trained personnel.

Health, Independence, and Aspirations After Release

The participants' aspirations further demonstrate that their concerns extended beyond immediate survival inside the correctional facility. Their hopes focused on maintaining health, improving physical functioning, becoming more independent, strengthening social relationships, and participating more actively in community life after release.

Health was particularly important because several participants described medication and treatment as essential components of their daily functioning. Their aspirations for continued treatment suggest that continuity of healthcare should be considered not only during incarceration but also as part of preparation for community reintegration.

The desire for independence was likewise significant. Participants wanted to reduce their dependence on others, improve mobility, and perform everyday activities more independently. These aspirations reinforce the importance of accessibility and assistive devices within correctional facilities and during transition back into the community.

The participants' hopes for social connection also demonstrate that successful reintegration should not be understood exclusively in terms of physical release from incarceration. Social participation, family relationships, health management, and community inclusion are also important dimensions of reintegration for persons with disabilities.

Implications for Disability-Inclusive Correctional Practice

Taken together, the findings suggest that disability-responsive correctional practice should address multiple dimensions simultaneously. The participants' experiences point to five interconnected areas requiring attention: physical accessibility and mobility, communication and information access, healthcare and medication management, psychosocial support and social inclusion, and disability-sensitive staff capacity.

These areas formed the basis for the Inclusive Correctional Support and Accessibility Enhancement Program (ICSAEP) proposed in the original study. The program includes accessibility and mobility improvement, accessible communication and information systems, health and medication management, psychosocial support and anti-isolation measures, and disability sensitivity and staff capacity building.
The proposed intervention therefore translates the qualitative findings into practical areas for institutional action. Rather than treating disability as an individual problem, the findings support a correctional approach that modifies the environment, strengthens formal support, improves staff capacity, and creates opportunities for meaningful participation.

Conclusion

The study found that incarcerated persons with disabilities in selected correctional facilities in Surigao Province experience incarceration through a complex interaction of dependence, environmental barriers, social marginalization, and resilience. Participants relied substantially on fellow inmates and institutional personnel to navigate daily activities, while physical inaccessibility, restricted movement, communication difficulties, limited participation, and healthcare-related concerns constrained their independence and well-being.
At the same time, participants demonstrated resilience through peer support, spirituality, acceptance, help-seeking, positive thinking, and adaptation. Their aspirations for life after release centered primarily on health, independence, social connection, and improved quality of life.
The findings suggest that disability-inclusive correctional practice requires more than the provision of general services. Correctional institutions need systems that recognize disability-related differences and provide appropriate physical, communicative, healthcare, psychosocial, and institutional accommodations. The proposed ICSAEP provides a practical framework based on the experiences identified in this study and may serve as a basis for strengthening disability-responsive correctional services in Surigao Province.

Practical Implications

Based on the findings, correctional institutions may prioritize:

1. Accessible infrastructure through ramps, handrails, non-slip pathways, and appropriate assistive devices;
2. Accessible communication through visual, written, pictorial, and other disability-responsive mechanisms;
3. Improved healthcare and medication management, particularly for participants with continuing medical needs;
4. Psychosocial and peer-support mechanisms to address loneliness, exclusion, and emotional distress; and
5. Disability-sensitivity training for correctional personnel to improve awareness, communication, and appropriate responses to disability-related needs.

These measures should complement existing correctional programs rather than operate as isolated interventions.

Declaration of Generative AI Use

Generative artificial intelligence (AI)-assisted tools were used during the preparation of this manuscript

as an auxiliary aid for language editing, grammar and syntax refinement, improvement of clarity and coherence, organization of content, and restructuring of the original thesis into a journal-oriented IMRAD format.

The AI tools were not used to replace the researchers' responsibility for the research design, participant recruitment, data collection, transcription, thematic analysis, interpretation of findings, conclusions, or recommendations. The empirical data, participant quotations, themes, and interpretations presented in this manuscript were derived from the researchers' actual research. All AI-assisted outputs were critically reviewed, verified, and revised by the researchers before inclusion in the manuscript.

The researchers retain full responsibility for the accuracy, integrity, originality, and final content of the manuscript. AI-generated content was not treated as an independent source of scholarly evidence, and all references and factual claims were reviewed and verified by the researchers.

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