

Prisoners' Perception of Treatment: A Pilot Study in Serbian Prisons

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The paper focuses on prisoners' perception of the quality of treatment in Serbia. The study took place in all six prisons in the Vojvodina region of the Republic of Serbia, where surveying was conducted in 2020. The sample consists of 237 prisoners from open, semi-open, and closed prison regimes. The results of regression analyses showed that prisoners' perception of the quality of treatment in Serbian prisons is influenced by their satisfaction with prison workers, perception of fairness in life, and the environment in which they grew up. Perception of fairness in life was the strongest predictor of prisoners' perception of the quality of treatment, followed by satisfaction with prison workers. Overall findings suggest that prisoners' outlook on fairness in life and the quality of relations between them and prison workers are the essential components in the treatment process, which should be considered in studying resocialisation of prisoners. In conclusion, the significance of these findings for the treatment of prisoners is discussed.

Keywords: treatment, resocialisation, prison workers, prisoners, Serbia

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1 Introduction

The idea of the treatment of prisoners evolved from positivistic criminology in the 19th century. The main novelty of this approach was adjusting the sentence to the individual and the circumstances of the criminal offence (i.e., individualisation of punishment). The concept of punishment succeeded from general to special prevention, which is attempted through rehabilitative techniques. The latter introduced ideas of humanism into punishment (Petrovec, 1999, 2015). However, not all changes resulted in humane treatment programmes, as misuse of such programmes or methods (e.g., medical experiments on prisoners, involuntary psychiatric interventions, etc.) were frequent, especially in the USA (Mihelj Plesničar, 2015). In 1974, Martinson's (1974) (in)famous statement "nothing works" marked the beginning of the end for treatment ideas in the USA, and the rise of retributivism, resulting in new concepts of punishment, such as just deserts, actuarial justice, new penology, etc. In general, European countries managed to avoid this development, but some as-

pects of penal populism penetrated criminal justice systems, resulting in harsher sentences, rising prison populations and diminished treatment ideas. Serbia was no exception to this trend as sentences have become harsher, life imprisonment was introduced, and the prison population rate more than doubled in the last 20 years, amounting to 153.4 prisoners per 100,000 inhabitants in 2021 (Aebi, Cocco, Molnar, & Tiago, 2022; Hacin & Meško, 2022). Nevertheless, Serbia managed to retain a relatively large number of treatment staff in prisons, indicating that treatment of prisoners remained (one of) the primary aims of punishment.⁴

Treatment of prisoners results in creating socially responsible individuals who accept social, moral, and ethical norms of behaviour. Harding (2014) found that the "what works" literature suggests that prison-based rehabilitation⁵ programmes can reduce recidivism rates among some offenders. The findings of studies on factors influencing the resocialisation of prisoners have revealed the importance of numerous factors, including the prisoner's individual characteristics and social background, support from the outside (primarily the role of the family), the prisoner's psychological profile, prison (material) conditions, good relations between prison actors, the prisoner's prospects after imprisonment, etc. (Auty & Liebling, 2020; Brinc, 2011; Cochran & Mears, 2013; Kalatur,

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⁴ The percentage of the treatment staff in Serbian prisons (approximately 15%) is above European average (Aebi et al., 2022).

⁵ The terms rehabilitation and resocialisation are used interchangeably throughout the paper.

Levchenko, Myroniuk, Hrankina, & Huzenko, 2020; Liebling, Price, & Elliott, 1999; Thomas, 1973)

In general, the perception of the quality of prisoner treatment consists of: 1) perception of treatment programmes, 2) perception of prison conditions, 3) perception of prison workers, and 4) individual characteristics. Prisoners' perception of the quality of treatment influences their willingness to change and, consequently, their normative involvement in activities and programmes (Auty & Liebling, 2020). The importance of prison conditions (i.e., living conditions for an individual during imprisonment) should be mentioned, as appropriate conditions in prison provide a safe and constructive environment for prisoners, in which changes in their behaviour are possible and even appealing to them (Blagden, Winder, & Hames, 2016). The conduct of prison workers is essential in resocialisation, as good relations based on (a certain amount of) trust must be established between them and prisoners to implement treatment programmes (Hacin & Meško, 2020). If genuine and honest relations are not established, prisoners and prison workers will play the treatment game.⁶ Finally, the individual characteristics of prisoners are crucial for their willingness to participate in the resocialisation process, as involvement in the treatment programmes is voluntary (you cannot facilitate genuine changes in an individual behaviour through "force").

The aim of this paper is to identify specific factors influencing prisoners' perception of the quality of treatment in Serbia. The study draws on data from a survey of prisoners in six prisons in the Vojvodina region of the Republic of Serbia in 2020. The paper proceeds as follows: First, the concept of treatment of prisoners and factors contributing to prisoners' resocialisation are described. Second, an overview of the Serbian prison system and the organisation of treatment is provided. Third, the methods for testing factors influencing prisoners' perception of the quality of treatment are delineated, and the results of regression analyses are presented. Lastly, the findings of the study are highlighted, and their implications are discussed. The study presents a unique and original contribution to the knowledge of prisoners' perception of treatment, as there are only a handful of studies (primarily studies measuring social climate) that focus on this perspective of treatment (e.g., Auty & Liebling, 2020; Brinc, 2011;

Casey, Day, & Reynolds, 2016; Mihelj Plesničar, Petrovec, Drobňjak, Brvar, & Cvikl, 2019; Schalast & Laan, 2017), but none of them have been conducted in Serbia.

2 The Concept of Treatment of Prisoners

Resocialisation includes the correction of the prisoner's personality, which primarily means accepting responsibility for the criminal offence, and strengthening self-esteem and respect for others. In other words, the resocialisation of prisoners aims to correct their behaviour. To achieve this goal, changes in prisoners' values and norms are necessary (Petrovec, 2015). Peretti (1969) highlighted a prisoner's self-esteem (trust in its own ability to change) as one of the crucial predictors of successful resocialisation, while Thomas (1973) emphasised the central role of a prisoner's social origin, contact with the family, criminal behaviour during imprisonment, and above all the assessment of chances of inclusion in society after imprisonment. Later studies confirmed these findings, as the personality of prisoners, the degree of danger to society after release, motives for crime, and the behaviour of prisoners during imprisonment⁷ were identified as the basic predictors of successful resocialisation (Kalatur et al., 2020; Semchuk, Lykhova, & Rybikova, 2019).

The quality of treatment perceived among prisoners depends not only on state-of-the-art cognitive behavioural therapies, drug treatment therapies, group-dynamic programmes, psychological care, and medical treatment but also on the frequency of visits (especially by the family), degree of freedom, ability to participate in sports and other social activities, etc. (Cochran & Mears, 2013; Mears, Cochran, Siennick, & Bales, 2012; Mihelj Plesničar et al., 2019). In general, the quality of life within a prison significantly influences the prospects of successful resocialisation. Auty and Liebling (2020) exposed the moral, relational, and organisational quality of prison life as factors influencing prisoners' resocialisation and recidivism. A positive social climate within prisons has traditionally had a positive impact on prisoners' participation in treatment programmes and reducing recidivism (Brinc, 2011; Day, Casey, Vess, & Huisy, 2012; Harding, 2014; Schalast & Laan, 2017). Blagden et al. (2016) argued that a therapeutic and rehabilitative climate in prisons could provide a safe and constructive environment to facilitate change in prisoners. Prisoners' perception of the quality of life in prison influences their nor-

⁶ Hacin and Meško (2020) highlighted the importance of justice in relations between prison workers and prisoners, for if prisoners do not perceive the prison staff's decisions as fair and just, they will not trust them or cooperate with them. Moreover, they will play the "treatment game", where everyone pretends to be something different, with the controller pretending not to be in control and the controlled behaving in a way that will satisfy the controller (Petrovec & Meško, 2006).

⁷ The behaviour of prisoners during imprisonment is rarely the same as the prisoner's behaviour after release (i.e., outside the prison). This presents a problem in determining successful resocialisation, as the treatment staff cannot predict with certainty the future behaviour of a prisoner (solely) based on his behaviour during imprisonment (Mitchell, Pyrooz, & Decker, 2021).

mative involvement in activities and programmes (Auty & Liebling, 2020) and preparedness to interact with prison workers⁸ (Barquín, Cano, & de los Ángeles Calvo, 2019).

Gilbert (1997) argued that the main product of prison workers is not security or control but personal interactions between themselves and prisoners. Liebling (2011) wrote that relations between prison staff and prisoners represent the beating heart of a prison that influences all aspects of a prisoner's life. The formation of prison staff-prisoner relations in a hostile prison environment is hardened and demands much effort from all parties involved (Weinrath, 2016). Relations between prisoners and prison staff based on individualism, permissiveness, and trust can be achieved only by mutual coercion (Genders & Player, 1995; Liebling, 2004). The importance of relations is seen in promoting justice at the micro-level (Tyler, 1990), as prison workers represent the prison in every interaction with prisoners. Franke, Bierie, and Mackenzie (2010) pointed out that the experience of imprisonment can be positive or "at least" neutral for an individual if he perceives decisions of authority as fair. Reisig and Meško (2009) emphasised the importance of fair and equitable treatment of prisoners to establish relations between the prison staff and prisoners that positively affect prisoners' compliance with prison rules and maintaining order in prison. Prisoners' compliance with prison rules presents the necessary precondition for their involvement in treatment programmes. Prisoners who pose a danger to prison workers or/and other prisoners cannot participate in most treatment programmes. The quality of relations between prisoners and prison staff represents a vital element in the process of resocialisation (Bosma, van Ginneken, Sentse, & Palmén, 2019). Genuine relations between prisoners and prison workers based on trust provide prisoners with the necessary emotional space, enabling them to go beyond their prison sentence (i.e., pains of imprisonment resulting from deprivations in prison) and focus on the future and rebuilding their lives after prison (Daniel, 2006; Hacin & Meško, 2020). Relations with non-stigmatised individuals (prison workers) enable prisoners to confront their stigma successfully, as they provide them with the needed social support (Toyoki & Brown, 2014). In prisons where trust between prison workers and prisoners is present, there is a greater probability of long-term prisoner compliance, better flow of information between the prison staff and prisoners, and improvement of the well-being of prisoners. Moreover, the inclusion of prisoners in decision-making processes has a positive influence on prisoners' self-image, as "voice" is given to them (Hacin & Meško, 2020).

⁸ The terms prison worker(s) and prison staff are used interchangeably throughout the paper.

Individual characteristics and psychological well-being play an important role in a prisoner's willingness to participate in treatment programmes and influence recidivism. Jiménez (2017) argued that a prisoner's mental state should be taken into consideration in the treatment process, as there is an increased risk of developing psychological problems or mental illness during imprisonment. Müller (2019) found that the level of recidivism of prisoners who participated in structured psychotherapy was significantly reduced. In the context of the influence of personal characteristics on resocialisation, the drug addiction of prisoners should be highlighted. The treatment of drug-involved prisoners is necessary as the first step in the process of resocialisation. Those who do not undergo drug treatment basically cannot participate in other treatment programmes, for if they relapse, they have to start programme(s) from the beginning. Moreover, the problem of trust is always present, as prisoners with drug addiction are notorious for going back on their word and cannot be trusted (mostly due to the consequences of chemical dependency on drugs) (Hacin, 2018). Also, lower rates of drug relapse and criminal recidivism were detected with prisoners who participated in drug treatment in prisons (Belenko & Peugh, 2005; Inciardi, Martin, Butzin, Hooper, & Harrison, 1997; Knight, Dwayne, Chatham, & Camacho, 1997).

As studies highlighted numerous factors influencing the resocialisation of prisoners, one crucial element should be emphasised – life within the prison should resemble life on the outside as much as possible (Tonry, 2004).⁹ Crétenot (2013) argued that in accordance with the principles of the European Prison Rules (Council of Europe, 2006), the living conditions for prisoners in penal institutions should resemble as closely as possible the positive aspects of life in the community and should be managed in a way to facilitate the reintegration of prisoners into society. In practice, this idea could be seen in the so-called open prison (also called open departments of prisons), which represents the ideal of the socio-therapeutic model for the treatment of prisoners (Genders & Player, 1995; Petrovec, 2015).¹⁰

⁹ We must highlight the danger of oversimplifying the striving for approximation of life in prison to that on the outside, as broader social changes (not only in Serbia) led to significant changes in social and moral values of the whole of society, emphasising individualism, achieving success at all cost, and negligence of others, which are in contrast to the treatment ideology. We believe that positive aspects of life on the outside (e.g., a high degree of freedom for the individual, everyday responsibilities, work ethics, etc.) should be emphasised in an individual during imprisonment. In contrast, the negative aspects should be kept to a minimum, as most prisoners are already familiar with them.

¹⁰ Mlinarič (1984: 15) argued that before the socio-therapeutic model of treatment of prisoners can be applied, the following cri-

Despite the overwhelming benefits of the treatment of prisoners, Petrovec (2015) pointed out several limits of the resocialisation of prisoners determined by: 1) the rise of the neoliberal state, which confronts humanistic ideas, and results in diminished social help and more significant repressive intervention by the state, 2) sensational media coverage of crime, which evokes fear of crime in public and consequently greater demands for harsh punishment of criminals, 3) introduction of private prisons that pursue profit and not resocialisation of prisoners, 4) (not so) new behavioural forms of prisoners (especially addiction to illicit drugs), which were not so widespread in the past and prevent placing prisoners in open prisons, and 5) reluctance of prison staff to revoke their traditional power of control over prisoners, as resocialisation of prisoners demands cooperation between prison workers and prisoners. The above-mentioned limits of the resocialisation of prisoners are present in all societies (and prisons), but their intensity varies significantly. We believe that these limits present another stage of development of the treatment ideology in the prison environment. They present a challenge for researchers and practitioners to find new ways and design new programmes to successfully resocialise prisoners. Examples of countries that successfully tackled these problems can be found in Scandinavia, where the treatment of prisoners has not only survived but is still thriving. In contrast, the USA and certain Western European countries chose a different approach and (partially) abandoned the treatment of prisoners as a prison philosophy and practice. These latter countries are also the ones where penal populism is widespread in criminal justice (Flander & Meško, 2016).

The following section presents the prison system, and organisation of treatment of prisoners in Serbia.

3 The Serbian Prison System

The Law on the Enforcement of Prison Sentences (Zakon o izvrševanju krivičnih sankcija, 2019) is the primary legal document regulating the enforcement of prison sentences and organisation of the prison system in the Republic of Serbia. The Prison Administration of the Republic of Serbia (hereinafter referred to as the Serbian Prison Administration) is an administrative unit within the Ministry of Justice. The Serbian Prison Administration is responsible for the organisation and

teria should be met: 1) prisons with a maximum of 100 places, 2) prevailing horizontal flow of information, 3) democratic style of leadership, 4) openness of the prison and less emphasis on security elements, 5) trust in the positive personal characteristics of prisoners, 6) prisoners' involvement in decision-making on all significant matters, 7) emphasis on group treatment of prisoners, and 8) inclusion of prisoners in the outside environment.

enforcement of: 1) prison sentences, 2) juvenile detention, 3) community service, 4) suspended sentences with protective supervision, 5) security measures of mandatory psychiatric treatment in a medical institution, 6) mandatory treatment of alcoholics and drug addicts, and 7) educational measures imposed upon juveniles. The Serbian prison system consists of five distinct institutions: 1) prisons and jails (enforcement of prison sentences and remand prison), 2) women's prisons (enforcement of prison sentences and remand prison for women), 3) juvenile prison (enforcement of prison sentences imposed upon juveniles), 4) specialised prison hospital (treatment of ill prisoners and remand prisoners, enforcement of mandatory psychiatric treatment and treatment of alcoholics and drug addicts), and 5) correctional home (enforcement of educational measures). These institutions are located at 28 different locations across Serbia (Bošković & Bobić, 2022; Ministarstvo pravde Republike Srbije, 2022).

Enforcement of criminal sanctions is organised on the principle of differentiation based on: type of sanction (prison, remand prison, security measures, and educational measures), gender (separation of males and females), age (separation of juveniles from adults), and the degree of security (open, semi-open, closed, and closed with special security prison regimes) (Bobić, 2010, 2011). The Serbian prison system comprises the following services: 1) treatment service, 2) security service (prison officers), 3) training and employment service, 4) healthcare service, and 5) service for general affairs. The treatment service is responsible for the coordination of all services in the process of treatment of prisoners (Bošković & Bobić, 2022; Organization for Security and Co-operation in Europe, Mission Serbia, 2011).

The treatment of prisoners in Serbia is based on the principles of: 1) trust and respect for the dignity of the person, 2) multidisciplinary approach, 3) unity of educational influences, and 4) active and conscious participation of the prisoner in treatment. Psychologists, pedagogues, special educators, social workers, and representatives of the security service (prison officers) participate in this multidisciplinary approach. Treatment is primarily based on individualisation that begins with the admission process and classification in the appropriate educational group. The individual treatment comprises several phases: 1) conducting an introductory interview, 2) drafting a contract with a prisoner, where his personal plan of treatment is devised, 3) individualised treatment, and 4) directive and non-directive treatment. In addition to individual treatment, group treatment, educational treatment, work engagement as a form of treatment, treatment through leisure activities, treatment through freedom of religion, stimulation treatment, and self-initiated form of treatment are also applied (Bobić, 2010; Bošković, 2002).

4 Methodology

The study took place in all six prisons (Novi Sad, Sombor, Pančevo, Subotica, Zrenjanin, and Sremska Mitrovica) in the Vojvodina region of the Republic of Serbia, where surveying was conducted between 15 September and 24 December 2020. Prisons in the Vojvodina region were primarily chosen because: 1) the study was not designed as a national study but as a study on a representative sample (approximately one-third of all prisoners in Serbia are imprisoned in prisons in the Vojvodina region), 2) prisons in the Vojvodina region comprise all types of prisons in Serbia, representing the characteristics of the entire prison system, and 3) in the previous (pilot) study the questionnaire was used on a sample of prisoners from prisons in Vojvodina, consequently, we deemed it appropriate that the current study using a modified questionnaire was based on a similar sample.

A modified questionnaire on resocialisation of prisoners, developed and previously used by Bobić (2010, 2011), was used in the study. It included questions on prisoners' perception of the quality of treatment, satisfaction with the treatment organisation, prison workers, and prison conditions, views on fairness, emotional competence, and demographic characteristics. The participation of prisoners in the survey was voluntary and anonymous. Prisoners would fill in the questionnaire after the presentation of the study objectives and instructions. All prisoners in individual prisons were invited to participate in the study. Accurate data on the total number of prisoners in individual prisons in the surveying period are not available; however, between 1,700 and 1,800 prisoners were serving their sentences in prisons within the Vojvodina region at the time of the survey. In total, 286 prisoners took part in the survey. However, due to a large number of missing answers in the questionnaire, 49 respondents were excluded from the sample. In further analyses, individual missing answers were replaced with mean values. The data were entered into a dataset and analysed with the SPSS programme.

The Covid-19 pandemic significantly impacted the implementation of prison sentences and everyday life in prisons. Preventive measures to contain the spread of the disease were taken by the Crisis Headquarters and were frequently changed, depending on the epidemiological situation. The Serbian Prison Administration adapted to the new reality and took the following measures: 1) closing prisons to all outsiders in case of widespread infections, 2) temperature was measured for all individuals upon arriving at prisons (including attorneys, prison workers, etc.),¹¹ 3) disinfecting hands,

mandatory wearing of face masks and other safety equipment if the situation demanded (e.g., protective suits for prison officers who worked with infected prisoners), 4) all newly arrived prisoners and other imprisoned persons were separated from the rest of the prison population and put in mandatory 15-day quarantine, where they were observed by doctors for possible symptoms of Covid-19 – after 15-days if they had no symptoms they were relocated to the general population, while prisoners who developed symptoms were placed in a special (isolated) part of the prison, where medical attention was provided (if the symptoms were severe, the individual was placed in a hospital); the latter procedure was also implemented for prisoners among the general population, and 5) visitations were restricted (the time of the visitation and protective measures – visitation behind glass without direct contact), and in some instances prohibited due to the worsening epidemiological situation – in such cases extended phone calls were provided for prisoners.¹² It has to be emphasised that these measures varied significantly in different periods (sometimes from day to day) and between prisons. It all depended on the epidemiological situation in individual prisons. It should be highlighted that treatment programmes, while in a reduced capacity, were still implemented.

Certain limitations of the study should be highlighted. The first limitation can be seen in the sincerity of participating prisoners. As Hacin and Meško (2020) argued, a possibility always exists, especially when conducting prison studies, that participants would give socially desirable answers in the process of the survey due to fear of disclosure and possible sanctions from prison staff or other prisoners. Characteristics of the sample represent the second limitation, as the results cannot be generalised to the entire Serbian prison system, as the study focuses only on prisons in the Vojvodina region. Moreover, the rate between the number of variables included in analyses and the size of the sample is low; as a rule of thumb, in regression analyses, there should be (at least) 10 cases for each independent variable. A significant number of incomplete questionnaires represents another limitation of the study. Such behaviour was modified by ensuring confidentiality when the study was presented to prison workers and prisoners. Limitations could also be seen in the omitted variable bias, as certain variables relevant to the study of treatment of prisoners (e.g., relations with prisoners, degree of security and feelings of safety, etc.) were not included in the

access to prisoners in all prisons in the Vojvodina region, nevertheless, the same rules applied to him upon arriving in an individual prison (e.g., wearing protective masks, disinfecting hands, measuring temperature, and spending the least time possible in direct contact with prisoners).

¹¹ For example, the first author who conducted the data gathering, as an employee of the Serbian Prison Administration, was granted

¹² The right to an attorney was respected, as visits were allowed regardless of the epidemiological situation.

study, and in self-selection bias (different views and perceptions of prisoners who have not participated in the study from those that have).

4.1 Sample

The participants in the study were adult prisoners (over 18 years of age) from all six prisons in the Vojvodina region of the Republic of Serbia surveyed in 2020, representing approximately 14% of prisoners in the Vojvodina region. Regarding age, more than two-thirds of respondents were between 21 and 40 years. In terms of formal education, 10.5% of prisoners had not finished elementary school, 39.7% finished elementary school, 40.9% completed high school, and 8.9% achieved some form of higher education. More than half of the prisoners were married or in an extramarital union. More than 40% of prisoners were serving sentences of less than a year, and approximately a third were serving sentences of 3 years or more. Approximately two-thirds were imprisoned in a closed prison regime.

Table 1: Sample Characteristics

Variable	<i>n</i>	%
Age	20 years or younger	6 2.5
	21–30 years	71 30.0
	31–40 years	92 38.8
	41 years or older	68 28.7
Education	Unfinished elementary school	25 10.5
	Elementary school	94 39.7
	High school	97 40.9
	Vocational college or higher	21 8.9
Family status	Single	73 30.8
	Extramarital union	72 30.4
	Married	56 23.6
	Divorced	35 14.8
	Widowed	1 0.4
Length of sentence	6 months or less	42 17.7
	Over 6 to 12 months	60 25.3
	Over 1 to 3 years	59 24.9
	More than 3 years	76 32.1
Prison regime	Open	22 9.3
	Semi-open	55 23.2
	Closed	160 67.5

Prison	Novi Sad	75	31.6
	Sombor	52	21.9
	Pančevo	18	7.6
	Subotica	9	3.8
	Zrenjanin	16	6.8
	Sremska Mitrovica	67	28.3

4.2 Measures

The following section describes the variables (40) included in the factor analyses (table 2). The scale of the variables included reflects prisoners' perceptions of the measured variables rather than the actual measure of observed variables. All variables were measured on a 5-point Likert scale. A Principal Axis Factoring extraction was used, and variables were highly correlated. Rotation Varimax was used as each variable tends to be associated with one or a small number of factors. Each factor represents a relatively small number of variables, simplifying the interpretation (Abdi, 2003). Factors scores were calculated as a sum of variables that correlated highly with the factor (the cut-off value was set at 0.40). The following eight factors were calculated: 1) quality of treatment, 2) satisfaction with the treatment organisation, 3) satisfaction with prison workers, 4) satisfaction with prison conditions, 5) fairness in life, 6) emotional competence, 7) individualistic tendencies, and 8) concern for the group.

Twelve socio-economic variables were included in the regression analyses to control for spuriousness. The following binary-coded variables (1 = yes, 0 = no) – age (30 years or younger), education (elementary school or lower), social status (in partnership), drug addiction (using psychoactive drugs), recidivism (no previous convictions), other criminal procedures (no ongoing trials), length of sentence (more than a year), prison regime (open and semi-open), work in prison (regular or occasional work), criminality within the family (conviction in the family), growing-up environment (rural), and attitude towards criminal offence (acknowledgement of guilt) were included.

Table 2: Description of Variables Included in the Factor Analyses

Variables	<i>M</i>	<i>S.D.</i>	<i>Median</i>	<i>Mode</i>	<i>Min.</i>	<i>Max.</i>
Quality of treatment ($\alpha = 0.75$; $KMO = 0.82$; $var. = 32.97\%$) ^a	17.89	5.89	18	18	6	30
Prisoners are satisfied with the treatment by the employees in this prison.	2.36	1.44	2	1	1	5
Prison officers have a correct attitude towards prisoners.	3.91	1.29	4	5	1	5
Work instructors are interested in training prisoners for certain jobs.	3.17	1.48	3	3	1	5
We can always talk openly with our educators about our problems.	3.66	1.54	4	5	1	5
The management usually meets our justified demands and ideas.	2.87	1.46	3	1	1	5
After the treatment in this prison, most of the prisoners released are successfully resocialised.	2.37	1.39	2	1	1	5
Satisfaction with the treatment organization ($\alpha = 0.62$; $KMO = 0.68$; $var. = 29.87\%$) ^a	10.17	4.26	10	8	4	20
The system of work engagement of prisoners is good and does not need to be changed.	2.54	1.58	2	1	1	5
The organisation of free activities (sports, sections, etc.) is given adequate attention.	2.70	1.59	3	1	1	5
Disciplined behaviour and commitment of prisoners are adequately rewarded.	2.53	1.55	2	1	1	5
In this prison, prisoners are sufficiently enabled to acquire new knowledge/skills through various educational programmes.	2.69	1.56	3	1	1	5
Satisfaction with prison workers ($\alpha = 0.86$; $KMO = 0.81$; $var. = 58.61\%$) ^b <i>I am satisfied with...</i>	12.28	4.56	12	12	4	20
... educators.	3.05	1.42	3	3	1	5
... prison officers.	3.50	1.25	4	4	1	5
... instructors.	3.35	1.30	3	3	1	5
... management.	3.00	1.38	3	3	1	5
Satisfaction with prison conditions ($\alpha = 0.86$; $KMO = 0.85$; $var. = 50.39\%$) ^b <i>I am satisfied with...</i>	12.96	5.25	13	13	5	25
... the general state of conditions and relations in prison.	2.59	1.28	3	1	1	5
... nutrition in prison.	2.60	1.32	3	1	1	5
... organisation of the use of free time.	2.85	1.34	3	3	1	5
... the accommodation and hygienic conditions.	2.73	1.42	3	1	1	5
... the compensation you receive for your work.	2.44	1.38	2	1	1	5
Fairness in life ($\alpha = 0.79$; $KMO = 0.80$; $var. = 30.32\%$) ^a	24.50	7.33	25	24	8	40
I think the world we live in is basically fair.	2.17	1.34	2	1	1	5
I think, in general, I deserve what happens in my life.	2.80	1.37	3	3	1	5
Other people are mostly fair to me.	3.49	1.32	4	5	1	5
I am convinced that the injustices that a person suffers in life are compensated eventually.	3.81	1.27	4	5	1	5
I think people try to be fair when they make important decisions that affect other people.	3.18	1.32	3	3	1	5
Injustices are the exception rather than the rule in my life.	3.41	1.29	3	3	1	5
I am convinced that justice always triumphs over injustice.	3.39	1.49	4	5	1	5
Life for me, so far, has been fair.	3.00	1.35	3	3	1	5

Emotional competence ($\alpha = 0.66$; $KMO = 0.75$; $var. = 30.76\%$) ^c	11.08	4.09	11	10	5	25
I easily find out when someone is lying to me.	2.03	1.24	2	1	1	5
If someone is causing me a problem, I can easily talk to that person about it.	2.37	1.37	2	1	1	5
I know how to be liked, and that makes me popular.	3.40	1.16	4	4	1	5
I use intuition in my relationships with others, I feel good people.	1.96	1.11	2	1	1	5
I am able to listen and understand the views of my interlocutors, although I do not agree with them.	2.04	1.27	2	1	1	5
Individualistic tendencies ($\alpha = 0.59$; $KMO = 0.66$; $var. = 26.69\%$) ^a	13.68	3.92	14	16	4	20
I feel comfortable being singled out to be praised or rewarded.	3.25	1.48	4	5	1	5
My main concern is whether I will be able to take care of myself.	3.53	1.48	4	5	1	5
I enjoy being special and, in many ways, different from others.	3.22	1.43	3	5	1	5
My own identity, independent of others, is very important to me.	3.83	1.29	4	5	1	5
Concern for the group ($\alpha = 0.59$; $KMO = 0.71$; $var. = 35.37\%$) ^a	13.27	4.08	13	16	4	20
My happiness depends on the happiness of others around me.	2.95	1.48	3	1	1	5
I will sacrifice my own interest in the well-being of my group.	3.33	1.38	3	5	1	5
It is important for me to respect the decisions made in the group.	3.81	1.17	4	4	1	5
If a member of my family fails, I feel responsible.	3.63	1.31	4	5	1	5

* Principal Axis Factoring, Rotation Varimax.

^a Response set ranging from 1 = Strongly disagree to 5 = Strongly agree.

^b Response set ranging from 1 = Strongly dissatisfied to 5 = Strongly satisfied.

^c Response set ranging from 1 = Completely false to 5 = Completely true.

5 Results

Prior to the regression analyses, based on which factors that influenced prisoners' perception of the quality of treatment were identified, Pearson's correlation test was conducted (table 3). The test was performed as a preliminary assessment of the predictors that influence prisoners' perception of the quality of treatment and correlation analysis – testing the problem of multicollinearity. The results of the test based on the data obtained in six Serbian prisons showed that significant correlations exist between prisoners' perception of the quality of treatment and: 1) satisfaction with the treatment organization ($r = 0.18$; $p < 0.01$), 2) satisfaction with prison workers ($r = 0.43$; $p < 0.01$), 3) satisfaction with prison conditions ($r = 0.41$; $p < 0.01$), 4) perception of fairness in life ($r = 0.35$; $p < 0.01$), and 5) concern for the group ($r = 0.19$; $p < 0.01$). The strongest correlation was noted between prisoners' perception of the quality of treatment and satisfaction with prison workers.

With Pearson's test, the problem of multicollinearity was reviewed, examining high correlations between independent variables. Correlations higher than 0.80 should be deemed problematic, as they make it impossible to obtain unique estimates of the regression coefficients because there is an infinite number of combinations of coefficients which would work equally well (Field, 2009). The results of the test rule out threats of multicollinearity, and further diagnostic tests confirmed the initial assessment; the variance inflation factor (VIF) for variables was less than 2.0.

Table 3: Correlation Matrix for Key Variables

	1	2	3	4	5	6	7
Quality of treatment	–						
Satisfaction with the treatment organisation	0.18**	–					
Satisfaction with prison workers	0.43**	0.19**	–				
Satisfaction with prison conditions	0.41**	0.28**	0.61**	–			
Fairness in life	0.35**	0.13*	0.04	0.17*	–		
Emotional competence	–0.05	–0.04	0.03	–0.04	–0.01	–	
Individualistic tendencies	–0.05	–0.20**	–0.06	0.05	–0.01	–0.06	–
Concern for the group	0.19**	0.03	0.09	0.09	0.20**	–0.24**	0.03

* $p < 0.05$, ** $p < 0.01$.

An examination of predictors of prisoners' perception of the quality of treatment by applying multiple regression analyses with robust standard errors tackling the problem of the clustered nature of the data took place, the results of which are shown in Table 4. Model 1 considers the influence of satisfaction with the treatment organisation, satisfaction with prison workers, satisfaction with prison conditions, fairness in life, emotional competence, individualistic tendencies, and concern for the group. These variables accounted for 30.1% of the variation in the quality of treatment ($F = 15.53$, $p < 0.001$). As can be seen from the results, prisoners' perception of the quality of treatment was influenced by satisfaction with prison workers ($\beta = 0.30$; $p < 0.001$), and fairness in life ($\beta = 0.29$; $p < 0.001$). The following key findings arise: 1) satisfaction with prison workers has the greatest impact on prisoners' perception of the quality of treatment, 2) prisoners' world views in terms of perception of fairness in life strongly influence their perception of the quality of treatment,¹³ 3) the general prison conditions have no effect on prisoners' perception of the treatment, and 4) emotional competence and personal prevalence toward individualism

or the group have no impact on prisoners' perception of the quality of treatment.

Model 2 introduced demographic variables. In combination with the variables from Model 1, these variables accounted for 33.3% of the variation in prisoners' perception of the quality of treatment ($F = 7.21$, $p < 0.001$). As can be seen from the results, prisoners' perception of the quality of treatment was influenced by satisfaction with prison workers ($\beta = 0.33$; $p < 0.001$), fairness in life ($\beta = 0.29$; $p < 0.001$), and growing up in a rural environment ($\beta = 0.19$; $p < 0.001$). The following key findings arise: 1) satisfaction with prison workers and perception of fairness in life once again influenced prisoners' perception of the quality of treatment, 2) it is possible that the conservatism of rural settings influences individuals' preparedness to cooperate with authority (further research is needed), 3) demographic characteristics have minimal impact on prisoners' perception of treatment, and 4) it seems that besides quality relations with prison workers, prisoners' perception of fairness has the greatest impact on their view of treatment.

¹³ It can be assumed that additional restrictions on prisoners' freedoms, as a consequence of the Covid-19 pandemic, had a negative impact on their world views and perception of fairness in life. We believe that the restrictions regarding visitations had the greatest role, as (physical) contact with family members and friends, for some prisoners (especially those in closed regimes), presents the only contact with the outside world. Moreover, the prisoners' world is limited to prison size and defined by processes and events within the prison. They rarely understand or are willing to understand the effects (i.e., spillovers) of wider societal developments on prison life and measures. Consequently, every (negative) change that affects their everyday routine is received with suspicion and, in some cases, perceived as unjust.

Table 4: OLS Regression Analyses: Predicting Prisoners’ Perception of the Quality of Treatment

Quality of treatment	Model 1				Model 2			
	<i>B</i>	<i>Robust se</i>	β	<i>t</i>	<i>B</i>	<i>Robust se</i>	β	<i>t</i>
Satisfaction with the treatment organisation	0.03	0.07	0.03	0.47	0.04	0.07	0.03	0.49
Satisfaction with prison workers	0.29	0.08	0.30	3.67***	0.30	0.09	0.33	3.45***
Satisfaction with prison conditions	0.15	0.08	0.15	1.83	0.15	0.08	0.14	1.89
Fairness in life	0.30	0.08	0.29	3.79***	0.31	0.09	0.29	3.66***
Emotional competence	-0.03	0.08	-0.03	-0.34	-0.03	0.08	-0.04	-0.35
Individualistic tendencies	-0.04	0.08	-0.03	-0.61	-0.06	0.08	-0.04	-0.70
Concern for the group	0.09	0.08	0.09	1.24	0.09	0.08	0.07	1.15
Demographic characteristics								
Age (30 or younger)					0.18	0.11	0.10	1.72
Elementary school or lower					0.10	0.11	0.05	0.92
In partnership					0.11	0.11	0.05	1.01
Drug addiction					-0.05	0.13	-0.02	-0.41
No previous conviction					0.15	0.13	0.06	1.18
No ongoing trials					0.13	0.12	0.06	1.08
Length of sentence (more than a year)					0.06	0.11	0.04	0.57
Open and semi-open prison regime					0.14	0.13	0.07	1.11
Work in prison (yes)					0.00	0.11	0.00	0.04
Convictions in the family					-0.21	0.13	-0.09	-1.54
Growing-up environment (rural)					0.36	0.11	0.19	3.34***
Acknowledgement of guilt in criminal offence					-0.06	0.14	-0.02	-0.43
<i>F</i>		15.53***				7.21***		
<i>R</i> ² (<i>adjusted</i>)		30.1%				33.3%		
<i>n</i>		237				237		

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

6 Discussion and Conclusion

The paper’s primary focus was to contribute to the existing body of literature on the resocialisation of prisoners by analysing prisoners’ perceptions of the quality of treatment in

Serbia. The first significant finding is that prisoners’ satisfaction with prison workers significantly influences their perception of the quality of treatment. Two conclusions can be drawn from this. First, the professionalism of prison workers is recognised and appreciated by prisoners. The professional-

ism of workers in penal institutions is essential for the (successful) implementation of treatment programmes (Meško & Hacin, 2018). What this study indicates is that prisoners are satisfied with all groups of prison workers if they attend to their needs, however, they "like" prison officers the most. Despite prisoners' hatred toward "the uniform", prison officers present the group with whom prisoners spend most of their time and establish the most intense relations, while specialised workers are often perceived as conditioners and/or manipulators with benefits and individuals who play the treatment game (Meško, Frangež, Rep, & Sečnik, 2006; Petrovec & Meško, 2006). Put simply, with prison officers, a prisoner always knows where he stands, as rules and expected behaviour are clear. Second, it can be argued that prisoners' satisfaction with prison workers derives from the quality of prison staff-prisoner relations. Relations between prison workers and prisoners develop through time and demand a lot of effort from all actors involved (Genders & Player, 1995; Liebling, 2004). Hacin and Meško (2020) exposed prisoners' perceived fairness, good relations, and trust in the prison staff as factors forming a pyramid of relations in the prison context. Genuine and quality relations can be developed if procedures toward prisoners are fair and just, as interactions between them present an opportunity for prison workers (representatives of the system) to promote justice at the micro-level (Franke et al., 2010; Tyler, 2010). As good relations between prison workers and prisoners progress, there is a possibility that trust will be developed between the groups, indicating prisoners' transition from instrumental to normative compliance, which is based on prisoners' belief that prison workers are acting in their favour (Hacin, 2018). Consequently, the treatment of prisoners is more likely to succeed.

The second significant finding exposes the importance of prisoners' perception of fairness. While the survey instrument measured prisoners' general perception of fairness in life, we believe that certain aspects of procedural justice theory can be applied here. Upon arrival in prison, individuals found themselves in an environment where authorities possess (almost) all the power, but they wield it with "caution" (Sykes, 1971). Despite the solidity of the position, prison workers seek recognition of legitimacy with prisoners, based on which prisoners' voluntary compliance is achieved, as the use of (coercive) power is "expensive". Achieving legitimacy depends on the fairness of procedures, as it facilitates effective cooperation that enables superior forms of social coordination (Spark & Bottoms, 1995; Tyler, 2012). In other words, individuals' compliance with the rules and procedures is linked to their views of what is fair and unfair. Despite the "totality" of the prison, prisoners can have positive experiences due to fair treatment by the prison staff. Imprisonment also presents an opportunity for individuals who were not treated fairly

in the outside world to experience fair treatment for their behaviour and achievements. As was demonstrated, fairness toward prisoners is not only an obligation of the prison staff as part of their job but is also in their best interest. The negative impact of restrictive measures to prevent the spread of Covid-19 infection on prisoners' perception of fairness in the context of world views and perception of prison workers should be acknowledged, as these additionally restricted their freedoms and increased the "pains of imprisonment". On the other hand, we can assume that some prisoners, despite the restrictive measures, perceived the actions of prison workers as necessary and in their best interest. As Hacin and Meško (2020) demonstrated, most prisoners value prison workers, as they are aware that they are only carrying out policies and have limited influence on the decision-making process due to the hierarchical nature of the prison organisation.

Finally, individual characteristics have practically no influence on a prisoner's perception of the treatment. However, prisoners' characteristics should not be disregarded in the treatment studies, for if prisoners' perception of the quality of treatment is not influenced by them, this does not mean that the overall success of resocialisation is not dependent on a prisoner's predispositions. Moreover, satisfaction with prison conditions had no influence on prisoners' perception of the quality of treatment. It seems that the role of living conditions in prisons (at least in this case) in prisoners' perception of treatment is exaggerated. Quality relations between prison workers and prisoners appear to be the dominant factor in prisoners' perception of resocialisation. Nevertheless, prisons should strive toward humane living conditions and openness in accordance with the recommendations of international organisations and previous studies (Council of Europe, 2006; Mlinarič, 1984; Petrovec, 2015).

Future research on prisoners' perception of treatment should focus on: 1) the use of mixed methods of quantitative and qualitative research to obtain an even more in-depth insight into prisoners' perception of treatment and its effect on their resocialisation, and prospects for a life without crime, 2) the implementation of a national study on prisoners' perception of treatment in Serbia, as the results of the current study can be generalised only for a specific area of the country, and 3) the testing of foreign survey instruments to determine their applicability in the Serbian prison environment.

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Zaznava tretmaja pri obsojencih: Pilotska študija v srbskih zaporih

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V prispevku se osredotočamo na zaznavo kakovosti tretmaja pri obsojencih v Srbiji. Študija je potekala v vseh šestih zaporih v vojvodinski regiji v Republiki Srbiji. Anketiranje je bilo izvedeno v letu 2020, v vzorec pa je bilo vključenih 237 obsojencev z odprtih, polodprtih in zaprtih oddelkov zaporov. Rezultati regresijskih analiz so pokazali, da na zaznavo kakovosti tretmaja pri obsojencih vplivajo njihovo zadovoljstvo z zaporskimi delavci, zaznava pravičnosti v življenju in okolje, v katerem so odraščali. Zaznava pravičnosti v življenju je imela največji vpliv na zaznavo kakovosti tretmaja pri obsojencih, sledilo ji je zadovoljstvo z zaporskimi delavci. Ugotovitve kažejo, da sta pogled obsojencev na pravičnost v življenju in kakovost njihovih odnosov z zaporskimi delavci bistvena elementa v procesu tretmajske obravnave obsojencev, ki ju je treba upoštevati pri preučevanju resocializacije obsojencev. V zaključku razpravljamo o pomenu ugotovitev za tretma obsojencev.

Ključne besede: tretma, resocializacija, zaporski delavci, obsojenci, Srbija

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