
ISSUES REGARDING THE QUALITY OF LIFE IN THE ROMANIAN PENITENCIARIES – A BRIEF RESEARCH REPORT

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Abstract: *The article presents several findings of a study conducted in 2015 by a small team of researchers of The Research Institute for Quality of Life, at the proposal of the National Penitentiary Administration (NPA), regarding the main aspects of the prisoners' quality of life in penitentiaries. Covered topics include: housing, nutrition, health and education services provided in the penitentiary, systemic aspects that influence prisoners' quality of life. The study has a consistent qualitative component, based on data obtained by authors, from visiting several penitentiaries. The methodology includes the observation of the visited detention areas, interviews with the prisons' staff and the prisoners, also, the application of a questionnaire to a number of 78 inmates. Inter-systemic aspects regarding functioning of the penitentiary system, poorly addressed in other studies in the field, are also present in the study.*

Keywords: *penitentiary, quality of life, detainees, qualitative methodology.*

Introduction; the purpose of the study and the methodology

The study aimed at observing the quality of life aspects of persons deprived of liberty in the Romanian penitentiary system, considering the international standards on detention conditions. Identifying possible vulnerabilities and directions for intervention were also considered. The research was conducted at the request of the National Penitentiary Administration (NPA), between February and June 2015 and it had a consistent

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exploratory component. The information for the study came from desk research and data collection in three Romanian penitentiaries (Jilava, Rahova, Târgșor) and one Juvenile Detention Center (Tichilești). The chosen penitentiaries were selected on the proposal of the NPA, following the joint intention to visit penitentiaries of men, women and a detention center for juveniles, therefore various detention regimes. The study profile was modeled by limited time and limited financial resources.

Desk research concerned detention regimes and international standards on detention conditions, regulations and administrative procedural issues. Fieldwork aimed at visiting the detention areas, interviewing personnel and detainees. Discussions were held with various institutional actors: the general manager of the unit and/or deputy directors, supervisors, educators and counselors, medical staff, priest and administrative staff, as they were available during our visit. The discussion guide aimed at identifying issues of their specific activity and conditions that could affect the quality of life of the prisoners or the risk of their rights being violated.

For the dialogue with persons deprived of their liberty, there were chosen group discussions. These were focused on the conditions of dwelling, the relations among the detainees and between them and the staff. The questionnaire has followed point-by-point elements of detention conditions. The detainees' participation in the discussion and questionnaire was voluntary, of the detainees who were in the penitentiary at the time of our visit and whose level of literacy and behaviour made such communication possible. The questionnaire was completed by 78 persons: 40 prisoners in Târgșor Penitentiary (a women prison), 24 prisoners in Rahova Penitentiary and 14 prisoners in Tichilești Center for Juvenile Detention. The information obtained through the questionnaire was rather exploratory, for identifying system vulnerabilities in relation to the research topic. Aware of the probable self-censorship of the persons deprived of their liberty in their dialogue with the research team on certain subjects and the impossibility of ensuring the random nature of the content, the study was focussed on identifying and describing general state of facts.

Among the dimensions of the quality of life, the study pursued only the ones that are applicable to the carceral universe: basic needs, living conditions, social reinsertion, interpersonal relationships. We analyzed the data in relation to other studies or available qualitative data, mostly to ADHRR-HC reports. Only part of the report's conclusions and only part of the report's themes are presented in this article.

Background

At the middle of the last century, there were adopted the Universal Declaration of Human Rights (UN) and later, the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (The Council of Europe). These documents were signed by Romania in 1955, respectively 1994 (AP_MNP, 2015). These have been complemented by new international conventions, principles, rules or standards regarding the persons deprived of their liberty in order to avoid exposing detainees to inhuman or degrading treatment.

The concept of quality of life is holistic and ambitious by nature, referring to all aspects of the personal, professional and social life (income levels, access to quality goods and services, education, health, work, family life, personal development, civic rights) and reporting to needs, aspirations, values of the people, subjective states of satisfaction/dissatisfaction. (Mărginean & Precupețu, 2008). In the penitentiary environment, the areas of quality of life suffer major changes in signification (work, leisure, aspirations). Therefore, the multi-dimensionality of the concept of quality of life tends to restrict itself to basic elements that meet the indispensable needs of the existence, in a perspective of the rehabilitative purpose of detention and preserving the social and economic potential that the individual represents for society (nutrition, housing, rest, education/training, health services, social relations, relaxation activities).

All the elements that can define the quality of life of the detainees are established, more or less in details, in penitentiary regulations or national laws. In the European area, the referentials are the standards or norms of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (further mentioned as CPT), established under the mentioned Convention, on the treatment of persons deprived of their liberty. These standards relate to a wide range of areas, elaborated from the perspective of human rights, providing a decent life in the prison (CPT, 2015). They become the benchmark in the analysis of the quality of life, in the absence of other indicators based on systematic, lasting records on all dimensions of the quality of life, on comparable national and international bases (NRC-6, 2014; NOMS, 2015).

Minimum standards pay more attention to living conditions (minimum dimensions of detention spaces: area/per detained, height, width); avoiding crowding in cells is, in the opinion of the CPT, in direct relation to respect for human dignity, as agglomeration is frequently associated with other negative aspects of living that may affect health: insufficient ventilation, natural light or heat, insufficient number of beds, poor hygiene, lack of sanitary facilities (CPT, 2015). It also outlines the relationship between custodial staff and convicted persons and the care for health, but also brings into discussion the nutrition, the education and recreational activities.

In contrast, studies regarding more general theme of quality of life focus on two directions - health and interpersonal relationships; housing is a sub-theme serving in understanding or arguing both main directions (NRC-6, 2014, NOMS, 2015).

This study addresses aspects of the quality of life that the interviewed detainees considered to be deficient (especially housing and health services), as well as aspects regarding the support for social reinsertion, considering the systemic and inter-systemic aspects of the life in penitentiary.

The population in penitentiaries

The penitentiary environment brings together a large variety of people. They are not only distinguished by the type of crime that brought them to the penitentiary, but also by the way of life before detention.

A first category is of those with low living standards, that gravitate at the edge of society. This status may push them into criminal activities (small thefts/robbery or to be part of criminal networks); for some of them, prison conditions offering more than they have in freedom.

"Are there people who live better here than at home? Yes. And they say that, when they get out, they're coming back. ... Sometimes they have no one, have anything to eat (...)". (educational staff, Târgșor)

Returning to the family post-detention can be equivalent to returning to the same environment that has generated the crime and, in this case, criminal behaviour is likely to continue, because it is the only known way of life. Women can often accompany their partners in illicit activities, although they do not plan the criminal actions by themselves.

Sometimes, young people are encouraged to assume the offense of an adult, to the shelter of a more lenient criminal regime for teenagers (easier punishment or even probation):

"You are young, you are going there (note: in penitentiary system) to school, the time will fly quickly, you have your life in front of you, you will receive packages from me, you will be considered a sneaky person, the world will be afraid of you." (management, Tichilești)

"What can you do when your whole life you have seen a certain kind of behaviour? You grow up thinking that this is how it works. How should be the school important to you, when it wasn't for anyone in your family? Why should prison scare you, when "the prison is also for people. That one and that one was locked and look, they came out." (probation officer, Ilie & al., 2014)

More recently, drug use was another route that led young people to the penitentiary. They may come from subcultural environments, where offenses are the rule, or they can come from balanced families, as young people in high school or in the university environment were attracted to consumption, then to drug trafficking.

There are also people with psychiatric problems, who have committed crimes, who are believed to be able to cope with the penitentiary regime under medication; they are a constant challenge for co-detainees, guarding and medical staff.

All of these include also people who have committed isolated/accidental crimes, irrespective of their type or gravity, but also people who have committed crimes with extreme violence or were part of organized crime.

Conditions of detention and quality of life

The state of detention is a destructive one, even in good conditions, by limiting and conditioning the activity and social interaction, and thus by increasing the stress and health related problems (Zimbardo et al., 1973; Cox et al., 1984; Kupers, 2008). During detention, social relations and social abilities are deteriorating, overlapping with the fact that the longer the detention period is, the more different is the family and socio-economic environment at the time of liberation. Aspects of such effects, as well as of the adaptation process to the penitentiary sub-culture have also been identified with the occasion of this research.

"The penitentiary is also an environment that erodes, corrodes. Few leave the prison fatter, more beautiful, with more hair in their heads, livelier" (management, Rahova).

"The transformation of detainees is into bad, no matter what they were before. The individual once entered the gate of the penitentiary changes. [...] Adaptation does not mean that he educates others, but he adapts to the environment. [...] I was speechless when, at no more than one month after entering, suspected of having done something, former physician was saying: «I wasn't us, on my mother» (note: using a suburban language)." (management, Târgșor)

"Staying 10 hours in the same room, with others, day by day, it is hard to bear [...] Personally, I found a person, released after 20 years, completely bruised. He was about 50 years old, I guided him to the minibuses, he did not know where he was going to go" (management, Tichilești).

"That's how stress was discovered. Haven't you known? There were put more people in the same room, even in good living conditions, but the state of living together (...)" (detainee, Rahova).

Aspects of quality of life, as they were assessed by the inmates who completed the questionnaire are presented in Table 1. (general indicators), and Graph 1. (particularised aspects).

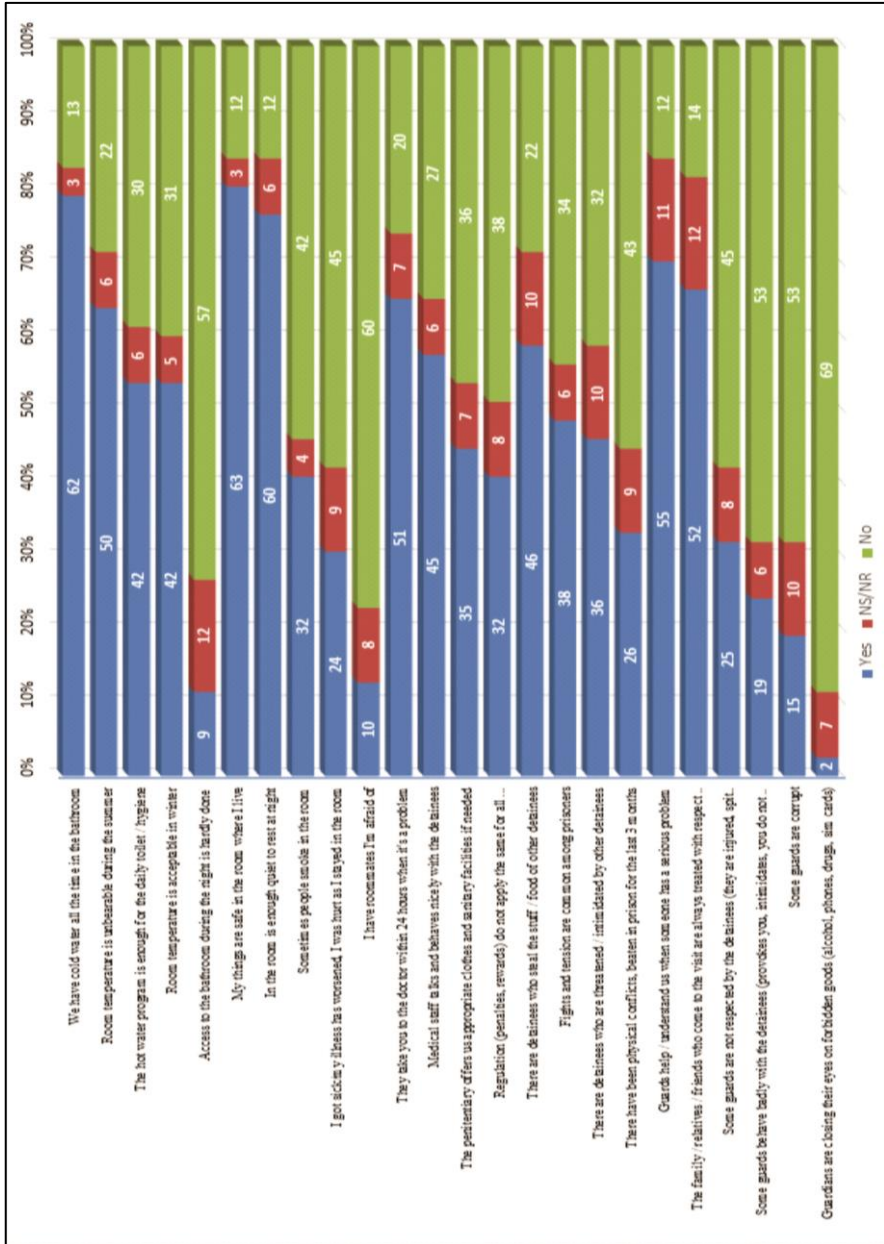
Table no. 1. Which of the following issues are, in your opinion, a problem in your penitentiary? (number of prisoners pointing it as a problem, N = 78)

Living conditions / personal space	42
The quality and quantity of food you receive	41
The medical care that is provided to you, if needed	41
<i>Equipment and quality of the bathroom / WC</i>	38
<i>Walking area, "outdoors"</i>	38
<i>Information / documentation possibilities (newspapers, magazines, TV, internet, books)</i>	36
Possibilities / recreational activities, among which you can choose to spend time	20
Time available for personal hygiene	19
The reward system	18
How family visits are organized	17
Possibility to defend / make a complaint to the commander or outside the unit	16
The attitude and the way in which the surveillance staff behaves with detainees (in general)	13

From the perspective of the general indicators, the participants in the study grouped primary items of the quality of life in the sphere of dissatisfaction: dwelling, food and medical services. Asked to point out the most problematic of these, detainees reported housing/personal space in the first place. It is worth also noticing the presence of elements of insecurity, stress or fear that were pointed by the detainees (Graph 1). Among these, more intense tend to be the risks of being stolen or threatened by other inmates, tensions between inmates, penalties and rewards not applied the same for all.

Fewer dissatisfactions arise in relation to the possibility to complain, inside or outside the prison, against a measure/situation and in relation to family visits. The least discontent occurs in relation to the behaviour of the prison staff (in general); both inappropriate attitudes and risks to which the penitentiary personnel are exposed are signaled.

Graph no. 1. Perceptions of individuals deprived of their liberty on some aspects of the detain experience (number of cases, N = 78)



Dwelling

The dwelling standards for penitentiaries refer to the minimum insured person's area (four sqm, European provision assumed also by Romania), the infrastructure and sanitation of the living space. The alternative of “six cubic meters of air / per detained person” rule proposed by Romania, given the great height of some buildings or the motivation of the semi-open regime (and hence of the higher time outside the room) is not accepted in defense in case of a complaint at the ECHR (European Court of Human Rights), because this is not de facto the same measure.

According to the ADHRR-HC (Association for the Defence of Human Rights in Romania-Helsinki Committee) visit reports, to a very small extent the minimum area norm is respected, the management of the institutions visited by the research team of this study confirming this: an average of less than 2 sqm per person, as living space. The situations do not vary due to the detention regime but in connection to the age of the buildings occupied as detention facilities. Much of these buildings are over 100 years old, and their original purpose was not necessarily the detention. The detention rooms often have 8-12 beds, but there are also situations where they reach from 25 up to 60 beds (Baia Mare, Craiova, Iași, Botoșani) or the beds are divided into 3 levels (Iași, Botoșani) (ADHRR-HC). In newer buildings, the capacity of the rooms may drop to 4 people/room, increasing the number of square meters per capita. Officials admit that another 10,000 prison places are more needed in order to ensure a decent housing.

Living conditions refer also to the sanitation of living space, ventilation and access to natural light, unconditionally, day and night access to the toilet, sanitation of the bathroom, access to permanent cold / warm water, adequate temperature in the rooms and the elimination of other risks to the health of the prisoners. Violation of these parameters affects the health and mental state of the detainees, and the situations are also identified in minors or adults, men or women prisons/ detention centers. These violations refer to wall dampening, rotted or infested mattresses, the presence of beetles or rats in the rooms, inadequate sewage and therefore pestilential odor in bedrooms, especially in the summer or at the time of the morning call, underlighted rooms as a result of small net meshes attached to the windows and, the risk of electric shock when using plugs.

The condition of having permanent cold water, an essential requirement for hygiene and health, is largely met. However, approx. 17% of respondents to the questionnaire reported a different situation (see graph 1.), as well as ADHRR-HC visit reports (in Brăila, Botoșani), indicating interruptions or over-night stops. Access to the toilet is made from the room, however, 10% of respondents identifies a night-time access problem in this regard. The showers are usually in the room, but they can be located either on the corridor or outside the living quarters, sometimes with little privacy.

Relatively frequent is the provision of TV in the rooms and very rarely access to the refrigerator (the latter rather specific to the open and semi-open regime or to the therapeutic communities). The ADHRR-HC reports indicate situations where endowment with a TV or room painting were done through prisoners' funding. At Rahova, this practice is not welcomed, as “*when they come back, they will necessarily want that*

room” (medical staff, Rahova); for some of them, the penitentiary is “like a subway station: they pass by, from time to time” (staff, Rahova).

During the field research, different situations were reported regarding destructions of goods in the penitentiaries: the frequent such acts at Tichilești Juvenile Detention Center (at the time of the previous administration, which did not impose the damages to be paid by those who produced them), the resignation in front of the youth strategy to clear their bank accounts (for they could no longer be required to pay for the destruction), the recovery of the damages by those who produced them in the case of Rahova penitentiary (hence the detachment of the personnel in connection with this problem) and the almost exasperation of the administrative staff at Târgșor women penitentiary against the repeated common destructions (shower pens, sinks), which were constantly demanding resources to be repaired/replaced. Most of these problems seems to be more related to the maximum-security regime, with very limited liberties, where such acts are meant to “attract attention”. At Rahova, anti-vandalism (aluminum) toilet bowls, sinks and mirrors were partly introduced and this seemed to be effective but discouraging in term of costs.

“Those showers, I do not know what they do with those showers ... And windows, and sinks. We replace them and after 2-3 days they are damaged or they disappear again ... and if you postpone repair or replacement, they claim that you violate their human rights” (administrative service, Târgșor).

Discontents arise in connection with the hot water program, usually 2 times a week, 1-2 hours a day, this weekly time being considered too short, especially where there is a high density of living in a room. A better situation is held by women penitentiary, with daily hot water program and twice a week clothing washing program (Târgșor) and for those who participate in the meal preparation, who usually have access to showers and unlimited hot water (ADHRR-HC Reports). More than half of the detainees claimed problems regarding access to hot water (see Graph 1) for reasons as: “Hot water is for 2 hours in a room of 10 prisoners. We're going in, two by two, so we can all make a bath in the time of 2 hours. Sometimes hot water is hardly pouring or not at all within allocated hours.” (detainee, Rahova) or the tap is outside the bathroom (Botoșani, ADHRR-HC Report).

If the room ventilation is appropriate (to the outer space, with non-blocked windows or small net mesh), air quality is a problem only in the summer. Thermal discomfort during the summer is confirmed by Târgșor and Rahova staffs (“the last floor is a problem in the summer”), medical staff from Jilava (“the rooms on the other side of the aisle are those appreciated in the summer “, being in shadow) and some visit reports of ADHRR-HC. At Târgșor and Rahova, approx. 40% of the respondents indicated a problem with the heating during winter. While in Tichilești, it seems not to be the case, a prisoner summarizing that “in winter is warm and summer is warm”.

Nutrition

The food provided by the penitentiary is prepared by cooks, (sometimes skilled at the workplace), helped for food preparation by inmates who want and can participate in this activity. They are checked twice a year for their health status, in line with Romanian

standards in public nutrition. The same standards validate the conditions for keeping and preparing food, so that kitchens are usually properly sanitized. In cases where the equipment is old and the renovation of the areas that have begun to deteriorate is needed, still the cleaning is to be noticed. Food preparation is in accordance with national norms regarding calories consumption and taking into consideration the possible health problems of the detainees (HIV, diabetes) or religious specificity.

But, the very small amount of money allocated per day and per prisoner, that is about 4 lei (almost 1 euro), highly restricts the content of the food. The food is dominant cabbage, potatoes, beans or pasta. Meat consumption is normalized per day, but it is purchased at equivalent carcass weight (including fat and bones). Crude vegetables or fruits are almost lacking, given the higher price; the fruits are almost exclusively apples, the least sensitive to the storage and easy to find all year round.

The quality and quantity of food received in the penitentiary is reported as a problem especially by young people; 8 of the 14 young people from Tichilești who participated in the questionnaire complained about food as the main problem, arguing that “*the food is not tasty*,” “*it's not good and it's too little*,” or “*the taste of the food is deplorable*”. We would be tempted to believe that better general level of living in Tichilești caused the advancement of food discontent to come first. However, the UNICEF Report (2014) also captures a high share (55%) of food dissatisfaction among teens deprived of their liberty (14-17 years) and, also the situation of the Tichilești Detention Center as among the most favourable housing.

It may be that the age is one of the determinants of dissatisfaction, young people being more assertive about this aspect. Also, the explanation may reside in the limits of the barracks kitchen, the cook's ability to cope with limited budget or even unforeseen situations due to the supply difficulties that young people are less tolerant to. The word of order for the cooks is however to ensure the caloric minimum, not the diversity of nutrients.

"I was in Bacău and there I ate better [...] Here, I found soil in the salad and, believe me lady, I really wanted to eat it, but I could not. Another time, I found a worm in spinach. [...] there are some good dishes, as soup or beans, or, for example, potatoes" (detainee, Tichilești).

"You find bits of bone through food and you can break your teeth. Potatoes have bangs on them, poorly cleaned sometimes. Beans are not well boiled. There is not much meat in the food, but more bones. The dumplings are strong and sticky, sometimes they have a bitter taste. The pasta has nothing, and they are not cooked enough. Soup does not have taste sometimes. In the morning we get biscuits, marmalade, tea, salami. Evening, cereals with powdered milk, rice, very gluey pasta. Salami is only for those with liver diseases. Anyway, it's the cheapest salami they find. At one time, they gave us an apple a day. [...] There are times when the food is good, but rare.... I would say if they have no conditions, but if food is sometimes good, it means they can. Generally, they give us potatoes, carrots, beans, cabbage" (detainee, Rahova).

Some of surveyed adult inmates do not complain about food, others complain rather about lack of diversity. The latter is also found in ADHRR-HC reports “*from May to September, they have served almost daily zucchini food*” (Jilava), but also, they accused the poor quality and “*lack of taste*” of the food.

"About the prison food, what can you say?"

Good ... Yes, food is not a problem. Overcrowding in rooms is a problem (...)

Yes, ma'am. It has even improved [...] About a year ago, it started improving" (detainees, group discussion, Jilava).

"It's good. I'm surprised that they succeed it for so little money... There is a cook who does miracles. they should also add fruit and vegetables. Fresh food. But there are prisoners who say that you don't give them food, if you don't give them bread and salami" (detainee, Rahova).

"No, that it's not good, the same thing all the time. Cabbage, potatoes, cabbage, potatoes, beans.

We need a fruit, a yogurt ..." (detainees, group discussion, Târgșor).

Stress relief of adult prisoners in relation to food can be explained not only by access to home packages, (those who receive packs try to avoid food offered by the prison), but also by the presence of the kiosk in the penitentiary yard. The kiosk is supplied according to the demand with diverse food (sausages, chips, pretzels, canned food, vegetables, fruits, coffee, refreshments), and prices vary. From day to day, detainees can order pizza, roast pork, cakes to the kiosk (Botoșani, ADHRR-HC). The detainees reported to the research team two/three times higher prices at these kiosks than those in the neighbourhood shops (soft drinks, for instance, but not only), as the kiosk has monopol in the prison's yard. Reports of the ADHRR-HC showed frequent dissatisfaction of the detainees on this aspect.

Home food is obviously preferred, but a significant number of detainees are not able to benefit from this advantage, either their families are poor and cannot afford this monthly cost, either they "gave up" on bringing food, either they are far away from penitentiary and cannot easily reach. Statements of the detainees indicate the pressure they experience in relation to the safety of personal goods and food; 59% of the detainees participating in the study reported that some colleagues are stealing stuff / food from the others. In Tichilești, the educational staff appreciated that approx. 40% of young people are not visited, a level that we also find in the People's Advocate Report: "over 33% of children are not visited by family members, and 35% have never received a package from home" (UNICEF, 2014, p. 7).

The meals are usually served in rooms, except for hospital penitentiaries, or some minors centers (eg Tichilești) or lunch (in Târgșor). The vulnerability lies in the fact that they are deprived of the opportunity to leave the room during the meal and thus interrupt the monotony of the same environment, especially since most of the detention rooms have no furniture other than the bed and an improvised support for TV. In these cases, the meal is served in the lap, on the edge of the bed.

Medical services

Detention period begins with a quarantine phase when the prisoner is assessed for the physical and mental health state and he is advised about hygiene and communicable diseases. The assessment of the state of health is carried out at beginning of custody, in maximum 24 hours after aggression or at the request of the detainee, for the

monitoring of the state of health and the avoidance of unnecessary suffering According to the law, health assessment is carried out by specialists, respecting patients' rights, including keeping confidentiality requirements on the results of the assessment and carrying out those medical investigations that the person agrees to. These tests are also of social interest from an epidemiological perspective; the interviewed doctors stated the need for radiographic screening in order to detect TB or blood tests to detect hepatitis / HIV at imprisonment. A lot of the prisoners come from social strata that are vulnerable to poverty, drug adictions, diseases as tuberculosis, hepatitis, HIV. The crowding in prisons, the abuses, even sexual ones can lead to disease spreading.

"Radiological screening for TB was dropped for a while in order to reduce irradiation. And then it was just the clinical investigation. But it was hard to detect TB if the man did not cough when he got into the penitentiary ... so the radiography obligation has now been reintroduced" (medical staff, NPA).

"99% of them (note: those infected with HIV) are in Jilava, in a hospital section. There's 300 and something. I think they do not even have 2 square meters assured in this section. They are very crowded. They are also continue bringing from the police arrest" (medical staff, NPA).

In the years 2014-2015, the TB rate among prisoners has significantly decreased compared to 1998-2002 period, following the national trend. One positive thing is that in prison, you can better control DOTS, TB treatment under strict supervision. In contrast, the number of HIV-infected prisoners has increased. Although it is difficult to control, staff try to limit the sexual abuse of detainees over others and thus the potential for the transmission of diseases. National programs to control infectious diseases in the community (TB, HIV, B and C hepatitis) sustain health education, by medical counselling the prisoners and it is expected to have a role in controlling these situations. The health / hygiene education is needed, as a part of the prisoners has low level of education:

"I tell him to wash himself and he is telling me that he gets sores out of the hot water" (medical staff, Tichilești).

"The vast majority, over 90% of them are tested. We just say to them: «Look, you do not have HIV or hepatitis C virus now, here's how it's transmitted, take care and stay out of it». They have their own cutlery, their own shaving machine, their own toothbrush. Many years ago, they were tattooing in the penitentiary. Now they are more reserved regarding tattooing and more careful with their personal objects" (medical staff, Rahova).

"We admit that there may be incidents that can spread diseases and therefore we give them condoms to prevent HIV / hepatitis epidemics" (medical staff, Rahova).

Attention is paid to those who are in detention for the first time, blocked in the shock of the status change. Also, the pronouncement of the judgment and sentence of conviction, the shock of separation from their minor children, certain evolutions of the family situation at home may occasion suicide attempts.

"Those who come for the first time, have a state of anxiety, agitation. [...] After a while, they reassure: «I thought it was worse». Many go into depression, we send them to the psychologist. You must take care of those who firstly come. They are more mentally vulnerable, suicides may appear" (medical staff, Rahova).

Those with suicidal attempts or suicidal ideation, those violent or with behavioural disorders are monitored for a longer period. The medical staff work with more difficulty with these ones, either because they are recalcitrant to treatment: *"We cannot force them to take the treatment, and we have some reluctant patients who refuse it" (staff)*, which does not exclude the possibility of the prisoners claiming later a worsening of the health condition in the penitentiary, either because they self-infect or self-mutilate. These latter behaviours do not only arise in relation to mental illness, but are also ways of drawing attention, creating the circumstances of a possible complaint regarding penitentiary conditions.

"We had cases of self-infection with urine or with feces. One made a necrosis and they had to cut off his forearm" (medical staff).

"We had a case that he said he had scab, he scratched himself and made herself injured all over his body. I took it to all the dermatologists, they were anointing him from head to the toes, but the condition did not pass, as he continued to scratch to the blood. Then, he complained to the ECHR for bad treatment in the penitentiary. The Court gave him a positive verdict: yes, he was given medical assistance, but the treatment was not effective in the penitentiary system. Now he's cured, at home. In fact, he did not want to heal, he was infecting himself" (medical staff).

Medical staff claims the abuses of medical service from prisoners without real medical reasons (to enjoy someone's attention, to get out of the room) or because it is a type of service which they do not afford outside the penitentiary (because of the lack of medical insurance or a valid domicile some of them do not afford the treatments or the medical advice in liberty). This increases the burden on medical staff, to the detriment of real demand of medical services. Even more, this kind of speculated benefits leads to the tendency of the medical staff not to consult/receive a detainee in the cabinet without a witness or to over-document any procedure, precisely to have the necessary cover against complaints / abuses.

"Some, outside (note: in liberty), do not make regular checks as we do them here, or do not get treatment. We had HIV cases that came back because they had food here, they had the provided medicines here, they had sickness allowance" (medical staff).

"There are people who lived in the duct, before coming to the penitentiary, but once they come here, they scream that they need teeth implants, payed by the state. In freedom, they did not afford such dental work" (medical staff).

"The prisoner calls you for anything. Because they have time. Because he knows he needs to get an answer. He enjoys receiving letters, he is gaining an aura, «I have a letter from NPA», he gains a status. And something may come out of this. He is named WRITER, by the others. I mean, it's

advertising. It's a way to survive in the environment. Especially the recidivists come to know the gates. They write the same things to NPA, the Ministry of Justice, the Ministry of Health, the Parliamentary Committee on Abuse, the People's Advocate etc. A percentage of 90% of their letters are also coming back to us, to NPA, to solve them.” (NPA representative).

Unlike the free market of medical services, the penitentiary doctor cannot block access to any medical request by price, program or budget because the detainees have no alternative for medical services, but also, he cannot control the penitentiary subculture. On the background of the staff shortage, the cumulation of these issues leads to overloading and higher stress for medical personell in the penitentiary, compared to the civilian doctors: *“I can say that the work in penitentiary is similar with the work in a mine “* (medical staff).

“The civil system can say STOP, we have exceeded the budget, we do not make any admissions. But, in penitentiary, I have no way to refuse admission for treatment. We have cases of admission with terminal cancer. They swallow a lot of money. It's the intensive care department. We assure them a decent death. The patient is treated as a patient until the last minute, and medication is very expensive” (NPA representative).

“The medical assistance here is different from the individual medical office. The number of consultations is high, despite staff shortages. We have 100 consultations in a day / per doctor. It's a non-stop program” (medical staff).

Until recently, another medical niche of “escaping” the prison was the request to interrupt the execution for serious health problems. After an avalanche of herniated discs, under the suspicion that there were agreements with civil doctors and the operations were performed only in scripture, the possibility of interrupting the punishment tightened. Only medical interventions that are not possible to be done in hospital penitentiaries, are done in the civil system and the post-intervention recovery is carried out in penitentiary hospitals.

“Herniated disc had become a general illness. When it was decided that these operations should be done only under guard, and you stay only 48 hours in the civil hospital, the hernia epidemic has disappeared” (NPA representative).

“It is very difficult to interrupt the punishment, even for terminal cancers or dialysis. Since 2011, I do not think anyone else could interrupt. (...) For dialysis, it is difficult, he has to be transported to the hospital three times a week, he stays there for 5-6 hours, while he must be guarded” (medical staff).

Medical staff also reported several systemic problems that made medical activity difficult: troublesome collaboration with the civilian medical system, poor endowment of penitentiary medical units (deficiency of sanitary materials, appliances, any endowment for dental treatment in most of the prisons), lack of medical staff. The difficult collaboration with civil part comes from the reluctance of the civil medical staff to treat detainees, the lack of collegiality and even the discrimination against the

detainees, which makes the penitentiary doctor often resort to their own relational capital to solve cases.

"One of the very difficult things we are dealing with, is solving medical problems for detainees in the public health system. There is a major reticence of some colleagues in the public system to treat inmates. Send a thief, the doctor in the polyclinic diagnoses with appendicitis, and the hospital doctor tells you he's not an acute appendix and sent him back to the prison. I'm sending him elsewhere. Another diagnosis ..." (medical staff).

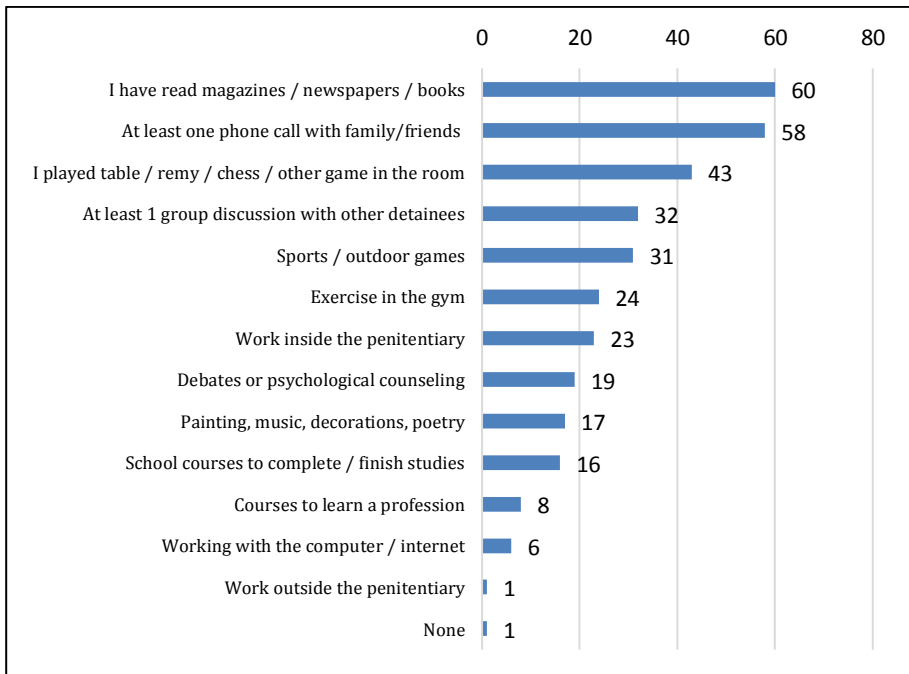
Among prisoners, there are patients with real health problems or chronic illnesses that may worsen in the penitentiary because the access to the medical cabinet is more difficult in the context of medical abuses; this also leads to entitled complaints from some detainees. Other times, the medication to be received from outside delays or the unavailability of the ambulance transport may impose on the medical service.

Support to social reinsertion

Between morning and evening calls time must be "filled". The day schedule in the penitentiary is relatively homogeneous; waking up (5:30-6), hygiene, coffee, call (7-7:30), educational/creative activities / work / TV, lunch (11-13), educational / creative / cultural activities /work, TV, evening call and meal (19 o'clock), also medical consultations on request or on appointment and visits from relatives and friends, with some limits of freedom depending on the regime detention. Monotony can be interrupted as the detainee is moved to another room / prison, the co-detainees sharing the room are changing, or some new issues appear regarding home family, or whether the behaviour during detention causes the sentence regime to be changed progressively / regressively, in accordance to the legal provisions. Countering depreciation of social and labour abilities and depersonalization specific to the life in detention as well as dismantling criminal offenses require a series of activities, generically called educative, to develop or at least to preserve the individual's ability to be part of society (see also Szabo, 2010).

The quarantine period also includes the assessment of the educational need, based on which, depending on the psychological and medical assessment, an individualized intervention plan for social reinsertion is made. It includes, in addition to monitoring the vulnerable aspects of the person, the orientation for different types of activities designed to meet personal development needs, to discover and develop social and professional skills. In the case of the teens, the recent legislative amendment puts an emphasis on educational / schooling activity, which has become compulsory. For adults, the involvement of the detainees in any of the proposed activities is voluntary. Breaking prison monotony motivates the participatory attitude towards the penitentiary program, but most of the detainees see it as an additional argument for the Liberation Commission in order to approve shortening the duration of the punishment.

Graph no. 2. What activities did you attend during the last week (number of cases, N = 78)



Only one participant who completed the questionnaire reported that he was not involved in any activity. We have to mention that the sample was not representative but contains persons that were available at our day time visits, therefore not involved in work and with a decent level of literacy in order to be able to complete the questionnaire. The activities the detainees are involved in are predominantly of primary socialization. Usually, every room has a TV and the detainees watch together the programmes/movies and some of the women also read entertainment magazines.

At the same time, one can observe the predominance of activities that do not require a prolonged effort from the perspective of learning and planning in the medium-long term (hobbies, sports, games, recreational activities in the room) to the detriment of those who require effort and skills (lucrative, technological, languages etc.).

Unanimously, educational staff acknowledges that mobilization for credits is the one that drives participation in activities. Once engaged in activities, the chance to continue, to become participatory and interested, grows, but remains sensitively related to the reward of credit, that gives the opportunity of earlier liberation. At the same time, the educational staff remarked the positive change of the persons deprived of liberty in relation to this purpose:

"If they go through school, something it catches them and their behavior changes" (educational staff, Tichilești).

"The activities they carry out help to their psycho-emotional state. Some come for credits, rewards, not for a special interest. [...] Maybe they do not realize that they are helped, and this contributes to personal development. For them it is like an oasis, it detaches from the atmosphere of the penitentiary" (educational staff, Târgșor).

"Simply by choosing between course options that they choose to do, it's a good sign. Most of them just want credits. Sometimes, however, one can see progress, it becomes an acquired behaviour, "I want to get out of the room, to have an occupation" [...] he learns in time to work in a group. We're talking in the groups. Maybe he gets an advice" (educational staff, Rahova).

Educational-creative activities

These include basic education for minors and adults, courses in different areas of knowledge, as well as activities aimed at harnessing or discovering certain creative and social skills. Basic education is achieved through participation in primary education and less frequent in secondary and higher education. This is related to low demand and also to the limited possibilities of attracting teachers of all the specializations required for the standard curriculum at different school levels. Over the last 5 years, school attendance has been increasing, as the NAP Report shows (NAP, 2014). Exit of the penitentiary for the purposes of schooling is possible (except for the maximum safety regime), but that would require additional surveillance staff, except for the open regime. For university and even post-secondary studies, there is the possibility of distance learning or collaborations with teachers / high schools from neighbouring localities.

For basic education, one of the primary motivations is to be able to communicate in writing, with family or Justice Court or to obtain the driving license. For teenagers in primary/secondary classes the educative-cultural activities cover also gaps in their school development, steps they missed while being kept in (near) infractional behaviours (drawing, colouring, hand-made classes). Enrollment in a class is based on the matriculation sheet and must be obtained before the start of the school year. If adult education cannot be certified, enrollment in a class is based on the assessment of the prisoner's knowledge. The number of pupils per class is generally small and can vary sensibly between the beginning and end of the year, mainly due to the releases occurred meanwhile.

Among courses of interest one can find classes for basic computer usage, physical education, history, geography, general culture, creative workshops, education for health / nutrition, religion, personal development sessions and free discussions. In creativity workshops, there are produced for exhibitions decorative products, fabrics made of paper or textile, of surprisingly good variety and quality. Among them, one can notice: congratulation cards and paintings using quilling technique, paintings and bookmarks made of textile materials, decorative items using origami technique, office supplies, wallets. These workshops have an enhanced therapeutic role for the detainees who

decide to take part, a way to relieve nervousness and anxiety accumulated as a result of detention, therapy by colours.

The size of the modules can vary between 8-10 people in the group discussions with the psychologist, and 30 inmates for the educational modules. Counseling programs aim at controlling aggressiveness, impulsiveness, addiction, irresponsible behavior, forming parental and social responsibilities, decision-making abilities in risk situations etc.

"Informatics, physical education. They ask for them. It's a pedagogical compromise, to do things of interest. I asked, for example, to get out for celebrating Easter. They wanted to. A percent of 90% has requested the religion course." (educational staff, Tichilești).

"Every day, they have another program. On Wednesday and Thursday, two volunteers come ... [...] The contests of general culture are successful, they learn also poems ... I am amazed that they are upset if they have received a small grade. They are getting diplomas. [...] they call for continuing the education. They said to me: "You have not done any courses with us lately" so I changed my schedule to be after 3 p.m. with them (note: when they return from work)" (educational staff, Rahova).

The cultural activities can consist of reading books received from home or taken from the library, contests or evenings of poetry and literary creation (with the help of the Union of Romanian writers – at Rahova, for instance), theater, painting / drawing (Rahova, Jilava), watching movies (at the Central Club - Rahova), the performance of a music band (Târgșor). These include visits to the community (old people's homes, museums / exhibitions in groups of 10-12 inmates).

The cultural and educational activities comply with the requirements imposed by NAP but can also occur at the initiative of the penitentiary units, depending on the identified needs. For instance, a fishing course in CD Tichilești, the painting of the chapel room in the therapeutic community in Rahova, as well as painting a wall inside the Jilava Penitentiary or the outer mosaic of the trot at the Târgșor Penitentiary were initiatives inside the penitentiaries.

A distinct type of activity is that of vocational courses: tailoring, vegetable growing, landscaping, florist, hairdresser, chef, carpenter (wood and PVC), locksmith, lathe, sweater, electrician, tailor-shoe, mason, web designer, milling courses can be among them. This is done to train detainees in lucrative activities during detention and to provide them with a minimum of training in their work, and a minimum basis for inclusion on the labour market after their release.

The range of the vocational courses is, however, limited, not by the skills and interests of detainees, but by the actual possibilities for supervising and providing a practical basis appropriate to certain professions. Due to easier supervision and lower costs, qualification is preferred inside penitentiary and not outside. In the last 6-7 years, NGOs (in Tichilești, for instance) or OSPHRD projects (large-scale projects in which the NAP was a partner) have contributed to the development of workshops/courses in penitentiaries, some of them linking to post-detention occupation.

Towards the end of the detention period, the course offer is intensified, as well as the cooperation with AJOFMs (County Agencies for Employment), with the family or community (priests / in Bacău or NGOs / in Răhova, mediating social integration, economic agents / in Răhova or Tichilești) for trying to integrate the detainees on labour market post-detention. Also, there are information and counseling activities for reintegration into society and the labour market. The prospect of a job once leaving the penitentiary is a positive point in the evaluation of the Liberation Commission, which motivates both the detainees and their families in finding a work place.

Work

Until recently, working in the penitentiary was considered the main form of rehabilitation; in addition, it provides prisoners with a qualification at work place.

"There were 4-5 factories in the communist era: Factory of Textile (Târgșor), Metallic Garments (Aiud), Furniture (Gherla, Mărgineni), Wicker Wreaths (Poarta Albă); they were administered by penitentiaries, and therefore there were no commissions to accept / conclude work commitments involving detained persons. They also had animals and vegetable farms, for which there was specialized personnel. It provided jobs / lucrative activities for detainees and food for penitentiaries. After '89, the economic directions began to produce profits, turned into autonomous units, then into subordinate units, and followed the ministry's total separation. In communist time, when leaving the penitentiary, they had a job. They were created in order to do an activity for prisoners and to produce for the penitentiary the necessary ones: food, agro-zootechnical households, uniforms etc." (management, Târgșor).

Even today, the benefits of working and the role of penitentiary activities are mentioned in the interviews of the penitentiary staff:

"There is a difference between those who work and those who do not. Those who have worked inside, when they are released, it is easier for them to integrate. [...] Work gives them the sense of usefulness, keeps you in touch with society, consumes your energy" (educational staff, Răhova).

"I would agree to be able to assure them more work possibilities, because it blocks the criminal relationship. I'd rather want them to go as a group. I could close the entire room. Keep it locked, we would not use any water and electricity in that room while they are outside working" (management, Târgșor).

"Work, more than anything else do this (note: prevents conflicts). When they are tired, they wash, eat and sleep so that they return to work again next day. They do not have time to think about evil and they behave correctly, in order not to lose their jobs. The work motivates them because, besides money, they receive a reduction in the punishment days" (supervision staff, Târgșor).

Current international and national regulations condition work by a weekly free day, by having enough time for educational activities or by having a minimum time for exercise / outdoor activities, also respecting safety of work according to the regulations in force on the general labour market. To *"maintain and increase the prisoner's ability to earn his living*

after release” (*penitentiary staff*) is one of the aims of the work in penitentiary. Prohibition of work is a punitive issue in penitentiary regulation.

Some of the prisoners, although may have had an income experience in their pre-detention life, that was not necessarily on legal market (begging, theft, pimping, prostitution, drug trafficking), as either the formal labour market was not accessible to them, or the conditions on the formal labour market were not attractive from the perspective of reward vs. effort (as the minimum wage is considered too small), or they have never seen another earning strategy. In these circumstances, the voluntary offer for lucrative activities is unlikely.

“Others have never worked, they do not like work, they just did little tricks for living [...] In general, those who want to work here also have worked outside the penitentiary” (educational staff, Rahova).

“Some have worked, and they will still find work, if they want to find it” (educational staff, Tichilești).

The productive activities offered by the penitentiaries may be unpaid ones - administrative, indoor (cleaning in the courtyard and premises, serving or preparing the meal) or paid - outside or inside the penitentiary (if production can be redeemed; hives, carpentry, footwear and any activity which an external economic agent can move it into the penitentiary). Penitentiaries own land which they use for economic purpose, but the volume of these activities is declining due to lack of specific skills in agriculture / animal breeding. Their “resilience” is due to using these resources to supply food to the penitentiary's kitchen. Some of these lands are sub-leased, productive activity continuing with the participation of detainees or not, in which case it becomes only a source of income.

“It is hard to cultivate them, because everything needs to be negotiated / auctioned and it's tough with the staff shortage. All departures from the penitentiary involve supervision, and more places to work in require more staff” (management, Târgșor).

“We have a livestock applehouse. We have cows. We do not have pigs anymore. Here, there are working detainees who have trained for work in animal breeding. Or for vegetables “ (administrative, Târgșor)

“We had (animals), but it was difficult without specialist staff and all animal treatments... we leased to Brașadaru farm (note: external).” (administrative staff, Rahova).

The impact of the last economic crisis (2008) has been felt, as regard to productive activities through economic agents. The partnerships with economic agents are motivated by the interest of the agents (lower labour costs, regularity of productive flow) and conditioned by the existence of economic agents within a reasonable distance from the place of detention, their knowledge about this possibility, possible qualifications acquired by detainees at the workplace and the possibility of labour division, so that the detainees can be supervised. Economic agents are usually contacted by the penitentiary administration, but they also can recommend each other. The offer is surprisingly diverse, signing that theoretically it is possible and of interest to both parties: textiles, cleaning (the aerodromes, the City Hall, Remat, for instance),

paintshops, brewery, animal breeding, weaving, construction or volunteering at the homes for the elderly.

Conclusions and possible directions

The prison environment is extremely complex and difficult. In addition, the Romanian penitentiary system has undergone a major ideological and legislative change in the last twenty years. During this short time horizon, not all side effects and breakthroughs of steering changes could have been effectively identified and countered. These have been made step by step, as they have emerged and have risked degenerating or attracting a penalty. In the context of poor state resources for investing, support for penitentiary system was made at the limit of resistance.

As the interlocutors of the discussions mentioned, the penitentiary environment reflects the outside environment. Moreover, the penitentiary environment is a system in which other systems interfere (civic, housing, family, education, health, labour market, legal); over the structural problems of the management of deprivation of liberty overlap the systemic problems of the other domains.

Taking someone in custody implies a responsibility in assuring minimal decent living conditions. As CPT states, the lack of financial resources cannot be accepted as a motivation for violation of human rights in relation to elementary rights in a democratic and civilized society - physical and psychological integrity, fair and decent treatment of the person deprived of liberty. Rights derived from citizenship must, however, be supported and promoted in relation to the obligations that this quality entails. The overcrowding is one of the most deficient aspect of the quality of life in the Romanian penitentiaries, as in many other countries (Stern, 1996; Marietti, 2013; AP_MNP, 2015; <http://www.prisonstudies.org>). Insufficient living space may lead to increased stress and aggression in the penitentiary and reduces the chances of effective educational intervention.

Improving the issue is a financial and logistical challenge; that is why the intervention of the past two decades probably has been punctually done. Investments have been made more frequently in enclosures or security infrastructure designed to respond to increasing inflows into the system, to the technical wear of detention buildings because of their old age, to the change of ideology on which interaction among persons deprived of the liberty is based, or to technological evolution. The current problems for repairs, disinfections remain in this context to a large extent as task for the administration of penitentiary and depend on its economic skills, and on the possibilities of the local economy. Investments in dwelling infrastructure and related equipment are still heavily needed.

The penal system has a role in controlling the number of detainees (Tonry, 1996; Lappi-Seppälä, 2009; Allen, 2012; CPT, 2015) The revision of the length of sanctions as the possibility of alternative type of punishment for less severe crimes are to be considered as well; the community work, house arrest or limited area of movement (with adequate equipment in this case), paying the damages produced to the victim or to the community, giving back what was illegally obtained conjoint with a

supplementary payment or to use mediation agreements should be more intensively considered. This is also meant to better focus on those which represent an imminent risk for the others or for the society.

Equally important is the resolution on the prison staff, for which thousands of unpaid supplementary hours have accumulated. These have arisen from the shortage of personnel in relation to the high number of the detainees.

With much effort from the supply service and the kitchen staff, the inmates' diet is in line with the caloric consumption standards. Several limitations of the menu which reflect in the quality of the food, because of the budget constraints, are brought to light by a part of the detainees. Greater emphasis could be placed on the use of owned plots of land for agricultural and animal breeding activities as sources of own food.

The prisoner's health status is based on a complex of factors, not just medical assistance, and some of them are still not insured: sanitary facilities are insufficient or damaged, lack of non-stop hot water (with direct impact on hygiene), agglomeration, lack of a minimum consumption of fresh fruits and vegetables / per day. Overcrowding of detainees' communities has negative impact on health, increases the probability of getting an infectious disease, influences mental health and impedes the maintenance of proper hygiene. Also, one should consider the psychological impact of the penitentiary on the prisoner, the possibility of decreasing immunity and developing latent illnesses.

The penitentiary medical services are, in theory, an autonomous system and with total freedom of intervention system, but practically limited by insufficient endowments and resources, lack of specialized skills in certain specializations and insufficient staff. The relationship with sanitary units outside the penitentiary system is difficult, amid the attitude of the civilian medical staff, and costly, by the effort involved in the provision of the medical intervention under escort.

The abuse of medical services from a part of the detainees, claimed by medical staff, is only a rational behaviour to appeal to an otherwise difficultly accessible service, because of the status at the edge of society of most of the detainees and a rational impulse to break the monotony of the daily penitentiary atmosphere. For a small segment of the detainees, the penitentiary takes over the tasks of the public health service inaccessible to them in liberty.

Controlling the abuse of medical services is necessary. A first step would be to define a minimum and maximum package of services that a detainee can access during his closure, which would lead to more efficient use of resources. In addition, a maximum number of free annual consultations per detainee may be set depending on the range of health problems that can occur naturally, in addition to ensuring medical intervention for free, post aggression and conflict situations, regular consultation/monitoring in the case of chronic diseases and the general examination in the quarantine period. The call for medical services out of these situations could be paid by the detainee out of their available income. An argument in this respect is the medical services usage outside the penitentiary system, which gives citizens the right to compensated or free medical medication and analysis within the limits of the available monthly funds.

Educational activity has a major role, albeit in small steps and difficult to monitor, in relation to the purpose of the social rehabilitation of the detainees. The investment in this respect is mainly in staff, and to a lesser extent in the material basis, to allow diversification of the curriculum; the main directions that have raised detainees' interest are those echoing in everyday's life. Also, it is necessary to occupy the vacancies for these positions, not to say to supplement the number of staffs on counselling and psychological monitoring and social assistance. Distance learning should be encouraged as the main form of access to medium and high education.

Reconsidering the reward system should be done through a stronger relationship with educational progress and participation in productive activities of the detainees. The magnitude of the penitentiary needs (consumption, use of available labour, the educational role of the productive process) motivates attention to the capitalization of land owned by the penitentiary. The development of social enterprises is a possible solution, which can also involve other vulnerable groups.

Consolidate a reward system which supports heavily the participation to (paid) productive activities would help in resetting the non-compliant behaviour of a part of the detainees, which refused in the pre-detention life to accept the productive rigours of the labour market: rhythm, norms, conditions, rewards within legal limits. It is known that for some types of crime or contexts, the pre-detention behaviour is likely to be resistant, because it offered better rewards (even risky and illegal) compared to what they could get on the regular labour market corresponding to their education. In the same time this resistance could be a matter of "tradition", the only way one knew or the only way accessible: "*my dad was a thief, I was a thief and you want my son to be a carpenter?*" (detainee).

However, working in penitentiary is likely to create/develop a sense of responsibility, and it is therefore a gain from the perspective of educational efforts and integration. From this perspective, even the emphasis on training and education for minors is welcome, it is advisable to intensify the educational activity in the sense of education for work.

Finally, it is necessary to increase the awareness on the problems of the penitentiary environment, to limit the negative attitudes and stereotypes of the society towards detainees and to reach the community's support to transform the prison environment according to the profile which is currently assigned to it.

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