ADAPTATION OF YOUNG INMATES TO INCARCERATION: MACEDONIAN CASE

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Abstract

The incarceration is stressful and traumatic experience for everyone. The inmates can adopt different coping or adjustment strategies to the new environment. What they adopt depends on the environmental factors and personal characteristics, as well as of their own sense of protection from victimization. In the literature, three types of adaptation are predominantly recognized: cooperation, withdrawal and resistance and violent behavior.

Based on that, this paper examines the manifestation and connection of different adopting strategies of young inmates with their personal as well as institutional features during incarceration. The analysis is based on qualitative data collected by using in-depth interviews with incarcerated young inmates in one educational-correctional facility. The main findings pertain to the recognition that young inmates have adopted several coping strategies in order to adopt to the prison life, but mainly develop violent behavior during their incarceration.

This small scale survey is particularly valuable in filling up the existing empirical gap and findings within criminological literature and might be used as basis for developing prerequisites for eliminating, or at least, mitigating negative consequences of the deprivations related to loss of liberty, security, autonomy etc. generated by pains of imprisonment.

Key words: adaptation, young inmates, incarceration, correctional facility, circle of violence

INTRODUCTION

The incarceration is stressful and traumatic experience for everyone. Clemer (1940) was one of the first to explain in his classic work The Prison Community the changes that convicts experiences in the penitentiary facilities. He describes the process of imprisonment and its effects on the behavior of inmates as prisonization (Monteiro E. Carlos, 2015, p. 29). In
particular, his concept of prisonization refers to the assimilation, to a greater or lesser extent, of the institution's customs and culture and to the development of the prison code, which regulates behavior and establishes hierarchies in the prison subculture (Goncalves C. Leonel, 2014, p. 7).

Gresham Sykes (1958) also argues in his paper *The Society of Captives* that prison-related psychological and social restrictions force offenders to create a social system for adapting prison life. Due to various restrictions and deprivations, inmates adopt strategies for adaptation and coping, and one of them is the development of a subculture that opposes conformism and institutionalization (Monteiro E. Carlos, 2015, p. 29).

Goffman (1957) also writes about negative consequences of imprisonment and he is recognizable in the penological literature for his thesis on prisons as total institutions. According to him, the inmates must adapt to the new environment, which operates independently of their individual needs and desires (Monteiro E. Carlos, 2015, p. 35). He points out that prisons control every aspect of life in prison, depriving the convicted person of his or her individuality. There is a lot of pressure on them, which causes negative emotional responses: anger, anxiety or depression, which forces to adopt adjustment strategies (Monteiro E. Carlos, 2015, p. 96). In addition, Goffman (1961) notes that the process of prisonization deprives inmates of a sense of self-identity, prevents their autonomy, prevents them to fulfill certain roles within family, work, or community environments and restricts communication with the outside world. He calls this process the depersonalization (Harvey, 2007, p. 30).

In addition to the aforementioned authors and their early classical studies, other authors have dealt with the initial reactions or consequences of the incarceration. According to Gibbs (1982), at the beginning, when young people go to prison, they face psychological and physical limbo. The first stage is facing insecurity (Harvey, 2007, p. 30) because, due to the loss of control and freedom, young people are preoccupied with thoughts about their safety (Harvey, 2007, p. 38). In this regard, research shows that young inmates are afraid of violence, insecurity when they enter prison, and therefore the dominant feeling is fear. It stems from the loss of control over their lives that they have before imprisonment. In particular, deprivation of liberty limits the ability to make decisions, which means losing control of the outcome. The second loss is the right to choose while they are in prison, while the third loss is predictability, i.e. the ability to know and expect what
will happen in the future (according to Goodstein et al. (1984), cited in Harvey, 2007, p. 39). The last loss is related to security and the feeling of fear. So, if individuals cannot control their world, they can develop "learned helplessness" and will become addicted (Seligman, 1975, cited in Harvey, 2007, p. 39).

Furthermore, entering prison facilities causes stress and leads to an identity crisis, which, in the beginning, can be manifest in self-harm, insomnia, or suicidal thoughts (Cherie, 2012). In fact, the loss of freedom, personal identity, and family ties is a frightening, disorienting event for any person. Institutional accommodation deprives them of support from the family, friends, school, various sports and other activities, which help them to cope with anxiety and insecurity. It leads to loss of control and exposes them to negative peer culture (Inderbitzin, 2012). In this regard, Toch's (1977) research on the psychological consequences of the interaction between the individual and his environment is recognized in the literature (Harvey, 2007, p. 52). According to him, there should be a balance between the needs of the individual and the environment for his/her successful adaptation. Toch (1977) lists seven needs: security, privacy, structure, emotional protection, support, activities, and freedom. They should be compatible, and the environment should have the capacity to satisfy them because the fulfillment of individual needs determines the adjustment in the institution.

In fact, the inmates can adopt different coping or adjustment strategies to the new environment: avoiding problems, making friendly connections, working, praying. What they adopt depends on the environmental factors and personal characteristics, as well as of their own sense of protection from victimization. In the literature, three types of adaptation are predominantly recognized (Matthews, 1999):

(1) Cooperation. It is a conformist behavior of inmates who avoid conflict situations and actively cooperate with prison staff in treatment activities.

(2) Withdrawal. Inmates refuse to participate in treatment activities and to communicate. They withdraw and may develop depression and suicide attempts.

(3) Resistance and revolt. This mode of adaptation includes disobedience, resistance, aggression, physical and psychological violence against other inmates, and against personnel. In this regard, one model of adaptation is creation of subculture of violence in the prison facilities. In
trying to establish control, young people usually manifest physical strength, superiority and dominance in the environment. Second, because young people lose control and face insecurity and fear in the institution, they have a constant urge to maintain security, and control. Therefore, they are vigilant and violently respond to any attempt to jeopardize their safety.

In addition to the above, Lazarus and Folkman (1984) talk about two types of coping: the first is problem-oriented, and the second is emotional (Harvey, 2007, p. 35). In this context, one study (Ireland et al., 2005) examined coping styles and psychological stress among two categories of young inmates; firsts aged 15 to 17 and second aged 18 to 21. The results showed that first category of young inmates applied more emotional coping styles, which increased stress levels (Harvey, 2007, p. 54).

Considering the adjustment as a process, findings indicate that the imprisonment requires a multi-stage adjustment. In the beginning, the young person needs to learn the prison rules, the regime, the other inmates and the staff. It is a practical adjustment. Then, it should develop appropriate relationships, communication, and access to the formal and informal system, as well as to maintain, but to reduce relationships with the outside world. This is social adjustment to the environment. The last is the psychological adjustment of stressful situations so as to successfully control and cope with the negative emotions (Harvey, 2007, p. 56-57).

**METHODS**

This paper examines the processes of adaptation and coping strategies of the young inmates placed in Educational correctional facility (further ECF) located in Ohrid city, North Macedonia. The analysis is based on qualitative data collected by using in depth interview with young inmates to capture their attitudes and experiences in relation to those processes. Through content analysis of the statements of young inmates, the survey was intended to identify and articulate the influence of negative consequences caused by incarceration and generated pains of imprisonment (such as the loss of liberty, desirable goods, autonomy, security and hetero (homo) sexual relationships). The survey presumes that those fundamental deprivations generate adopting several coping strategies, but the subculture of violence is most common feature among young inmates. Also, medical therapy is usual mean to treat anxiety and other stressful situations which are enhanced in the
correctional facility. But it is more used to control rather than to cure the real mental problems.

The survey\textsuperscript{1} aims to provide overview of the adopted coping strategies (withdrawal and avoiding conflict situations, development of a culture of violence, self-harming, hitting and breaking objects and medical therapy) and to assess their connection with the imported and institutional (situational) factors. They were identified through the attitudes and personal perceptions of young inmates expressed during the in-depth interviews.

An interview was conducted with 17 young inmates, out of 19 who were placed in the facility at the time of the interview (March-June, 2018). They were aged 17 to 21 years who have committed crimes (mostly property crimes: thefts and robberies) as juveniles and who were sentenced to educational institutional measure: referring to ECF (according to the Law on justice for children (2013) by the juvenile judge. An appropriate questionnaire for the interviewees was prepared which included partially adapted several scales. Those are: \textit{Prison Profile Inventory} (PPI), which is designed to access the perception of inmates od prison environment in terms their privacy, security, support, structure, activities and freedom and \textit{Institutional Life Questionnaire} (ILQ)/179 that is design to evaluate different aspects of institutional life (Brodsky L. Stanley & Smitherman H. O’Neal, 1983, p. 179). The collected data was divided into three categories: (a) withdrawal and avoidance of conflict situations, (b) the development of a culture of violence, and (c) medical treatment.

\textit{Access to data and ethical issues}

Access to data and the timetable for conducting the interviews is supported by written and oral consent from the main stakeholders of the relevant departments within the Ministry of Justice, Prison system and courts system. During the survey, due attention is paid to certain ethical issues related to the protection of the respondents' identity as a specific category and to the guarantees of voluntary participation, informed consent, anonymity

\textsuperscript{1} Research project “Marginalization and deviance of the youngsters in conflict with the law in educational – correctional facilities” was carried out by the Faculty of security – Skopje (2018-2019). The findings are analyzed and published in research report (Stefanovska, Bicanovik, Batik & Peovska, 2019). Parts of the analysis of the findings that are related to adaptation process of young inmates in this paper are published in the Research report, too.
and confidentiality of the data collected. In this regard, all respondents expressed readiness to be interviewed and signed a statement of participation and consent that their statements might be analyzed and used. Written consent was also given by the staff from the correctional facility. All transcripts of the interviews are confidential and only the research team has access. Also, the research team established an appropriate friendly attitude of trust, emphasizing that the participation of the young inmates in the interview is voluntary, with respect to the principles of confidentiality and anonymity.

RESULTS AND DISCUSSION

Withdrawal and avoidance of conflicting situations

A small proportion of inmates, especially those who grew up in care institutions who are accustomed to greater freedom but also to more conflict situations; try to refrain from conflict situations and physical confrontations. As, some of them state:

*Before I came here, I was not so depressed, nervous, but here... I get out of the skin, I cannot stand, but I try to not having problems, to watch TV. I'm nervous and I stay aside.*

*I run to the bedroom and under the blanket* (when he is annoyed).

The above statements show that avoiding conflict situations represent an "effort" to refrain, to remain calm despite the temptations they face. In that sense, the correctional prison staff fails to facilitate the already tense atmosphere in the educational correctional facility (ECF). Only a few inmates have benefits, as most of their free time is occupied by certain work activities (in the kitchen, for shopping outside the facility, etc.), which protects them from mutual provocations and calculations. This means that occupational or work treatment preserves their mental health, directs their energy in constructive way and increases external contacts, which reinforces the feeling that they can be useful. Especially important is the preserved feeling that they have not break up the ties with the outside world. In contrast, most inmates, except in regular work activities related to maintenance of hygiene in the prison rooms, do not have additional work engagements, which assume that due to the lack of useful activities, free time is filled with frequent conflict situations.
Development of a culture of violence

In penitentiary and correctional facilities, a subculture of violence is generally developed, driven by number of factors. Dehumanized prison conditions force inmates to behave in a violent manner in order to alleviate "the pain of prizonization" and to gain control over their social environment (Finlay, 2003). So, in order to gain control and dominance over the situation, they are prone to violent behavior (Ogilvie & Lynch, 2001). Second, imported factors such as low self-control, aggression, impulsivity, anxiety, and abstinence crises from drugs produce violence. And lastly, the desire to gain respect and identity is often achieved through violent behavior (Einat & Einat, 2000; Jewkes, 2005; Lindegaard & Gear, 2013). In this regard, Jewkes (2005), for examples, emphasizes masculinity as the main strategy for dealing with men in British prisons. This means that power hierarchies are organized according to the ability to maintain masculinity and to acquire a personal identity through confrontation and force (Cunca de Goncalves, 2014, p. 84).

Based on the above, the basic thesis is that the imported risk personal and family factors, in correlation with the deprivation factors caused by the prison environment itself, produce violence among inmates in the penitentiary institutions, in order to gain status and control over their social environment. In this regard, the high level of deprivation is correlated to the high level of violence, which presumes that the level of deprivation factors determines the level of manifestation of individual risk factors and, consequently, the level of violence (Tewksbury, Connor P. David, Denney S. Andrew, 2014).

Forms of violence within ECF

In the correctional facility, there are several forms of violent behavior: frequent verbal provocations, physical fights, self-harm and breaking objects.

a) Provocative behaviors and physical fights
The following examples indicate the following:

- I get very upset, if he doesn't calm down, I'll beat him (for example, an inmate has problems at night, because other wants to watch TV).
• Many children fight with me, sometimes I fight.
• I was beaten, because I am not still, I make trouble, hang out with the kids.
• I beat him and his brother.
• In a group here, I have been beaten one by one, they were two, I was alone....
• When I get annoyed, I get away or I fight with him.
• I've been fighting here with children, we're fighting.
• The behavior of the children irritates me, of more children. Many people know how to provoke, to fight, to have a fight, whether it's for a cigarette or for coffee or why you have put the garbage here...
• I fought, once. He will provoke you, I said that we will turn off the light; he will not turn it off until 00 to 1 a.m. o'clock. I go to bed at 10 o'clock after the TV series. I attacked him because he provoked me.
• Sometimes I lose (does he easily lose patience?). E.g., he will start to provoke and there is a problem.

The above statements show that almost all inmates are intentionally or unintentionally drawn into a circle of violence from which they cannot escape. Violence, as a phenomenon, becomes a feature of the ECF, an inseparable, immanent and "normal" feature. Even if we agree with the claim that deprivation of liberty causes violent behavior, we still cannot agree with its "normality." In other words, those inmates who are more aggressive should not be allowed to "spread" violent behavior, while prison conditions must not "enable" and ignore it because, as previously stated, physical conflicts are caused by several factors:

• He will look at me badly, so I will ask why he is looking at me.
• What I miss the most is to not have provocations, to have peace, because there are children who deliberately provoke... I'm don't provoke, maybe I annoy someone, but I'm kidding. I'm just kidding with a few kids here. I lose my patience here; there are times when someone provokes you, mentions your sweethearts.
• Yes, only when I am provoked, challenged, humiliated then, otherwise no (when he attacks?).
• For example, if you don't give it to me, I will beat you.
Due to the lack of peace and privacy and due to frequent provocations and constant noise, young people complain to the staff, but often their voices remain unheard. In the absence of adequate protection, the inmates handle themselves, as stated:

- I've talked about that too (that there's a noise, he can't read.). They (the prison correctional staff) said to me: the conditions are such in prison, what to do.
- I have complained a lot (for the noise). In vain.
- I'm going to the psychologist ..., psychologist, this child is touching me, if you don't take measures, I will beat him ... So, if they don't take those measures, the children will take measures themselves ...
- Everyone.
- I went to the psychologist: move them, they bother me and nothing (happens).
- Do not touch me or do not provoke me ... First, I go to the psychologist, I say – psychologist... he touches me a lot, if they don’t take measures, I tell the commander three times. If not, I will take action later.

Absence of staff response may mean (1) saturation with constant complaints and grievances from the inmates, (2) insufficient attention to the seriousness of the indications, or (3) limited capacity of the ECH and correctional prison staff to effectively address the causes of such behavior. Because of that, the prison staff sometimes leaves the inmates to cope with the problematic situation by themselves.

But frequent provocative behaviors and physical confrontations further aggravate the situation of young people. They react violently because they do not know or they have not built another way of defense. Others behave violently because they also do not know or they have nowhere else to spend their negative energy. Third, they are behaving violently due to anxiety, inner fear and other psychological crises, which they cannot overcome. All of those aspects create a cycle of violence that is constantly increasing. And, the most common way for staff to solve violent situations (among young inmates and with prison staff) is through medical therapy or disciplinary measures. In the absence of other treatment activities, these solutions fail to reduce violence, but only temporarily and in the short term prevent the consequences.
Self-harm, hitting and breaking objects (material things)

Self-harm, hitting and breaking objects are also common among certain inmates, particularly among (ex) drug addicted (who were addicted to drugs for many years). They feel aggression, internal tension and anger which direct toward self-destruction, by self-harming or towards destruction of other material things, by hitting the (rooms) walls or by breaking other objects. As stated,

- I hit the walls, I cut myself... More (hit) the walls when I get annoyed. Do you see how my hand is swollen? I hit there; I don’t know... I drink amoxiclav (medicament)... We have it but they don’t give it to us (boxer bag) ... that’s why I cut myself here, the larynx here, well; I had a lot of psyche (problems)... two years ago.
- I didn’t want to hurt myself, except once, that my sister was sick, and I cut myself, and once again with a razor..., but when I got angry, I once broke a bed and cried.
- I fought... He broke windows, cups, this and that... I don’t even know why (why he broke the cups).
- When I’m angry, I start breaking, hitting with my fists the walls; I have broken hand and a leg... I can’t hit a pillow, because I want to tear that pillow... I take out my anger, I will feel pain and..., yes, that’s why I take out all the nervousness (to break.), here I break down sometimes but without the knowledge of the commanders because they will report me and put in solitude.
- I hurt myself; for example, I cut myself two or three times so far.
- In the beginning (thoughts) came to me to hang myself, not now.

Actually, the young inmates by self-harming, by hitting the walls, cutting or breaking things, feel relieved of the current inner tension. In the professional literature, we can meet the view that the self-harm is a way to overcome intense feelings of pain, abandonment, and a sense of inferiority. Also, the self-harm can be due to self-contempt, especially among those inmates with a history of emotional, physical and sexual abuse in the childhood. In fact, physical pain is an easier substitute for mental pain. As Temelkovska (2013) explains, overflowing with intense negative emotions
can be interrupted by causing physical pain to himself, which the person experiences as a solution and relief from tension.

Interestingly, some inmates are aware of this aggression and are afraid to direct it at others. That's why they direct it towards themselves or towards objects. As one inmate states: *Yes, I have a lot of energy, but I have nowhere to spend it. I agree, I don't want to make trouble, I'll hit ... to get rid of that aggression that is in me.*

Physical pain is already experienced and that feeling is already known. Frequent and strong blows of physical pain in the childhood raise the pain tolerance limits. Such statements also show that the prison system is aware of such phenomena and causes (the background for self-harm, for hitting walls and breaking objects), but, the prison staff endeavour much more to prevent the consequence, rather than to cure the cause. Or, they put the risk factor (the young inmate as risk factor) under the control with the help of certain means to calm down or to prevent the aggression.

**Medical therapy**

Except three, other young inmates have used and / or still use medical therapy to treat the anxiety, to cure certain mental illnesses or to alleviate pain caused by crises, anxiety, insomnia, depression, anxiety, or other mental illness and disorders. In fact, the use of medical therapy is a way (mechanism) to deal with the negative conditions that are exacerbated and even more manifested due to the "pain" of incarceration. Medical therapy can be analyzed from several aspects: (1) Dealing with abstinence and other crises due to long-term drug use, (2) Dealing with aggression, anxiety and other psychological disorders, (3) Dealing with initially experienced stress and restriction of freedom, (4) Dealing with mental illness or severe childhood trauma. As the inmates’ state:

- *Here with pills, now the pills calm me down ... Trigtol, sanval, diazepam and respiridon² ... Well, I have to, that's how my brain is ... Morning and evening ... I take diazepam at night and I take these respiridon and trigemol in the morning ... Before I cut myself, I didn't*

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²Risperidone is used to treat certain mental/mood disorders (such as schizophrenia, bipolar disorder, irritability associated with autistic disorder). It works by helping to restore the balance of certain natural substances in the brain.
take therapy ... When I cut myself, they took me to a psychiatrist ... Well, two years ago 2015/2016 ..., a very strong psyche. ... and there in front of the toilet I broke the piece, I took it and cut myself, here, here, I have nine threads ... I would have almost died, but ... I feel good ... If I don’t take a therapy, I’m nervous, I feel like fighting with a child, when I take this therapy it calms me down, I’m fine. The commander gives therapy ... I took two pills (in the morning), in the evening I took 4 ... I took more, now I stopped, I took the medicine, they are yellow, they are for sleep, they calm you down.

- Here I receive sanval 10 and helex. I used to take 3 helex and now I’m reducing them. I take helex in the morning and sanval and helex in the evening.
- I receive 12 mg therapy. Before that I took 6 pills. Sanval for sleeping, because a lot of noise is made and mendelix, to calm my head. I take diazepam..., but not now.
- I am mentally ill, I have depression, I am very nervous, I take helex, diazepam, all kinds of pills here, but they do not help me, I drink them, from time to time I am good, sometimes I am not good, so I refrain. ... two a day, morning and evening ....... I’m looking, because I can’t sleep, I have a big psyche.
- Sanval, repsiridon, prazine - almost two years ... I want to stop them but I can't sleep at night ... I will try not to take them.
- Sometimes I take sometimes no, sanval and 10 diezepam, only in the evening, now I haven’t taken it for a long time, only yesterday I took sanval ... Yesterday I slept all day and now in the evening to sleep ... What to do.
- They help... I drink sanval here, diazepam, to calm me down, because I have a lot of nervousness here.

What do the statements show? Long-term drug users are going through various stages of an abstinence crisis, which is why they need sedatives. They receive long-term therapy, which is necessary for certain inmates because, as they say, if I do not take therapy, I am nervous. Most inmates need proper therapy at the beginning due to sleep problems. This can be extended due to inadequate accommodation facilities, as there are 10 inmates in one room. Certain inmates use medicaments to treat certain
illnesses during their stay. Therefore, they receive diazepam\(^3\) for anxiety, sanval\(^4\) for sleeping, helex\(^5\) for calming and antidepressant effects or antipsychotics for disturbed mental states. However, as previously stated, some of the inmates have been in the correctional facility for more than three and a half years (some over four years) and are still receiving daily therapy. This indicates that the source of these health problems is present, and the medicaments are treating the effect. The time spent in the correctional facility does not affect the process of adaptation, nor does it alleviate the initially experienced stressful situations. As stated,

- If I don't take therapy, it's like I'm nervous.
- I want to stop them, but I can't.
- Now at night, to sleep, what to do.
- I'm mentally ill, I have depression, all kinds of pills, but they don't help me.
- Sanval for sleeping, because a lot of noise is made and mendelix, to calm my head.

An additional problem is the treatment of those inmates who have a history of severe mental illness and childhood trauma. It is characteristic that, despite receiving certain sedatives, that therapy does not help because they are one of the most problematic inmates, which often manifest inappropriate behavior. On the other hand, they are often victimized by other inmates. As one inmate states: The pills I take do not help, I ask them to prescribe something stronger, but they do not prescribe. I want to say, just to prescribe other pills, those who give me do not help me. I don't want anything else.

What do the above statements indicate?

Inmates use long time sedatives, which are drug substitutes and can become addictive. The ECF, instead of reducing or eliminating therapy, passively agrees with it, without implementing and applying other ways to deal with stress and anxiety, such as: treatment activities, anxiety reduction exercises, workshops for coping with stress, organized physical activity etc.

\(^3\)Diazepam is used to treat anxiety, alcohol withdrawal, and seizures. It is also used to relieve muscle spasms and to provide sedation before medical procedures. This medication works by calming the brain and nerves (in the Guidelines for rational use)

\(^4\)Sanval is a medication primarily used for the short term treatment of sleeping problems (in the Guidelines for rational use).

\(^5\)Helex is a medicine that belongs to the group of benzodiazepines. It reduces anxiety and fear and cause sedation (acts as a sedative). It is used for anxiety and fear treatment (in the Guidelines for rational use).
Prison staff (along with the medical staff) cares to reduce or control aggression and anxiety during incarceration.

Sleep problems due to a number of factors (initial stress, overcrowding in the bedrooms, noise) are solved with pills, not reducing the causes.

The referral to the ECH manages to stop the drug abuse, although there is a lack of further appropriate treatment for permanent long time users who have negative psychological consequences.

In addition to the inmates with more serious mental problems, almost all inmates (14 out of 17) at the beginning need sedatives or certain pill for sleep. But over time, as young people become accustomed to the restriction of freedom and as they learn the rules in the facility, staff and other inmates, stressful situations are reduced and the need for appropriate medical therapy is reduced. In addition, there are regular weekends for the majority of inmates, which facilitates the deprivation of imprisonment. Therefore, for certain inmates, medical treatment is terminated after certain period. Here are the following statements to support:

- **When I came here, I only took therapy twice.**
- **I take one pill, I take helex, but I don't take it anymore, I took it for sleep, but I didn't take it anymore, I took it for a month or two and I don't take it anymore ... I don't need it, sometimes I sleep, I sleep well ... When I need, I tell, a doctor... I took it for two or three weeks and I didn't take it anymore ... If there is a need, I take it.**
- **I took therapy 3 months ago but now I don't take it, I stopped it... Because I feel, I wake up and I feel like I don't live in this world. I'm better (without therapy), now I'm taking vitamin, B-complex... so I used to take respiridon, diazepam, other pills ... I took them for two years (he has been at facility for 4 year.).**

So, nervousness, anxiety, stress, trauma, and aggression, which are increased due to incarceration, are "cured," or controlled, with the help of prescribed medical therapy by an authorized specialist. This approach is problematic because is long-lasting, may create addiction and because it is the only solution to dealing with the pressures and problems caused by personal disorder among majority of inmates. The application of therapy
would not be debatable if it is used when is necessary in a properly prescribed form and manner. The clinical picture of a number of inmates suggests that appropriate medical therapy is required, and in such cases we do not engage in further elaboration of the need for it. What we can discuss is: - Whether appropriate therapy has an effect? - How much it is increased in conditions of confinement? - What are additional, complementary ways of treating and reducing psychological problems and other mental illnesses among inmates? And - whether ECF is an appropriate correctional institution for young offenders with certain mental disorders?

**CONCLUSIONS**

Young inmates in ECF have a low level of tolerance and continue to be sensitive to external stimuli. That impatience is heightened by the inability to get out of double closure, first, from the circle where they are together with other inmates and, second, from the limited physical space. It is a closed process where the inmates cannot spend their energy and the desire to wander, walk and to fulfil other hedonistic needs. They can't escape from certain inmates, which puts pressure on them. That is why there are daily provocations and fights, even for banal things. They are caused more by prison conditions, prison deprivations, and limited prison space. Although the way the inmates react in the correctional facility is learned outside, certain verbal and physical attacks are much more aggressive than the received provocations. This confirms the thesis that although the low tolerance level is transferred or imported to the correctional facility, it is further enhanced by frequent provocations and other situational factors.

Also, according to the inmates, they are aware that they have negative energy, which they have nowhere to spend. That's why they feel like captive animals, with nothing left but to attack others, to restrain themselves or to self-harm. Among several adopting strategies, the subculture of violence is the most accepted way of adapting to the prison environment. The incarceration often results in violence, self-harm and even suicide attempts. In fact, violent and inappropriate behavior is the result of prison deprivations, as a way to overcome them more easily (for example, inmates steal from other inmates due to deprivation of material goods) or to express resentment over the inability to participate in certain decisions due to lack of certain treatment activities or strict regime and reduced personal security. In general,
the higher the level of deprivation increases the level of violence (McGuire, 2018). In ECH there is a high degree of deprivation (due to limited movement space, limited right to privacy, unwanted company, inability to protect themselves from provocative behaviors, lack of treatment activities and lack of sufficient material resources and goods), resulting in daily provocations, physical or other verbal calculations.

But on the other hand, young people import a culture of violence from the outside world in the facility, which means that young people with aggressive behavior outside continue to be aggressive inside. Based on the statements of the majority of inmates, violent behavior can be:

- response to frequent provocations from other inmates, when certain inmates react violently on insults, provocations, harassment or other attacks,
- response to a particular abstinence crisis due to drug abuse or nicotine addiction,
- response to internal fear, anxiety, nervousness due to loss of privacy and frustration,
- response to certain compulsive problems due to childhood trauma or mental disorders or
- a way to show strength, status and identity.

In fact, violent behavior among 70% of young inmates is more a mean of defense which is manifested in the absence of other ways to deal with stress, crises, provocations and attacks. Another answer is that the introduction of risky personal and family factors, correlated with negative situational and environmental factors, causes violence among inmates in order to gain power and control over their social environment. Low self-control, low levels of social support, poor family ties, coupled with institutional pressures, are associated with an increased risk of misbehavior. Dehumanized prison conditions force prisoners to behave in a violent manner in order to alleviate the "pain of prisonization" and to gain control of their social environment. This means that CEF, under the current situational and other institutional conditions, does not provide and does not offer other alternative ways of dealing with stress and other deprivations caused by incarceration. Until the prison staff and prison system, in general, build appropriate mechanisms (treatment and other activities) to alleviate the deprivations, violence will occur because it is an immediate response and a constituent component of prison life.
The inmate violence, in addition to risk factors and deprivation factors, can also be analyzed in terms of functioning of the system, in general. Namely, just as the new critical criminology observes and analyzes the aetiology of crime through the lens of the functioning of society, the abuse of power, structural inequalities and selective approach of the criminal justice system, so the new critical penology observes prison violence through the lens of the violent criminal justice system. The thesis is that the violent public (which is more prone to revenge, condemnation and punishment instead of rehabilitation), the violent and repressive criminal justice system (which applies criminal sanctions that are violent by nature) and the violent prison administration (whose primary concern is to control the behavior of the inmates and to reduce both, the risk of escape and violence) determines or conditions the violent behavior of the young inmates. Hence, according to the theses of the new penology, the violence of the inmates is related to the repressive behavior of the system itself, the prison staff and the general public (Arrigo A. Bruce & Milovanovic, 2009: 102–104).

ECF has not built appropriate mechanisms to mitigate the negative consequences of imprisonment. The consequences are treated with medical therapy, which is debatable in terms of its duration and effects. In terms of duration, certain inmates receive certain sedatives on a daily basis and for a longer period of time, which means that they, in some way, "control behavior" without offering other alternative or complementary ways to alleviate anxiety, aggression, or of other mental crises. In terms of therapy’s effects, referring to inmates’ considerations, they have need of daily therapy or it does not help. Therefore, ECF must find appropriate mechanisms and other ways to alleviate the sources of mental problems and other stressful situations, which necessarily require medical therapy. Daily intake of diazepam can cause physical and mental dependence, so trying to reduce the "risk" in the facility can cause additional even more lasting consequences among young people after their release (https://hops.org.mk/diazepam). In this regard, trying to achieve positive short-term affects the medical treatment for certain inmates can cause negative long-term consequences.

At the end, a small number of inmates adopt withdrawal strategies that involve passive and conformist behavior in the facility. Such behavior is more an expression of powerlessness, indifference, loss of optimism and belief in a better tomorrow than an expression of obedience and compliance with the rules imposed by prison staff.
BIBLIOGRAPHY