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## Systemic Barriers to Prisoner Rehabilitation: A Case Study of District Jail Sargodha, Pakistan

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### Abstract:

This study examines the challenges faced by prison officials in implementing rehabilitation programs at District Jail Sargodha, Pakistan. The primary objectives were to explore existing rehabilitation initiatives, identify key obstacles in their execution, and propose actionable solutions to improve inmate reintegration and reduce recidivism. Guided by the Institutional Theory of Governance, the research investigates how formal and informal institutional structures such as policies, cultural norms, and historical practices shape rehabilitation efforts. A qualitative research design was employed, with the universe of the study consisting of prison staff directly involved in rehabilitation programs at District Jail Sargodha. Using purposive sampling, 18 in-depth semi-structured interviews were conducted to gather rich, contextual insights. Thematic analysis revealed significant barriers including inadequate funding, insufficient medical infrastructure, overburdened and undertrained staff, lack of family and community support, weak policy implementation, and low inmate literacy. These institutional and resource constraints severely hinder effective rehabilitation. The study concludes that meaningful reform requires increased financial investment, staff training, policy development, and stronger collaboration with NGOs and community stakeholders to foster a rehabilitative rather than punitive prison environment.

**Keywords:** Prisoner Rehabilitation, Institutional Barriers, Recidivism, Correctional Officials, Sargodha Jail, Pakistan Prison System

### 1. Introduction

Rehabilitation is broadly understood as a therapeutic approach aimed at restoring individuals with disabilities or health issues to an optimal level of functioning and normalcy (Kopelowicz & Liberman, 2024). When applied to the criminal justice system, rehabilitation refers to a

structured process that equips offenders with the skills, mindset, and resources necessary to reintegrate into society. Its purpose extends beyond punishment, seeking to prevent future crimes by addressing the social, psychological, educational, and economic factors underlying criminal behavior. Rehabilitation in prisons is often a deeply personal process in which offenders reinterpret their incarceration, confront their past actions, and preserve hope, while simultaneously navigating institutional structures shaped by power relations and historical inequities (Tariq et al., 2022). Importantly, effective rehabilitation fosters empathy, reduces impulsiveness, and nurtures accountability in prisoners (Jang et al., 2023).

The core aim of rehabilitation programs is to reduce recidivism and support the reintegration of offenders into society. These programs include educational initiatives, vocational training, and counseling sessions designed to help prisoners understand their misconduct and prepare for a more constructive role after release. Life skills development is a central component, giving inmates the practical tools to handle everyday challenges and minimize the risk of returning to crime (Jolley, 2017). Beyond skills, rehabilitation also addresses the psychological consequences of imprisonment, targeting offenders' mental health, attitudes, and capacity for responsibility (Zamble & Porporino, 1990). By engaging in such strategies, prisoners are able to find meaning in their experiences, develop moral ownership of their actions, and gain hope for a transformed identity (Hamsir et al., 2019).

A variety of rehabilitation models exist, ranging from traditional methods such as education and work programs to innovative approaches like yoga, mindfulness, and other forms of therapy. Evidence indicates that these programs enhance mental health, promote emotional regulation, and support healthier social relationships. They also contribute to measurable outcomes, such as reduced recidivism rates and higher post-release employment opportunities. For example, meta-analyses show that cognitive behavioral therapy can cut recidivism by up to 20 percent, while participation in prison education reduces the likelihood of reoffending by 43 percent (Hall, 2015). Similarly, vocational training has improved post-release employment and reduced reliance on welfare programs (Visser, Debus, & Yahner, 2018).

Despite these benefits, rehabilitation is fraught with challenges. Overcrowding, limited funding, and lack of trained personnel often hinder effective implementation. Socio-economic disparities among inmates also affect participation levels and outcomes (Anuradha, 2023). Ethical considerations are equally significant; with international standards such as the Nelson Mandela Rules emphasizing that prisoner treatment must be consistent with human rights. Yet, in practice, resource constraints and political priorities frequently favor prison security over reform. The International Committee of the Red Cross notes that inadequate facilities for education and therapy, coupled with poor living conditions due to overcrowding, severely restrict opportunities for rehabilitation (Canton, 2021). Moreover, societal stigmatization and cultural rejection of offenders complicate reintegration efforts, while punitive governance systems in certain regions slow progress (Wacquant & Wacquant, 2009).

Healthcare gaps are another obstacle. Many prisoners suffer from untreated mental health and substance use disorders, but access to appropriate care in correctional facilities is scarce. Weak parole systems, poor follow-up care, and lack of digital education infrastructure further contribute to high reoffending rates. While some European states have made progress in modernizing vocational and educational services, many regions remain underdeveloped,

revealing a global digital divide. Structural problems also arise from corruption, governance failures, and political instability, which exacerbate inequalities in the justice system (Fazel & Baillargeon, 2017).

The case of Sargodha District Jail in Pakistan illustrates many of these global challenges at a localized level. As a densely populated region, Sargodha places more emphasis on crime detection and prevention than on rehabilitation, leaving reformation efforts underdeveloped. Resource shortages, including insufficient staff, training, and facilities, hinder rehabilitation programs. Limited space for workshops and classes, combined with overburdened personnel who prioritize security over reform, makes program delivery difficult. Cultural stigma against prisoners and weak collaboration with external stakeholders, such as NGOs or educational institutions, further diminish success. Policy shortcomings also play a role, as the absence of a clear rehabilitation framework and lack of coordination among prison administrations weaken consistency in program implementation. Inmates' reluctance to participate due to mistrust or untreated mental health issues adds another layer of complexity (Tariq et al., 2022).

Given these barriers, reforms in Sargodha District Jail require targeted interventions. Adequate funding for rehabilitation structures, training of staff in prisoner-friendly methods, and partnerships with local NGOs and businesses could enhance program success. Psychological treatment should be embedded in rehabilitation efforts to address the root causes of offending behavior. More broadly, rehabilitation must be seen not as an optional add-on but as an integral part of prison policy and architecture. (Wali et al., 2019) The present study therefore focuses on exploring rehabilitation programs at Sargodha District Jail, identifying the obstacles faced by prison officials, and proposing solutions. Its objectives are threefold: to examine existing rehabilitation initiatives, to uncover the challenges in their implementation, and to provide practical recommendations for improving outcomes. By doing so, the study contributes to a nuanced understanding of prisoner rehabilitation at the micro-level, filling a research gap in Pakistan where most studies focus on national or provincial contexts.

## **2. Literature Review**

Crime and rehabilitation remain some of the most pressing challenges of modern justice systems. Across continents, prisons reveal a paradox of policies designed for rehabilitation yet constrained by overcrowding, resource scarcity, and entrenched stigma. In South Africa, for instance, researchers exploring maximum correctional facilities in the North-West Province revealed how overcrowding was the single greatest obstacle to rehabilitation, compounded by weak stakeholder involvement in reform processes (Manganye 2020). Similar patterns appear globally. In Nepal's Naku Jail, inmates described their struggles with poor funding and social rejection, noting that even after release, stigma from family and community forced many back into cycles of depression and crime. Rehabilitation should not only reform inmates but also prepare them for respectful and courageous reintegration. In Venezuela, narratives showed how prison environments dominated by violence and human rights neglect could erode identity and dignity, underscoring the need for humane conditions (Boppre, 2019). South African studies also highlighted the occupational stress of correctional staff that faced overcrowded facilities and resource shortages, ultimately weakening rehabilitation programs (Legodi & Dube, 2023).

Other regions present comparable struggles. In Ethiopia's Hawassa facility, research found six barriers to rehabilitation, including low staff literacy, insufficient separation of inmates, and a culture resistant to reform (Meseret, 2018). Yet hope lies in occupational therapy programs that reduce recidivism and support social reintegration through a biopsychosocial approach (Berardi et al., 2024). Similarly, Arbour et al. (2024) noted that education, employment, and violence-prevention programs produced tangible reductions in reoffending, though mental health and addiction programs still lagged. Taken together, these findings stress that prisons are not just sites of confinement but crucial crossroads where society either invests in transformation or perpetuates hopelessness.

The Pakistani prison system, rooted in colonial legacies, faces similar dilemmas. Poor infrastructure, unsanitary conditions, and overcrowding continue to drive high reconviction rates, despite policy-level aspirations for community-based corrections (Akbar & Bhutta, 2012). Health concerns are especially pressing. Overcrowding fuels the spread of HIV, hepatitis, and tuberculosis, as documented in Gaddani Central Jail, Balochistan, where rapid diagnostic tests and preventive care were urgently recommended (Rasool, Saeed & Shah, 2020). Juveniles housed with adult inmates in Khyber Pakhtunkhwa faced exploitation and criminal socialization, leading researchers to call for separate facilities and stronger rehabilitation measures (Ali, Ibrar, & Shah, 2020).

Women prisoners also endure neglect, particularly in reproductive health, with studies from Women Jail Multan revealing inadequate antenatal care, food, and medical attention (Bukhari et al., 2023). These issues echo wider international concerns. In the United States, prisons increasingly house mentally ill populations, where overcrowding undermines both rehabilitation and healthcare (Lurigio, 2015). Reintegration studies in Pakistan confirm that without pre- and post-release programs, former inmates face isolation, unemployment, and rejection, further fueling recidivism (Gul, 2019).

Cultural and religious considerations add further complexity. In Nigeria, remand homes face barriers such as stigmatization, underfunding, and cultural beliefs that undermine rehabilitation (Okah et al., 2024). Similarly, studies in the Philippines showed that while education and ministry programs offered hope, inmates continued to suffer from social isolation and longing for family, underscoring the psychological dimension of rehabilitation (Rasool et al. 2023). In Punjab, Pakistan, resocialization efforts through religious teachings, education, and vocational training remain hindered by limited resources and space (Arshad, 2024). Kenya, too, struggles with inadequate funding, undertrained staff, and bureaucratic hurdles that hamper program delivery (Ali et al. 2024). At the same time, correctional officers in Canada highlight the importance of addressing inmates' needs for safety, healthcare, and recreation as essential to effective rehabilitation (Bonggot et al., 2024). Across these contexts, socio-economic disparities remain central. Poverty, unemployment, and inequality are repeatedly identified as underlying drivers of crime, making holistic socio-economic reforms essential to successful rehabilitation (Ricciardelli et al., 2024).

Legal and policy frameworks further shape rehabilitation outcomes. In Rwanda, punishment remains a dominant crime-control strategy, but scholars emphasize the importance of community policing and government-backed social interventions for long-term safety (Ahmad & Asim, 2020). Uganda's correctional policies face corruption, overcrowding, and human rights violations, yet vocational and psychosocial rehabilitation programs hold

promise for improvement (Nawaz et al. 2024). Indonesia's legal framework for drug rehabilitation highlights both gaps and opportunities for more humane, integrated services (Mbandlwa, 2024). Pakistan, too, struggles under outdated prison regulations, unhygienic conditions, and inadequate medical care, despite calls for reforms aligned with Islamic principles and international conventions (Gul, 2018).

Rehabilitation and reintegration extend beyond prisons into community life. Studies emphasize the importance of employment, family support, and community-based programs for reducing recidivism (Semenza & Link, 2019). Stable marriages and family ties serve as protective factors in reentry, offering both psychological support and reduced chances of relapse (Wallace & Wang, 2020). Income stability, housing, and employment opportunities are consistently more important than subjective well-being measures for ex-prisoners (Testa & Semenza, 2020). Wrongfully convicted individuals, once exonerated, face unique reintegration challenges, requiring stronger family and institutional support (Fahmy, 2021). For women, reentry is shaped by the quality of community networks, with positive social support reducing reincarceration risks (Semenza et al., 2021). Broader public approval of record expungement policies also reflects shifting attitudes toward redemption and reintegration (Rasool et al. 2024). Effective reentry, therefore, requires not only programs but also family therapy, peer support, and strong community engagement (Fahmy & Mitchell, 2022).

Finally, psychological and behavioral health challenges remain deeply intertwined with incarceration and reentry. Imprisonment often leaves lasting impacts on both physical and mental health, making reentry especially difficult for those already weakened by strain. Studies consistently show that better mental health services during and after imprisonment correlate with lower recidivism (McLean et al., 2019). Yet former inmates often face poverty, unemployment, and social exclusion that worsen health outcomes (Ouellet et al., 2019). Early delinquency patterns, poor education, substance abuse, and victimization across the life course compound these difficulties, emphasizing the need for interventions that address not only criminal behavior but also broader health and social inequities. Ultimately, meaningful rehabilitation requires social support networks, mental health care, and systemic reforms that treat offenders as human beings capable of transformation rather than as permanent outcasts (Marier & Moule, 2018). In sum, rehabilitation and reintegration remain global challenges shaped by overcrowding, poor resources, health crises, stigma, cultural barriers, and outdated legal systems. Yet across South Africa, Pakistan, Nepal, Venezuela, Ethiopia, Canada, and beyond, research offers hope: education, family support, healthcare, and community-based programs consistently reduce recidivism and restore dignity. For prisons to truly serve as correctional institutions, societies must embrace holistic, humane approaches that address the social, psychological, and economic roots of crime. Offenders, after all, are not beyond redemption but are individuals deserving of opportunities to rebuild meaningful lives.

### **3. Theoretical framework**

The Institutional Theory of Governance provides a compelling framework for analyzing the role of institutions in shaping governance practices. Originally developed as a response to theories that overemphasized individual choice and self-interest, it focuses on how rules, norms, and structures both formal and informal govern societies. Hall and Taylor (1996) argued that earlier approaches overlooked the social and institutional contexts in which

decisions are made. Their work emphasized that governance cannot be separated from the institutional environment that sets boundaries for human behavior. Applied to this study, their claim highlights how rehabilitation in prisons like District Jail Sargodha depends not only on individual will but also on the broader framework of laws, policies, and cultural expectations that surround prison management. This theory directly addresses structural, cultural, and normative barriers to rehabilitation.

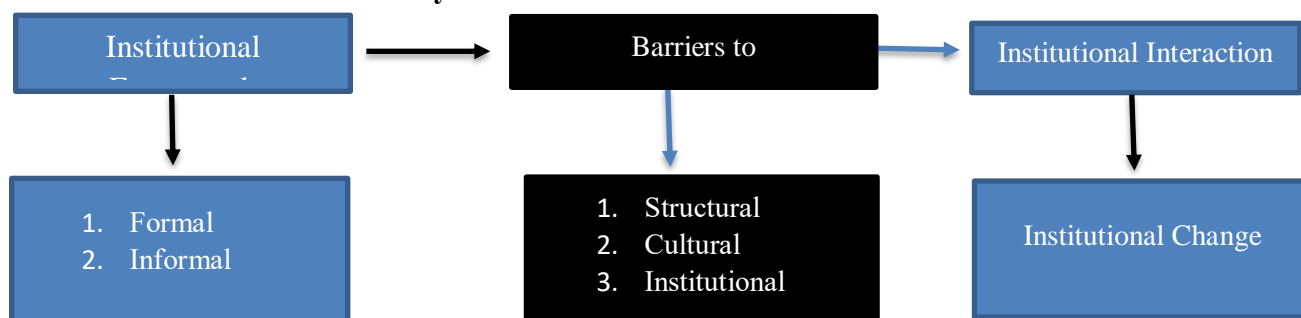
North (1990) made a seminal contribution by defining institutions as “the rules of the game in society,” including formal laws, informal norms, and enforcement mechanisms. His claim was that institutions reduce uncertainty by structuring social interaction. In the prison context, this means that rehabilitation efforts cannot succeed unless supported by clear laws, standard operating procedures, and written policies that guide both inmates and staff. At the same time, informal rules such as prisoner hierarchies, cultural behaviors among inmates, and staff attitudes strongly influence daily life. In District Jail Sargodha, this application is highly relevant because formal prison laws exist but are often undermined by informal practices, such as staff resistance or inmate cultural codes, which weaken the impact of official rehabilitation programs. Thus, North’s theory addresses the interaction between formal rules and informal prison culture. Pierson (2000) advanced the idea of path dependency, which emphasizes that current institutional practices are shaped by past decisions and historical trajectories. His main claim was that once a particular institutional path is taken, it becomes difficult to reverse due to sunk costs and entrenched practices. Applying this to the case of Sargodha Jail, the long-standing reliance on punitive approaches has created cultural resistance to rehabilitation. Officials and staff are accustomed to control and punishment, making it harder to introduce rehabilitative strategies. This theory therefore addresses historical barriers and institutional inertia that hinder change.

Rational choice institutionalists such as March and Olsen (1983) argued that while actors are rational, their rationality is shaped and constrained by institutional settings. Their claim is that decisions are not made in a vacuum but within the rules, incentives, and constraints created by institutions. In the context of District Jail Sargodha, prison officials may recognize the value of rehabilitation but face institutional disincentives, such as limited funding, bureaucratic delays, and weak policy support. Their rational choices focusing more on security than on rehabilitation are a product of the institutional environment. This directly addresses the policy and resource barriers faced by prison staff. Elinor Ostrom (2012) expanded institutional theory by emphasizing the importance of informal norms, collective action, and cultural-cognitive aspects. Her claim was that institutions are not only rules and regulations but also shared understandings that shape behavior. Applied to this study, her insights show that cultural perceptions of prisoners as “incorrigible” or undeserving of rehabilitation can undermine even the well-designed programs. In Sargodha Jail, the stigma from both staff and society reduces the legitimacy of rehabilitation efforts, discouraging prisoner participation. Ostrom’s contribution addresses cultural and cognitive barriers in prison rehabilitation. Garland (2002) highlighted the historical divide between punitive and rehabilitative models, noting that societies with deep punitive traditions struggle to transition toward rehabilitation. His claim is particularly relevant here, as Pakistan’s prison system is rooted in colonial practices that prioritized punishment over reform. This explains why policy

shifts toward rehabilitation face skepticism from staff, inmates, and the public. In the case of Sargodha Jail, Garland’s insights show how historical punitive legacies obstruct reform.

Institutional theory further provides practical insights for reform. The regulative dimension (rules and sanctions), the normative dimension (values and expectations), and the cognitive dimension (shared perceptions) together determine the success of rehabilitation programs. For Sargodha Jail, this means that effective reform requires not just legal frameworks but also shifts in organizational culture and societal attitudes. Rehabilitation must be legitimized both inside and outside prison walls to be sustainable. Finally, the theory emphasizes that institutional change can occur either incrementally (through layering and gradual adaptation) or radically (through displacement of old systems). In the Sargodha case, incremental change might involve small adjustments in staff training and improved facilities, while radical reform might require overhauling prison policy and restructuring how rehabilitation is prioritized. Both paths show how institutional theory can guide the design of interventions to overcome barriers. The Institutional Theory offers a powerful lens for examining rehabilitation programs in prisons. Applied to District Jail Sargodha, it reveals how formal laws, informal norms, historical legacies, rational decision-making, and cultural perceptions collectively shape the barriers faced by officials. By addressing structural, cultural, historical, policy, and resource-related barriers, this theory helps explain why rehabilitation remains difficult yet possible if institutions are reformed with stronger leadership, stakeholder engagement, and societal support.

#### Model of an Institutional theory of Governance



#### 4. Methodology

The present study adopted a qualitative design, making use of face-to-face interviews as its primary method. Since the central aim of this research is to examine the lived experiences of prison officials in carrying out rehabilitation programs, a qualitative approach was the most appropriate choice. As Aspers and Corte (2019) argue, qualitative methods allow the researcher to move beyond surface-level data, delving into the deeper social realities and subjective understandings of participants. In-depth interviews, in particular, offer participants a platform to share their personal stories, emotions, and perspectives in a way that is both rich

and revealing. As Bates (2003) highlights, such interviews allow not only for the collection of narrative accounts of behavior but also provide opportunities for observing emotions, tone, and expressions. This allows the researcher to understand not only what officials do but also why they behave in certain ways, thereby uncovering subtle challenges and complexities in the rehabilitation process.

The study was conducted in the District Jail Sargodha, Pakistan, chosen specifically due to its unique characteristics, prison population, and the rehabilitation programs it implements (Vaismoradi et al., 2013). Focusing on a single site enabled a detailed and contextually grounded exploration of the barriers encountered by prison officials. The unit of analysis consisted of prison officials directly engaged in rehabilitation programs. Inclusion criteria ensured that only those who actively participated in such initiatives and were willing to contribute their experiences became respondents. A purposive sampling strategy was employed, prioritizing the richness of data over the number of participants (Ames et al., 2019). The study reached a total of 18 interviews, with data collection guided by the principle of saturation. As Alam (2020) explains, qualitative research does not demand a fixed sample size; instead, data collection continues until no new themes emerge. This ensured that the findings reflected a comprehensive picture of officials' challenges. To guide the interviews, a semi-structured interview guide was developed based on insights from the literature (Kallio et al., 2016). The guide included open-ended questions and provided the flexibility for probing, allowing participants to elaborate and for the researcher to explore unanticipated areas. In-depth interviews were recorded using a voice recorder to ensure accuracy and completeness of data (Bourgeault et al., 2010). This method not only captured officials' words but also preserved their expressions and emphasis, which were invaluable for analysis.

The data were analyzed through thematic analysis, a widely recognized approach for identifying and interpreting patterns across qualitative datasets (Castleberry & Nolen, 2018). Coding was used to index and categorize responses, grouping them into themes that highlighted recurring issues and relationships (Mishra & Dey, 2022). This systematic process provided insight into both the common and unique experiences of officials, linking their accounts directly to the study's objectives. One of the key opportunities of this study lies in its potential to inform the design of more effective rehabilitation programs tailored to the local context of Sargodha. By identifying the barriers officials face, such as lack of resources, bureaucratic hurdles, or conflicting policies, the research can contribute practical recommendations for improving program efficiency. Furthermore, the findings may provide policymakers with evidence to design regulations and allocate resources in ways that better support prison officials. The study also encourages collaboration between prisons, community organizations, and NGOs to create more holistic and supportive rehabilitation systems. Importantly, involving prison officials in the research may foster a sense of ownership and strengthen their commitment to reform initiatives.

At the same time, the study has limitations. The findings are context-specific and may not be fully transferable to prisons in other regions that differ in management style, resources, or socio-cultural environment. Access to data in the highly regulated and sensitive setting of a prison posed challenges, with confidentiality and bureaucracy restricting the flow of information. Although anonymity was assured, some officials hesitated to speak freely out of fear of repercussions. Moreover, the demanding routines of prison staff made it difficult to



secure extended interviews, with researchers often permitted only limited use of voice recording equipment.

Ethical considerations were carefully observed throughout. In line with Petrova et al. (2014), participants were informed of their rights, including the right to withdraw at any stage, and their consent was obtained prior to participation. Confidentiality was strictly maintained, and care was taken to avoid adding stress or disrupting the daily operations of the prison. As Zydziunaite (2018) notes, adherence to principles such as honesty, integrity, objectivity, and respect for participants is central to ethical research, and these were upheld rigorously in this study. The fieldwork provided the researcher with valuable experiential insight into the daily realities of prison operations. Conducting semi-structured interviews alongside ethnographic observations allowed for the capture of both verbal accounts and non-verbal cues. Observing the interaction between inmates and officials gave a more nuanced picture of the barriers faced in rehabilitation. Programs observed in the District Jail included drug rehabilitation, juvenile rehabilitation, and women-focused initiatives, with facilities such as a 13-bedded hospital and therapy session room playing roles in these efforts. The researcher's presence during daily duties further enriched the findings by highlighting the institutional and cultural constraints shaping rehabilitation.

## 5. Results

**Table 1 Demographic Profile of the Respondent**

Sr. No	Age	Gender	Role	Year of Experience	Department	Level of Involvement in Rehabilitation	Key Insight Comment
1	31	female	Doctor	2	Medical	Deal with medical issues	Lack of medical facilities
2	33	Male	Dispenser	6	Medical	Deal with pharmaceutical issues	Lack of medicines
3	31	Male	Medical Officer	3	Medical	Maintaining health facilities	Lack of infrastructure
4	27	Female	Doctor	1	Medical	Involved in Drug rehabilitation programs	Lack of funds
5	34	Female	Doctor	4	Medical	Deal with medical issues	Lack of medicines
6	26	Male	Nursing	1	Medical	Medical Assistant	Shortage of staff
7	52	Male	In charge Warden	27	Correction	To maintain control and discipline among	Lack of family support

						prisoners	
8	37	Female	Dentist	1	Medical	Working for oral health rehabilitation of prisoners	Lack of monitoring system
9	34	Male	Medical Officer	1	Medical	Rehabilitation of Addicts	Prisoner literacy rate is very low
10	27	Male	Medical Officer	5	Medical	Rehabilitation of Addicts	Lack of public awareness
11	27	Male	Warden	2.5	Correction	Responsible for all the assign duties and security	Tiring duties
12	32	Male	Medical Officer	1.5	Medical	Rehabilitation of Addicts	Traditional norms within institution
13	30	Female	Psychiatrist	6	Psychologist	Drug, Juvenile, Women Rehabilitation Programs	Lack of trained staff and lack of infrastructure
14	35	Female	Warden	5	Correction	To maintain discipline in women prisoners wing	Lack of family support
15	32	Male	Doctor	2	Medical	Deal with medical issues	Shortage of medical facilities
16	32	Male	Nurse	2.5	Medical	Medical assistant	Shortage of staff
17	30	Female	Dentist	1	Medical	Deal oral health issues of female prisoners	Lack of infrastructure
18	33	Male	Psychiatrist	5	Psychologist	Deal with drug, juvenile, women rehabilitation programs	Illiterate families and community

### 5.1: Limited Family Involvement

A major barrier in rehabilitation is the lack of family support. Without it, inmates often feel

isolated, anxious, and abandoned, which weakens their motivation to change. Families usually feel relieved after admitting inmates into jail and consider their responsibility fulfilled.

One of the questions from the interview guide was: *How do the level of community and family support impact prisoner rehabilitation?* The answer given by my respondent was: *families do not support inmates.*

Respondents noted that families often stop contacting inmates and, in many cases, cut ties altogether. This lack of involvement makes rehabilitation harder, as family support is vital for emotional stability, social reintegration, and reducing relapse. One respondent stated that after admitting an inmate to jail, *families feel free and think their duty is fulfilled; they even stop contacting them.*

Family support is especially important after release, when rejection and shame hinder reintegration. Without it, ex-prisoners struggle to find housing, employment, and social acceptance. Respondents suggested involving family members in therapy and counseling sessions, as *the rehabilitation programs running in Sargodha jail are effective within the jail premises, but to achieve maximum goals, we need family support.*

Due to security concerns, initiatives to involve families remain limited, with restricted visits and phone calls. Respondents proposed educating families and engaging NGOs to strengthen support networks. Without family involvement, rehabilitation relies entirely on prison resources, making reintegration into society more difficult.

## **5.2: Lack of Resources**

Another significant barrier to rehabilitation is the shortage of resources within the prison system. Respondents explained that programs often face financial constraints, limited staff, and inadequate facilities, which restrict the overall effectiveness of rehabilitation efforts. Without sufficient funds and trained professionals, programs cannot expand or improve.

One of the questions from the interview guide asked about the challenges faced in running rehabilitation programs, to which a respondent replied: *we don't have enough trained staff to handle rehabilitation activities, and existing resources are already stretched with security duties.* This reflects how prison officials are often overburdened with security responsibilities, leaving little time or capacity for focused rehabilitative work.

Budget allocation was also identified as a major issue, where most resources are directed towards security and basic facilities rather than rehabilitation. As another respondent explained: *most of the funds are allocated for security and basic facilities; rehabilitation is seen as secondary.* This mindset leads to underfunded programs and weakens the long-term sustainability of rehabilitation efforts.

The lack of proper infrastructure, including therapy rooms, training facilities, and counseling services, further restricts the ability to deliver meaningful support to inmates. Respondents

emphasized that without prioritizing rehabilitation alongside security, the chances of successful reintegration for prisoners remain minimal.

### 5.3: Stigmatization and Social Attitudes

Respondents highlighted that stigma and negative social attitudes toward prisoners create major obstacles in the rehabilitation process. Even when inmates show genuine efforts to change, they often face rejection from their families, neighbors, and wider society. This constant labeling and stereotyping discourage prisoners from continuing with rehabilitation and make reintegration after release extremely difficult.

One of the guiding questions in the interview explored how community perception affects rehabilitation. A prison official responded: *society does not accept prisoners even if they change; they are seen as criminals forever*. Such views illustrate how deeply rooted the stigma is, leaving little room for forgiveness or acceptance.

This rejection not only impacts the prisoners emotionally but also reduces their chances of finding employment, forming healthy relationships, and rebuilding their lives. As another respondent observed: *without changing community attitudes, rehabilitation ends at the prison gate*. This means that no matter how effective the programs inside prison are, they cannot ensure long-term success unless communities are willing to accept reformed individuals.

Officials suggested that broader awareness campaigns, involvement of NGOs, and community education could help challenge these stereotypes. They stressed that rehabilitation is not only the responsibility of prison authorities but also requires a collective effort from families and society to reduce stigma and support reintegration.

### 5.4: Prison Environment

The prison environment itself was described as a major barrier to rehabilitation. Respondents noted that overcrowding, limited facilities, and a rigid security-focused atmosphere make it difficult to implement effective rehabilitation programs. The physical and social environment of the prison often clashes with the objectives of counseling, therapy, and personal growth.

When asked about challenges in organizing rehabilitation activities, one official explained: *our prison is overcrowded, so arranging proper rehabilitation sessions is a big challenge*. Overcrowding not only reduces space for therapy rooms or training workshops but also places additional pressure on staff who are already overburdened with security duties.

The strict routines and controlled environment, though necessary for maintaining order, also discourage openness and trust during rehabilitative sessions. Respondents shared that inmates often feel constrained by surveillance and security checks, making it difficult to express themselves freely in therapy. This lack of privacy limits the depth of conversations and hinders the process of emotional healing.

Officials emphasized that unless the prison environment is adjusted to support rehabilitative practices—by allocating designated spaces, reducing overcrowding, and balancing security with rehabilitation—the overall impact of such programs will remain restricted.

### **5.5: Motivation of Prisoners**

The motivation of inmates was frequently identified as a deciding factor in the success of rehabilitation programs. Respondents explained that while some prisoners show genuine interest in changing their lives, many others participate only superficially, often for short-term benefits rather than long-term transformation.

One of the interview responses captured this clearly: *many inmates participate only for short-term benefits, like getting sentence remissions, but not with genuine interest.* This attitude reflects how external incentives sometimes drive participation more than personal commitment, limiting the effectiveness of programs.

Officials also observed that a lack of hope for acceptance after release further weakens prisoner motivation. When inmates believe that society will continue to reject them regardless of their efforts, they are less inclined to take rehabilitation seriously. However, respondents noted that small successes—such as learning a new skill, receiving family visits, or being appreciated by officials—can gradually build confidence and encourage inmates to invest in their personal growth.

It was emphasized that maintaining prisoner motivation requires a supportive environment, meaningful incentives, and consistent reinforcement of the value of rehabilitation, both inside and beyond prison walls.

### **5.6: Coordination and External Support**

Rehabilitation programs in prisons face serious challenges due to weak coordination with external stakeholders. Respondents explained that NGOs, community organizations, and government bodies are rarely engaged in a structured way, leaving most of the responsibility on prison staff. This lack of collaboration reduces the reach and sustainability of rehabilitation efforts.

One official explained: *“Without the support of NGOs and other agencies, our programs remain limited inside the jail. We need them to continue outside for real reintegration.”* This highlights the gap between in-prison rehabilitation and post-release support, where ex-prisoners often struggle without community acceptance, employment opportunities, or follow-up counseling.

Respondents also noted bureaucratic delays and poor inter-agency communication as barriers. Coordination with external health services, vocational training centers, and social welfare departments was described as inconsistent, limiting the effectiveness of ongoing programs.

To address this, officials recommended building stronger partnerships with NGOs, involving local communities in awareness campaigns, and creating clear frameworks for inter-agency cooperation. Without these connections, rehabilitation remains confined to prison walls, failing to prepare inmates for reintegration into society.

### **5.7: Resource Constraints**

A recurring challenge highlighted by respondents was the severe shortage of resources. Limited funding, outdated infrastructure, and inadequate staffing were seen as major obstacles to running effective rehabilitation programs. Basic facilities, such as classrooms, therapy spaces, and vocational training tools, were either insufficient or poorly maintained.

One prison official stated: *“We don’t have enough resources to carry out rehabilitation properly. Even the existing programs are limited because of funding issues.”* This shortage not only affects the scope of rehabilitation but also reduces the quality of services provided to inmates.

Respondents explained that resource constraints also extend to training opportunities for prison staff, who often lack the skills and tools needed to implement modern rehabilitative approaches. With heavy workloads and limited support, staff find it difficult to give individual attention to prisoners.

Officials suggested that increased government funding, collaboration with NGOs, and investment in infrastructure could significantly improve outcomes. Without these resources, rehabilitation programs remain symbolic rather than transformative, offering little chance for inmates to prepare for life after release.

### **5.8: Cultural and Institutional Resistance**

Respondents frequently mentioned that entrenched cultural attitudes and institutional practices act as barriers to rehabilitation. Within the prison system, a punitive mindset often outweighs rehabilitative approaches. Staff and even some administrators are skeptical about the effectiveness of rehabilitation, preferring discipline and control over reform.

One respondent noted: *“The culture here is more about punishment than rehabilitation. Many still don’t believe prisoners can really change.”* This resistance reflects long-standing traditions within the prison system and the broader society, where prisoners are stigmatized and viewed as undeserving of second chances.

Institutional rigidity further compounds the problem. Bureaucratic delays, strict hierarchies, and adherence to old procedures make it difficult to adopt new practices. Respondents explained that even when innovative rehabilitation programs are proposed, they are often slowed down or blocked due to red tape and lack of administrative will.

To overcome these barriers, officials emphasized the need for cultural change within prisons, supported by leadership that values rehabilitation. Training programs for staff, awareness

campaigns, and community engagement were seen as key strategies to shift mindsets and create a supportive environment for reform.

## 6 Discussion

The present study explores the lived experiences of prison officials involved in prisoner rehabilitation programs at District Jail Sargodha. The nature of the study is qualitative, and the researcher used purposive sampling to collect data, incorporating the opinions, perceptions, experiences, expectations, and emotions of prison officials engaged in rehabilitation programs.

The major barriers identified by the researcher at District Jail Sargodha include lack of funds, inadequate training facilities, overcrowding, insufficient family and community support, absence of clear policies, limited medical facilities, overburdened and undertrained staff, poor infrastructure, illiteracy, and challenges related to evaluation and accountability. Numerous studies conducted in various prison settings across Pakistan have highlighted barriers in the rehabilitation process. While some findings align with this study, the socio-economic and cultural factors identified here make this research unique. One major hindrance to implementing rehabilitation programs is institutional barriers. Policies were formulated and forwarded but never received feedback due to bureaucratic challenges. Traditional norms within the institution, such as corruption in jail funds, affect existing policies and impair staff abilities. Although the Prison Rules of 1978 which outline the treatment of prisoners, including provisions for rehabilitation, reintegration, and vocational and educational training are implemented in District Jail Sargodha, these guidelines are never fully executed. Criminal gangs operating from within the jail, along with career criminals who use incarceration to avoid rival gangs, further complicate rehabilitation efforts. The culture of escaping and the sudden release of inmates make it difficult for staff to sustain rehabilitation programs. The joint detention of prisoners turns minor offenders into hardcore criminals as they learn criminal tactics from others; proper infrastructure is needed to prevent this. Training gaps among staff limit opportunities to enhance their abilities in counseling and conducting vocational training programs for inmates. Heavy workloads without incentives make it difficult for staff to focus on their duties.

To address human resource challenges, more staff should be hired to distribute the workload. Seminars, special classes, and counseling sessions can help break attitudinal barriers so that staff prioritizes rehabilitation over incarceration. The National Academy for Prison Administration in Lahore is the only institution dedicated to training prison staff and administrators. Public attitudes toward prisoners are often negative. Families frequently cease contact or visits after an inmate is admitted to jail, feeling free of their responsibilities. After release, society shows little concern and offers little help for reintegration, leaving former inmates struggling to find jobs and housing. District Jail Sargodha faces numerous challenges regarding rehabilitation. This study identifies key areas for a structured and comprehensive approach. The jail should focus on program development and infrastructure by increasing funds. Policy reforms are needed to establish clear guidelines and ensure accountability. Collaboration with NGOs, private and government sectors, and other stakeholders is essential to address issues such as overcrowding, inadequate facilities, limited funding, lack of staff training, staff shortages, workload, and security concerns. Probation and parole services could provide a more friendly and humane environment, motivating offenders to abandon

deviant behavior and facilitating reintegration. While many vocational training programs such as carpet weaving and football manufacturing are running in various central jails of Punjab in collaboration with TEVTA, District Jail Sargodha only offers a stitching skills program on its own, along with adult literacy programs. The government must also pay attention to district jails, where a large number of inmates are imprisoned.

## 7. Conclusion

After prolonged discussion and interviews, the study has identified barriers faced by prison officials in implementing prisoner rehabilitation programs at District Jail Sargodha. Key challenges include overcrowding, lack of family and community support, inadequate infrastructure, absence of proper policies, insufficient funds, limited medical facilities, overburdened and undertrained staff, and illiteracy. Collectively, these factors hinder the success of rehabilitation efforts. Addressing these barriers is essential to reducing recidivism, enhancing prisoner reintegration, and creating a safer society. The findings underscore the need to implement effective rehabilitation programs by increasing funding. Seminars, classes, and training programs should be conducted for staff. To reduce isolation, emotional support through support groups should be provided when family support is unavailable. A supportive environment that helps inmates rebuild self-esteem and social skills must be created. Parenting and relationship-building workshops can improve family dynamics. Educational and vocational training programs need to be reformed and modernized. Programs addressing HIV, hepatitis, and AIDS should be introduced. Community-based rehabilitation, probation, and parole systems have not yet gained relevance in Pakistan's criminal justice system and must be addressed. Anti-corruption measures are necessary to dismantle systemic corruption, as bribery in prison settings undermines the integrity of rehabilitation and requires a comprehensive approach.

NAPA is the only academy for training and professional development of prison administration; more such academies are needed to train a large workforce to manage prison conditions effectively. Detaining hardcore criminals with minor offenders can lead to negative consequences; the administration should improve prison infrastructure. More hiring is required to address staff shortages. Modern rehabilitation models, including non-custodial methods, should be adopted to resolve overcrowding. Inadequate legal systems in jails contribute to the problem, with many men and women incarcerated without a fair trial, trapping them in prison and violating international human rights standards. To address rehabilitation-related issues, jail administration must collaborate with non-governmental organizations and community stakeholders.

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