

## An Investigation of Effectiveness of Rehabilitation in the Correctional Centre, Eastern Cape. A Phenomenological Study

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### Abstract

At Middledrift Correctional Centre in the Eastern Cape, South Africa, the role of social workers and effective psycho-educational programmes that are rendered impact positively on the well-being of inmates, although overcrowding, influx of drugs, poor living conditions and rape are regarded as factors hindering rehabilitation process. In the qualitative, cross-sectional research study conducted among 8 offenders and 2 senior correctional officers, who were purposively selected, the ethics followed prior the study comprised informed consent from the DCS, confidentiality and privacy. The research findings revealed that recidivism is relatively low and offenders' stress level decreases because of the exposure to role plays and group-sessions by social workers, school- enrolment and family support. Recommendations are that there should be recruitment of social workers and psychologists in the DCS to empower the prisoners so that upon release they may be fully functional.

**Keywords:** rehabilitation, recidivism, correctional centre, prisoners, social workers

### 1. Introduction

After the rebirth of the democratic South Africa in 1994, the government's belief was that offenders or prisoners have the capacity to transform and be reincorporated as law-abiding citizens of society. The Ministry of Correction and Justice realized the need to establish rehabilitation programmes because an alarming proportion of prisoners would re-offend after their release, as the estimates were between 85% and 94 % (White Paper, South Africa, 1994). In the continent of Africa, South Africa has the most prisoners as the ratio of prisoners to total population is: 348 prisoners for every 100, 000 people (Naidoo & Mkhize, 2012). However, there are limited resources in most South African prisons and majority of correctional officers are incompetent in dealing with the demands and challenges brought by transformation - that the inmates deserve the right to education, respect, safety and health (Sarkin, 2009). Shortage of psychologists, social workers, psychiatrists and medical practitioners, in most correctional centres (Herbig & Hesselink, 2012; South Africa, 2005), results in prisoners finding themselves in an environment characterized by low levels of moral values and principles, hence they have tendencies to display pathological behaviour (e.g. rape, murder ) as a monoculture that is being practised while imprisoned, since there are no rehabilitation programmes (Mpuang, 2007). For instance, at Groenpunt Maximum Security Prison, in Free State, South Africa, Thinane (2010), found that the reason for recidivism was largely due to rehabilitation programmes which are not compulsory.

Recidivism is derived from Latin word "*recidere*", translated as "*fall back*" meaning relapsing into crime (Maltz, 2001). In another study conducted at Pollsmoor Prison, in Cape Town, South Africa, Gaum, Hoffman and Venter (2006), in their investigation of the causal factors of recidivism, they found that recidivism was the result of rehabilitation interventions which are introduced too late, or when the prisoners were towards completing their sentences. Dissel and Kollapen (2002), argue that although recidivism is caused by criminal behaviour, social -political circumstances must not be overlooked since poverty and high rate of unemployment may contribute. In the same vein, Holborn and Eddy (2011), found that crime rate in South Africa is on the increase among youth (aged 15-24 years), 51% being unemployed and raised in predominantly African dysfunctional families. From anomie theory, pioneered by Emile Durkheim (1858-1917), crime is caused by people whose living conditions may be aggravated by stressors of poverty such as poor shelter or none at all, starvation and lack of access to education which results in poor employment opportunities (Stevens & Cloete, 2010). According to Shalev (2008), when the inmates are subject to the above deprivations, their mental well-being will be depleted.

## 1.1 Rehabilitation

According to Trester (1981), the concept "rehabilitative" is derived from Latin word "*habilitatus*" translated as having the ability or tendency to achieve something. Rehabilitation is a lifelong process in which prisoners acknowledge their anti-social behaviour and display a considerable level of commitment to reconstructing, asserting and redeveloping themselves to becoming reintegrated to their society after undergoing a psycho-educational programme (Tewksbury, 2012). It is therefore imperative that the DCS fulfils its mandate, namely; rehabilitation, retribution, deterrence, incapacitation and restoration (Mutingh, 2005; Omar, 2011). A classic theory which best describes the effective rehabilitation is called *transformed rehabilitation theory*. Transformed rehabilitation theory emphasizes that if qualified social workers, psychologists and correctional officers execute their therapeutic services in a non-judgemental manner, as suggested by Rogerian's person-centeredness approach (Schultz & Schultz, 2013), recidivism may be reduced, and discrimination from community towards ex-convicts be decreased (Tewksbury, 2012). Furthermore, prisoners may be assertive as opposed to being shameful, take full responsibility of their lives, acknowledge their wrong-doings, and develop a healthy mature personality which purports that the mature adult subscribes to a unifying philosophy of life, commitment, extension of the self to others, cooperation and tolerance (Deci & Ryan, 2000; Ryckman, 2008).

## 2. Factors Hindering Effective Rehabilitation in Prisons

### 2.1 Lack of a needs-based approach

The need for long term strategic policy that recognizes correctional services in prisons and societal responsibility are enshrined in the White Paper on Corrections in South Africa, to ensure that offenders are safe, secure and treated with dignity (South Africa, 2005). If the correctional environment is not conducive to mental growth and social development of offenders, recidivism is likely and the safety of the community may be at risk because there is no identification of the needs (educational, psychological) of the offenders (Notshulwana, 2012 ; Webb, 2012). Needs –analysis and effective rehabilitation prove that offenders can have the potential to attain self –actualization (Maslow's concept in the theory of motivation) (Coetzee, 2003; Swartz, de la Rey, Duncan & Townsend, 2011). For example, Ramadikela (2008), found that 78% (N =) of the 7 062 offenders passed their adult basic education and training (ABET) levels 1 to 3, and their Grade 12, as at Durban- Westville's Usethubeni Youth Centre, an offender, Mr. Zakhele Khuzwayo, passed his Grade 12 and 5 distinctions out of 7 learning areas he wrote.

### 2.2 Lack of psychological services

Psychologically, to keep sex- offenders in prison without rehabilitation does not serve any purpose, as they are likely to engage in further predatory acts of sexual violence as a result of "mental abnormality" or "personality disorder" (Comer, 2013). Sex- offenders have the tendency to sodomize the vulnerable young inmates and threaten them should they report to the correctional officers (Samodien, 2013). This poses a challenge to the government to employ qualified personnel (e.g. accredited facilitators, social workers, psychologists) to effect positive change in prisons, because rehabilitation in the form of psychotherapy requires not only assigning prisoners to vocational programmes or sports, but to deal with the childhood traumas, according to Sigmund Freud's psychoanalytic theory (Cilliers & Smit, 2007; Ryckman, 2008). Arguably, if the psychological services were available and regular for the inmates, recidivism would not increase at an alarming rate (Gowdy, Travis & Sutton, 2003), leaving many women and children, traumatised, infected with HIV/AIDS, and/or killed (Itzin, Taket & Barter-Godfrey, 2010). In addition to offering psychosocial therapy (i.e. counselling offenders and their family members to reunite), pharmacotherapy is essential as there is an influx of illegal drugs in prisons. Pharmacotherapy technique involves the utilization of medication in curing mental illness (e.g. anxiety and mood disorders) and substance abuse (Hessink- Louw & Schoeman, 2003).

### 2.3 Overcrowding and poor medical care

Overcrowding in prisons, is the major factor which impedes effective rehabilitation, since there is no space available to conduct focus groups, role-play and counselling on one-to –one with the offenders (Ramagaga, 2011). Stevens (2006) documented that overcrowding in prisons, afford the inmates to discuss the best methods to assassinate and destroy their victims as they perceive prisons as the "school of crime". For example, in 2013, at Groenpunt Maximum Prison, prisoners went on rampage, burnt cells and facility's offices and injured four correctional services (Mail & Guardian,

January, 2013).

From the human rights perspective, Health Sytem Trust (2012) emphasizes that overcrowding and poor living conditions in prisons escalate the TB infection rate. Ramagaga (2011) supports that the consequence of overcrowding may lead to poor sanitation and hygiene, and aggravate the health of prisoners especially those who are not infected by opportunistic diseases such as TB, pneumonia including HIV/Aids. For example, a research report by Daily Dispatch (August, 2006) indicated that the National Portfolio Committee discovered that 76 inmates were locked in a cell which only had one toilet, when visited Middledrift Prison, Eastern Cape, South Africa. Considering that in most prisons, there is a lack of medical officers who have psychiatric knowledge to offer special treatment to offenders whose health deteriorate and have been drug- addicts (Coyle, 2002), Kendig (2006) discovered that those who sustained injuries while serving trials are unable to be easily identified to receive immediate care as part of rehabilitation. In 2011, at Pollsmoor prison, an ex-prisoner sued the DSC for negligence while awaiting trial for 5 years because had developed TB. Moreover, it has more than 2400 inmates instead of 1800 (Health Sytem Trust, 2012). The big question is "what report does the DCS give to the National Council on Correctional Services (NCCS) and the Judicial Inspectorate of Prisons (JIP), the rights of offenders are violated"? (Balfour, 2006; White Paper, South Africa, 2005).

#### *2.4 Lack of professionalism among prison staff members*

According to Shalihu, Pretorius, van Dyk, Vander Stoep and Hagopian (2014), the rehabilitative process could also be daunted by prison warders who lack professionalism. For example, in their qualitative study conducted among HIV-positive inmates in Namibia, Shalihu and his colleagues found that the participants reported prison staff members as contributory factors to the non-adherence to ARVs because they would pass derogatory remarks in the presence of other inmates when they visit the clinic.

#### *2.5 Lack of cooperation between social workers and management in DCS*

Lack of sharing duties and understanding of the roles of the social workers may create conflicts between the management of DCS and social workers working in a harsh environment of offenders who are vulnerable and helpless (Mnguni, 2011). According to Holtzhausen (2012), personality traits expected from social workers should be that, that embody empathy, non-judgemental attitude, perseverance and confidentiality. However, (Mnguni, 2011), reported that in some instances, the management may seem not to understand the friendliness between the social workers and offenders, and assume that the social workers are acting unprofessionally. As a result of poor working relations, Holtzhausen and Makhabela (2000) highlight that it becomes easier for the offenders to form coalition against the staff members who promote inhumane treatment, thereby disrupting the rehabilitative process.

#### *2.6 Poor security*

Security systems is poor at most correctional centres in South Africa as the proper and frequent searching of offenders is not done (Mnguni, 2011). Lack of security and unethical correctional officers contribute to a large number of prisoners who access drugs and alcohol (Naidoo & Mkhize, 2012). It is therefore imperative that the major focus of rehabilitative intervention be on substance abuse to prevent predisposition to psychopathology and to ensure that prisoners do not recidivate when they are re-integrated back to their communities (Du Preez & Luyt, 2004).

### **3. Thoretical Framework**

This research study is guided by cultural theory and "*Batho-Pele*" principles. According to Caldwell and Spink (1992), beliefs, values and ideology are determined by how people interact and collectively influence one another. Drawing from "*Batho-Pele*" principles the needs of the people must be a first priority, namely; democracy, equality, respect, social justice, accountability, UBUNTU- the spirit of humanness towards fellow men, the rule of law and reconciliation, must prevail in South Africa (Department of Education, 2001), the DCS do injustices to prisoners since they fail to address their needs and provide rehabilitation programmes. Hence, at most correctional centres, illegal firearms, murder, substance abuse and rape amongst inmates are rampant (Borzycy & Baldry, 2003; Gear, 2014). In terms of Section 41 of the Correctional Service Act, Act 111 of 1998 (South Africa, 1998), the Department of Correctional Services (DCS), by law, it is obliged to ensure that prisoners have an access to rehabilitative programmes which promote a restorative justice approach, reduce recidivism and combat illiteracy. When rehabilitative programmes are well organised and professionally

implemented, offenders may gain market related skills to become economically successful citizens upon release (South Africa, 2005), without being discriminated against and referred back to their criminal record when seeking employment (Fakude, 2012). Against this background, this research paper sought to investigate the following questions:

- What hinders rehabilitation from being effective in the Correctional Centre?
- How do the officials of Department of Correctional Services measure the effectiveness of rehabilitation among prisoners?
- What strategies does the Department of Correctional Services have to reduce recidivism?

#### **4. Research Method**

In this research study, an explorative, descriptive qualitative research design was employed to get an in-depth knowledge as narrated by inmates about a social phenomenon. Qualitative research is known to use methods such as case studies ethnography, phenomenological research, and narrative method (Creswell, 2007).

##### *4.1 Research Population and Sample*

The target population of the study was drawn from Middledrift Correctional Centre, Eastern Cape, South Africa. The participants of the study comprised 8 male inmates and 2 senior correctional officers who had been selected purposively. By race, 4 participants representing inmates were from coloured community and the other 4 from black community. Their age ranged from 18 to 54 years. Two officials were males and from black community. The data collection process took place at the prison where the participated were kept for serving their sentences. According to Leedy and Ormrod (2005) a sample refers to a selected portion of the larger population, from which inferences could be made. Purposive sampling was preferred since the researcher wanted to investigate how the Department of Correctional Services effect rehabilitation on prisoners. The participants of the research study were informed about the objectives and the significance and gave informed consent to participate voluntarily in the study.

##### *4.2 Instruments*

An in-depth interview as an instrument to collect data in the study, was used. Payne and Payne (2004), maintain that an in-depth interview, on face- to- face setting, using oral questions and answer format, allows respondents to talk about issues in less directed and discursive manner. Furthermore, Leedy and Ormrod (2005), commend face-to-face- interview because it provides more relaxed atmosphere to collect data information, participants may feel more comfortable having a conversation with researchers about the program or project as opposed filling out a survey, and share sensitive information. In this way, meaningful and relevant results can be obtained without involving a large group of participants.

#### **5. Trustworthiness**

Credibility, conformability, transferability and dependability can be viewed as classic contributions to the methodology of qualitative research to ensure reliability/ trustworthiness (Shenton, 2004), as proposed by Guba and Lincoln (2005).

##### *5.1 Credibility*

According to Wahyuni (2012) credibility deals with the accuracy of data to reflect the observed social phenomena and is defined as being parallel to internal validity. It focuses on establishing a match between the constructed realities of respondents and those realities represented by the researcher(s). In other words, credibility is concerned with whether the study actually measures or tests what is intended.

##### *5.2 Transferability / Generalizability*

According to Carcary (2009) generalizability is concerned with how applicable theories, which are generated in one setting are related to other settings. Creswell (2007) cautions researchers that qualitative study's transferability or generalizability may be problematic since the data collected from 8 participants can be generalized to the entire population.

### 5.3 Dependability

Dependability is viewed as the alternative to reliability and refers to the stability of a research inquiry (Graneheim & Lundman, 2004). According to Shenton (2004), dependability can be determined if the research design is used as a prototype model and all data is reported in detail, without being fabricated or distorted.

### 5.4 Conformability

Conformability is regarded as capturing the traditional concept of objectivity and refers to the extent to which others can confirm the findings in order to ensure that the results yield the understandings and experiences from involved participants, as opposed to the researcher's own influences and preferences (Wahyuni, 2012). To achieve objectivity, the researcher used the audit trial to ensure that there is confirmation of the study, since an audit trial is a transparent description of the research steps taken from the start of a research projects to the development and reporting of findings (Cacrary, 2009).

## 6. Ethical Consideration

In this study the researcher ensured the informed consent, confidentiality and anonymity of the prisoners, are adhered to. The Head of the Middledrift Correctional Centre was consulted and asked for permission (in the form of an official letter from the Faculty of Social Science and Humanities, University of Fort Hare) to conduct the study among prisoners receiving rehabilitation. The management of the correctional centre gave the consent and the senior correctional officer was asked to identify the prisoners who volunteered for participation. The male prisoners were informed about the aim of the study and also gave consent through signing a consent form. The male prisoners were given an opportunity to withdraw anytime they feel like or feel uncomfortable to continue with the research, as suggested by Mouton (2012). None of the participants withdrew from the study. To safeguard their human dignity, their names were never asked and the research was conducted in a room designated for visitors (since it was during the week). The process of data collection took place during lunch time while majority of prisoners were in the dining hall to avoid dealing with extraneous variables (such as noise). In that room there was electric plug to switch on the recording device that contributed to the efficiency of the research. Participants were also assured that once coding has taken place, the researcher will destroy the information.

## 7. Analysis and Discussion of Research Results

The researcher employed grounded theory approach utilised three methods of coding, as recommended by Leedy and Ormrod (2005) and Creswell (2007), to analyse the research results.

- *Open coding* (the process of braking down, examining, comparing, conceptualising and categorising data).
- *Axial coding* (a set of procedures whereby data are put back together in new ways after open coding, by making connections between categories, utilising a coding paradigm involving conditions, context, action or interactional strategies and consequences).
- *Selective coding* (the process of selecting the core category, systematically relating it to other categories, validating those relationships and filling in categories that need further refinement and development).

After careful rereading the response of the eight respondents who participated anonymously in the in-depth research interviews held at Middledrift Correctional Centre. The following were identified as the themes.

### 7.1 Overcrowding and neglect

Overpopulation, abandonment, disregard and desertion were words echoed by the respondents when asked the question "what factors contribute to the ineffective rehabilitation in prison"? They expressed feelings of hopelessness and discouragement because their needs are not met. For example, they responded as follows:

*Respondent (Aged 20): "Because we are so many in the cells, we struggle to get immediate help from the correctional officers when on of us is sick at night. And it is not long ago when one prisoner collapsed inside the cell."*

*Respondent (Aged 24): "Abasikhathaleli bobhuti abadala emaxesheni amanintsi. Ndithi nokuthi basihoye, abanandaba nathi. Enye into bayazi ukuthi siyahlukunezwa"*

[English translation: "Big brothers, they really do not care about us (especially at night) despite the fact that we are being abused ]  
Respondent (Aged 28): "The correctional officers have no sympathy and they ignore us."

The notion is that the participants' health needs, psychological needs and emotional needs are neglected and in terms of Section 27 of the Bill of Rights, no prisoner must be refused emergency health care. Comparatively, the empirical findings by Mamosadi (2010), suggests that when the inmates get social support from family members and correctional officers while on ARV treatment, their CD4 – count improves and they live longer unlike when they are neglected.

## 7.2 Rape

In this theme, the respondents' sentiments varied though they admitted that rape takes place in prison. For example, they were quoted as:

Respondent (Aged 20): "the correctional officers cannot protect the inmates from gang rape as these things happen at night most of things are happening inside prison at night".  
Respondent (Aged 24): "to protect yourself from the 28s (gangs which are notorious for murder and rape) and physical abuse by old inmates, you must engage in anal sex and plead for condom-use to avoid STIs and not to report it"  
Respondent (Aged 46): "since we were used to our wives before coming here, it becomes difficult to control our sexual urges. We therefore expect sexual favours from those who rely on us for cigarettes or food, especially if their family members do not visit them any longer. So do you call that rape?"

The better justification of the inmates who engage in sexual intimacy, could be supported by what Sifunda, Reddy, Braithwaite, Stephens, Ruiter and van den Borne (2012) found when investigating the psychosocial determinants of risky sexual behaviour among male prisoners from four prisons in Mpumalanga and KwaZulu-Natal provinces. Of the 357 prisoners who participated in the quantitative research study, 66% (N=215) indicated that they were married at the time of incarceration. From this implication, it could be said that anal sex if rife among male prisoners although from a systematic study by Goyer and Gow (2002), majority of inmates who engage in sodomy refute that there is no forcible rape.

Furthermore, in asking the two correctional officers about the condom provision and rape among inmates they responded as follows:

"We do get complaints from inmates who are being raped and it is largely associated with the gang28s. However as there are Social Workers who offer Sexual Offender Treatment Programme. In such therapy session, they get counselling and asked to refrain from anti-social behaviour".  
"Condoms are placed in the toilets and others are available on request from the male-nurses, although inmates are shy to come forth".

These responses align with the findings documented by Goyer and Gow (2002), following a gay prisoner who got infected with HIV because there were no condoms at Pollsmoor Prisoner , Cape Town. Provision of condoms was made official by the Supreme Court in favour of the gay prisoner in 1996.

With regard to how the Department of Correctional Services measures the effectiveness of rehabilitation and reduce recidivism, respectively, five themes emerged , namely; *sport activities, presence of social workers, school attendance and life-skills, low rate of recidivism, technical workshops*

## 7.3 Sport activities

At Middledrift Correctional Centre, sport codes ranging from soccer, boxing, judo, rugby to cricket keep the inmates actively involved and boost their psychological well-being. When the participants were asked the question "How do you release stress and frustrations as offenders"?

Respondent (Aged 20): "there is a variety of sport codes and music inside prison which contributes in lowering stress".  
Respondent (Aged 46): "Some of us have developed interest in boxing because it is the second sport most favoured here in the Eastern Cape"  
Respondent (Aged 24): *izinto ezifana ne Rugby ne Soccer, zidineda kakhulu ngoba andisekho naseziyobiseni.*  
English translation [ sports such as soccer and rugby here, have helped me to forget about drugs  
Respondent (40): "we do play soccer and do some weight-lifting. And what I like about sport, it has united us. We no longer fight as inmates as compared to the first time we got arrested".

An exposure of prisoners to recreation is vital because it reduces mental disorders. A lack of physical exercise or training could result in prisoners being susceptible to Axis I clinical disorder, according to DSM IV (Comer, 2013). These results are in sharp contrast to the study conducted at Westville Correctional Centre, Durban. Prisoners who were on drugs reached an alarming 42%, and those diagnosed with psychotic, bipolar, depressive and anxiety disorders, 23.3%, while a staggering 46.1% were diagnosed with anti-social personality disorder (Naidoo & Mkhize, 2012).

#### 7.4 Presence of Social –Workers

The therapeutic roles by the intern social workers were expressed by every participant in this research. These participants expressed that their lives have been transformed and as a result they do not engage in gangs and violence which used to be perpetuated by old inmates. For example, they cited the following responses, when asked if the rehabilitation is effective.

*Respondent (Aged 28): "I was unable to control my emotions, 4 years ago. I used to fight with my inmates and be reported to the correctional officers, especially when I was under the influence of dagga. But the counselling I receive from the trainee social workers helps me to live in peace with others, although a fight can just happen here"*

*Respondent (Aged 30): "the presence of the social workers make a difference. I have learnt that when you accept your mistakes, you get peace and happiness. And the more you see other prisoners getting parole, you try by all means not to avoid bad behaviour. They motivate us and believe in us"*

*Respondent (Aged 40): "rehabilitation is important because the presence of the social workers from the university are dedicated to help us. They teach us to ask for forgiveness from God for the wrongs that we have done"*

*Respondent (Aged 46): "there are changes in my life because I do the right thing especially in terms of life skills and spiritual things like going to church. I benefited from rehabilitation a lot".*

*Respondent (Aged, 33): "the rehabilitation programmes help me to know what is right and wrong things that I can do or not to do. Also, the young social workers engage us to programmes which promote self-acceptance and hope for the future"*

*Respondent (Aged 54): "If this thing was introduced before I got arrested for the third time, I would not have raped and committed crime because when the social worker has talked to us I notice change in my behaviour. I do not boss these "lalties".*

The process of rehabilitation helps the prisoners to identify their responsibilities and promote healing. This is in line with the findings by Herbig and Hesselink, (2012) in South African prisons. These researchers found that DCS is assisted by training social workers to attain its mandate to rehabilitate the prisoners, while they complete a practical component for professional registration and/or degree purposes.

#### 7.5 School attendance and life-skills

The desire to learn and be a better person is what we noticed among the inmates. The majority of the inmates attend school regularly and are taught by qualified educators. For example, they expressed themselves as follows:

*Respondent (Aged 20): "By attending school here, has given me the opportunity I never had since I have been living on the street after my parents died 8 years ago".*

*Respondent (Aged 33): "There are inmates who study through UNISA, and they inspire me a lot. So I don't want to miss classes because I want to change my life and be educated"*

*Respondent (Aged 24): Although I take time to understand or cope when it comes to Maths, but Life-Orientation has taught me life-skills which contribute to solving my personal issues.*

The empirical findings of this study align with the research conducted by Fakude (2012), at the Correctional Centre in Gauteng Province, which investigated the impact of educational programmes offered during classes. The inmates reported improved self-esteem and self-efficacy. This implies that rendering of relevant psycho-educational programmes to the offenders may guarantee successful integration to the society and minimal chances to recidivate because of the skills acquired. To achieve this, Motlalekgosi, Mello and Obioho (2013) advocate in-service training for correctional officers. These authors recommend that the correctional officials must acquire knowledge in the areas of emotional intelligence, effective communication, ethics, employee relations, and stress- management to carry out their duties effectively. In other words, the government must outsource experts in the fields of psychology and human resources to offer modules so that the inmates may be empowered in totality.

## 7.6 Low rate of recidivism

The correctional officers responded with confidence to the question: How do you measure the success rate of rehabilitation programmes? For example

*“ In the past 5 years ,of the 568 inmates who were released, only 86 re-offended”*

*“ Many of our ex-prisoners get job in agricultural sector because they are equipped in the area of farming”*

## 7.7 Technical workshops

In addition to life-skills programmes which a part of rehabilitation, the participants were asked what could reduce the high level of recidivism and they responded as follows:

*“If we could be taught technical related subjects such as welding and woodwork, we could be employed or open our own business after serving our sentences”*

*“There must be technical workshops in prisons to teach us brick-laying since the government builds houses for people, we will be having skills and be employed though it could be on contracts”*

As the Skills Development Act 1998 (Act 97 of 1998) focuses on skills development, education and training of its citizens to maximize the human potential (Republic of South Africa, 1998), this study is in line with the achievement of the government in partnership with SETA. A total of 9, 403 inmates across South African prisons have been trained as artisans in the fields of electricians work, painting, welding, tiling, plumbing and bricklaying, as part of the government to narrow the gap of critical technical skills in South Africa (BERNAMA-NNN-SA, March, 2013).

## 8. Possible Limitations

While positive information has emerged during the interview, the major limitation of this study was that other races (Whites and Indians) were never represented and Middeldrift Correctional Centre is not a maximum prison. Other limitations include the fact that participants were not randomly sampled and if the results were quantified, we would be in the best position to identify the greater extent of rehabilitative programmes. Nevertheless, the findings could not be generalized to a large group of prisoners since the participants do not share the same characteristics (e.g. culture, marital status, age, educational background).

## 9. Conclusion and Recommendation

Having achieved the aims of this research, the efforts exerted by social workers and the effective rehabilitation programmes in this study, serve to reduce recidivism although there is overcrowding and smuggling of drugs by prisoners and unscrupulous correctional officers in prisons. These findings are an indication that should there be dedicated social workers who work therapeutically with prisoners, high rate of re-offences in South Africa may be reduced. Drawing from the ideas of Phelan, Link and Tehranifar (2010), societal interventions are needed to produce major health benefits for the inmates. In other words, prisoners must be allocated personal officers for pastoral support, provided sufficient contact with the family to connect emotionally, and meaningful occupation that will have application to employment post-release. Furthermore, research detailing how the correctional officers deal with the victims of rape, should be undertaken and any disparity between the psychological wellness of those who participate in sports and those smuggling drugs be investigated

## References

- Balfour, B.M.N (2006). Portfolio Committee on Correctional Services report. (20/06/2006).DCS. Government Printer: Pretoria.  
BERNAMA-NNN-SA. Almost 10, 000 inmates At South African Prisons Trained Artisan, March 31, 2013).  
Borzycski, M., & Baldry, E. (2003). Promoting Integration: The Provision of Prisoner Post Release Services, Trends and Issues in Criminal Justice No 262. Australia Institute of Criminology : Canberra.  
Carcary, M. (2009).The Research Audit Trial- Enhancing Trustworthiness in Qualitative Inquiry: *The Electronic Journal of Business Research Methods. Volume 7* (1), 11-24  
Cilliers, C., & Smit, J. (2007). Offender rehabilitation in the South African correctional system: myth or reality. *Acta Criminologica*, 20(2), 83-101.



- Coetzee, W. (2003). The assessment of inmates: A philosophical historical perspective of South African situation. Unpublished document, p1-49
- Comer, R.J. (2013). *Abnormal Psychology. (8th Edition)*. Worth Publishers: New York.
- Creswell, J. W. (2007). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches. (2nd Ed.)*. Sage Publications: Thousand Oaks.
- Deci, E.L., & Ryan, R.M. (2000). The "What" and "Why" of Goal Pursuits: Human Needs and the Self Determination of Behaviour. *Psychological Inquiry, Volume 11(4), 252*
- Department of Education (2001). *Manifesto on Values, Education and Democracy*. Government Printers: Pretoria.
- Dissel, A., & Kollapen, J. (2002). Racism and discrimination in the South African penal system. Johannesburg Centre for the study of Violence and Reconciliation: Braamfontein.
- Du Preez, N. & Luyt, W. (2004). Curriculation and methodology in relation to development programmes in prisons. *Acta Criminologica, 17(1)* 28-40.
- Fakude, A. S. (2012). Exploring the management of offenders' education for optimum rehabilitation: a case of a correctional centre in Gauteng.
- Gaum, G., Hoffman, S., & Venter, J. H. (2006). Factors that influence adult recidivism: An exploratory study in Pollsmoor Prison. *South African Journal of Psychology, 36(2)*, 407-424.
- Gear, S. (2014). Imprisoning men in violence: Masculinity and sexual abuse: a view from South African prisons. *South African Crime Quarterly, 33*, 25-32.
- Goyer, K. C. & Gow, J. (2002 ). Alternatives to Current HIV/AIDS Policies and Practices in South African Prisons. *Journal of Public Health Policy, Vol. 23 (3)*, 307-323.
- Graneheim, U.H., & Lundman, B. (2004). Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. Department of Nursing, Umea University: Sweden.
- Guba, E.G., & Lincoln, Y.S. (2005). Paradigmatic controversies, contradictions, and emerging confluences. In Denzin N.K. & Lincoln Y.S. *The Sage handbook of qualitative research. (3rd Edition)*, pp 191-215. Thousand Oaks: California
- Haeefe, B. (2011). An analysis of drug-related crime in the Western Cape, with specific reference to Mitchells Plain as a hotspot area. *Acta Criminologica, 24(3)*, 72-82.
- Herbig, F. J. W., & Hesselink, A. E. (2012). Seeing the person, not just the number. Needs – based of offenders in South African prisons. *SA Crime Quarterly, Vol 41*, 29-37.
- Hesselink- Louw, A. E., & Schoeman, M. (2003). Treatment of incarcerated sex offenders in South Africa: An analytical perspective. *Acta Criminology, 16(1)*, 158-173.
- Holborn, L. & Eddy, G. (2011). First Steps to healing the South African Family. A research paper by the South African Institute of Race Relations, Johannesburg. South Africa.
- Holtzhausen, L. (2012). *Social Work: A South African Practice Framework for Professionals Working with Offenders and Victims*. Juta: Cape Town.
- Holtzhausen, L. & Makhabela, P. (2000). Discussion document on the social work policy development process of the Department of Correctional Services. Department of Correctional Services: Pretoria.
- Leedy, P.D., & Ormrod, J.E. (2005). *Practical research. Planning and design. (8th edition.)* Pearson Prentice Hall: Upper Saddle River, New Jersey.
- Motlalekgosi, H.P., Mello, D. M., & Obioho, E.E. (2013). Analysis of the Training Material utilized for Management Development of an Ideal Correctional Official in South African Correctional Services System. *Journal of Social Sciences (Kamla- Raj), Vol 36 (3)*, 319-328.
- Mamosadi, T. (2010). Social support for male prisoners who are living with HIV at Pretoria Central Prison.
- Mnguni, S. J. S. (2011). Challenges facing social workers rendering rehabilitation services to male offenders in a maximum correctional centre. (Doctoral dissertation).
- Mouton, J. (2012). *Understanding social research*. Van Schaik: Pretoria
- Mutingh, L. (2005). *Offender rehabilitation and reintegration: taking the White Paper on Corrections forward*. University of Western Cape : Cape Town.
- Naidoo, S., & Mkize, D.L. (2012). Prevalence of mental disorders in a prison population in Durban, South Africa. *African Journal of Psychiatry, 30-35*. doi:http://dx.doi.org/10.4314/ajpsy.y15i1.4
- Notshulwana, V. (2012). Rehabilitation of youth offenders in South Africa: the relevance of ecological model and graduated sanctions. *Africa Insight, 41(4)*, 139-158.
- Phelan, J. C., Link, B. G., & Tehranifar, P. (2010). Social conditions as fundamental causes of health inequalities: Theory, evidence, and policy implications. *Journal of Health and Social Behavior, 51(1 Suppl)*, S28–S40.
- Ramagaga, T. (2011). The conditions of Awaiting Trial Prisoners look set to improve in South Africa, Institute for Security Studies, News on ISS Africa, 7 March 2011.
- Republic of South Africa (2005). *White Paper on Corrections in South Africa*. Government Printer: Pretoria.
- Republic of South Africa .(1998). *Correctional Services Act (Act No. 111 of 1998)*. Government Printer: Pretoria.
- Republic of South Africa. (1998). *Skills Development Act (Act No. 97 of 1998)*. Government Printer: Pretoria.
- Ryckman, R.M. (2008). *Theories of Personality*. Thomson Wadsworth: Belmont.
- Sarkin, J. (2009). *Prisons in Africa: An evaluation from a human rights perspective*. Human Science Research Council: Pretoria.

- Shalev, S. (2008). *A sourcebook on solitary confinement*. London: Mannheim Centre for Criminology.
- Shalihu, N., Pretorius, L., van Dyk, A., Vander Stoep, A., & Hagopian, A. (2014). Namibian prisoners describe barriers to HIV antiretroviral therapy adherence. *AIDS Care*,
- Shenton, A.K. (2004). *Strategies for ensuring trustworthiness in qualitative research projects*. Thesis, Northumbria University: United Kingdom
- Sifunda, S., Reddy, P., Braithwaite, R. L., Stephens, T., Ruiters, R. A., & van den Borne, B. (2012). Psychosocial determinants of risky sexual behaviour amongst South African male prison inmates in KwaZulu-Natal and Mpumalanga Provinces. *International Journal of Prisoner Health*, 8(3/4), 151-162.
- South Africa. (1998). *Correctional Service Act, Act 111 of 1998*. Government Printer: Pretoria
- Stevens, R. & Cloete, M. G. T. (2010). *Introduction to Criminology*. South Africa: Oxford University Press
- Swartz, L., de la Rey, C., Duncan, N., & Townsend, L. (2011). *Psychology: an introduction*. (3<sup>rd</sup> ed.). Oxford University Press: Cape Town.
- Tewksbury, R. (2012). Stigmatization of sex offenders. *Deviant Behavior*, 33(8), 606-623.
- Thinane, T. S. (2010). *The institutionalisation of effective rehabilitation programmes at Groenpunt Maximum Security Prison*. (M.A. dissertation). University of North West (Vaal Triangle Campus) : Vanderbijlpark.
- Trester, H.G. (1981). *Supervision of the offender*. Praeger: New York.
- Wahyuni, D. (2012). *The Research Design Maze: Understanding paradigms, cases, methods and methodologies*. Volume 10, 1
- Webb, W. N. (2012). Ethical Culture And The Value-Based Approach To Integrity Management: A Case Study Of The Department Of Correctional Services. *Public Administration and Development*, 32(1), 96-108.