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A Critical Analysis on Offenders Rehabilitation Approach in South Africa: A Review of the Literature

Patrick Bashizi Bashige Murhula
University of KwaZulu-Natal, murhulab@ukzn.ac.za

Shanta B. Singh
University of KwaZulu-Natal, singhsb@ukzn.ac.za

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**A Critical Analysis on Offenders Rehabilitation Approach in South
Africa:
A Review of the Literature**

By

Patrick Bashizi Bashige Murhula

Howard College, University of KwaZulu-Natal

murhulab@ukzn.ac.za

Shanta B Singh

Howard College, University of KwaZulu-Natal

singhsb@ukzn.ac.za

ABSTRACT

The South African Department of Correctional Services (DCS) has a constitutional mandate to provide rehabilitation programs that address offenders' criminal conducts. The treatment approach currently used to deliver this mandate is grounded on the Needs-Based Model where dynamic factors associated with recidivism are systematically targeted in treatment of offenders' criminal behaviors. But the reality of the matter is that there are systemic problems that challenge the DCS both conveying its moral messaging and fulfilling its legal commitment on the rehabilitation of offenders. The DCS mission is far to be accomplished due to its failure to reduce recidivism. Along these lines, it is subsequently important to develop and to implement new approaches that meet the goals of the South African Green and White Papers on Corrections. In this manner, this article analyses the current DCS approach on offenders' rehabilitation by taking into consideration programs used to reduce recidivism and proposes alternative pathways for an effective offenders' rehabilitation approach. This article demonstrates that for successful offenders' rehabilitation, the DCS must introduce new offenders' rehabilitation programs based on Restorative Justice and on Good Lives Model approach. Considering post-Apartheid governments' commitment to human rights, we suggest these two approaches to offenders' rehabilitation as the conceptual resources to resolve the above issues faced by the DCS to deliver its mandate on offenders' rehabilitation.

Keywords: Corrections, Offenders, South Africa, Incarceration, Rehabilitation

Introduction

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Every year, a huge number of incarcerated offenders leave South African prisons and return to their families and communities. While a little number of them effectively reintegrate into their communities, numerous others will carry out new crimes and finished up being incarcerated once more. This implies that rehabilitation initiatives occurring in South African correctional institutions are inadequate and are, as indicated by May and Pitts (2000), considered as being amongst the reasons for repeated offenses.

Section 41 (1) of the South African Correctional Services Act (Act 111 of 1998) stipulates that all offenders' rehabilitation centers that work under the Department of Correctional Services (DCS) must provide programs and activities that meet the rehabilitation needs of offenders. This Act and the South African White Paper on rehabilitation put a substantial responsibility on the DCS since they see rehabilitation as a right of offenders and not as a conditional luxury that is subject to accessible resources (Muntingh, 2005). In essence, rehabilitation programs must guarantee that sentenced offenders do not again depend on criminal activities upon their release. However, Schoeman (2013) states that recidivism rates in South Africa are estimated to be between 55% and 95%.

According to Dissel (2008), recidivism in South Africa will remain high because the type of rehabilitation in correctional centers are not effective and are almost non-existent. Therefore, the DCS must introduce and apply a new strategic approach regarding the rehabilitation of offenders. In this manner, the focus of this article is to analyze the DCS approach on offenders' rehabilitation by taking into consideration its programs used to reduce recidivism and to propose alternative pathways for an effective offenders' rehabilitation approach.

Defining Rehabilitation

Criminal rehabilitation is part of many correctional centers' programs. It is essentially the process of helping and allowing offenders to separate themselves from factors that made them to offend in the first place. The idea of rehabilitation is to treat each of the major contributing factors in order to give offenders the ability to live a crime-free life after they are released from prison.

Sechrest, White and Brown (1979) define rehabilitation as a result of any planned intervention that reduces an offender's criminal activity, whether that reduction is mediated by personality, behavior, abilities, attitudes, values or other factors. From the definition, it can be deduced that rehabilitation is aimed at ensuring that offenders stop their offending behavior.

According to Sections 4.2.1 and 4.2.2 of the South African White Paper on Correction, rehabilitation is the consequence of a procedure that joins the correction of offending behavior, human development and the promotion of social responsibility and value (Muntingh, 2005). In addition, it states that rehabilitation must be seen not only as a technique to avert crime but instead as a complete

phenomenon combining and encouraging social responsibility and social justice to reduce recidivism (White Paper on Corrections, 2005).

According to Balfour (2003), the rehabilitation process implies that offenders must be instilled with the sense of responsibility for their criminal act so that they can deviate from such acts. In the process of rehabilitation, offenders are encouraged to learn sound work skills and go through educational programs that will ensure their effective reintegration into society. All the rehabilitation programs are made up of activities designed to remove conditions that led to offender's illegal behavior (Balfour, 2003).

South African Legislative System on Offenders' Rehabilitation

The DCS sees rehabilitation of offenders as a key system to decrease recidivism (Siegel, 2005). The Correctional Service Act 111 of 1998 and the White Paper on Corrections are amongst legislative prescriptions that serve as inspiration driving rehabilitation approach at South African correctional centers:

- *The Correctional Service Act 111 of 1998*

The Correctional Service Act, Act 111 of 1998, presupposes a contemporary, internationally suitable correctional center system, designed inside the structure of the 1996 South African Constitution. A standout amongst the most vital elements of this Act is the anticipation of a structure for the treatment, improvement and support services to improve the rehabilitation of offenders (Coetzee, 2003).

Chapter 3 of this Act sets out the general requirements which ensure that all offenders are detained under conditions that recognize their human dignity. The most important aspect of the set requirements is the fact that they meet the standard required by the United Nations as set out in the United Nations Standard Minimum Rules for the Treatment of Prisoners. According to the DCS (2005, p.52), these requirements are:

- (i) The inclusion of offenders' rights in prison;
- (ii) Clear policy regarding the use of force and separation of offenders;
- (iii) Programs for the development, treatment and support of offenders;
- (iv) Promotion of community involvement in correctional matters;
- (v) Programs for monitoring offenders after their release; and
- (vi) Promotion of partnership between the public and the private sector towards the development of correctional centers

- *The White Paper on Corrections*

The White Paper on Corrections of South Africa emerged out of a requirement for a long-term strategic policy and operational system that perceives correctional activities in prison facilities as comprehensive societal responsibility.

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The White Paper on Corrections (Department of Correctional Services, 2005, p. 21) states that the DCS must assess the following needs of offenders after their incarceration:

- (i) The security needs of offenders while taking into consideration their human rights: By determining the security needs of the offender, that offender can be placed under the classification where he or she can cope.
- (ii) The physical and emotional wellbeing of offenders: Assessing these needs ensures that the Department determines the types of services that have to be provided to an offender to ensure his or her rehabilitation.
- (iii) Educational and training needs of offenders: The educational capabilities of the offender can be determined, and that offender can be placed on a level that is suitable for him or her. When it comes to training, the potential of the offender can be identified, and an offender will be encouraged to undergo the type of training that is suitable for him or her.
- (iv) Accommodation needs: Because the state has an obligation to supply suitable accommodation for offenders, assessing them will help determine what is suitable for them.
- (v) The need for support after the offender has been released: It is the duty of the DCS to ensure that the offender is successfully reintegrated into the community.

South African Approach on Offenders' Rehabilitation

In South Africa, and specifically in corrections, there has been a shift in thought on the treatment of offenders. This change embraces the concept of rehabilitation and the effective treatment of offenders to assist them to become law-abiding citizens. The DCS is responsible for the offering and implementation of rehabilitation's needs-based programs to offenders imprisoned by the court of law. These programs include psychological services, social work services, health services, skills development, and spiritual care. However, a major challenge is to ensure that all offenders are positively developed and supported whilst they are incarcerated.

- *Psychological Services*

Psychological services are offered by the Directorate of Psychological Services, which aims to offer professional services to offenders, probationers as well as parolees with a view to promoting their mental health and their emotional wellbeing. Most importantly, these services ensure that offenders are rehabilitated for them to reintegrate successfully into society. Psychologists within the Directorate ensure that offenders are diagnosed as soon as they are admitted in order to make sure that they are treated according to their needs (Department of Correctional Services, Undated). During the first stage, offenders are evaluated by means of interviewing, psychometric tests and observations within a group situation, feedback from functional personnel and consultation with any person who knows the offender. Programs will then be designed based on the information

obtained from applying any of the said methods. Individual therapy, group therapy and family therapy are the methods used by psychologists to ensure the effective treatment of offenders, which will in turn strengthen their rehabilitation. These methods are applied to various forms of offenders, ranging from ones with suicide tendencies to ones who request these services themselves.

The provision of psychological treatment to offenders counters the negative effects of imprisonment. It is stated in the White Paper on Corrections that for the DCS to develop and support the offenders through the promotion of their social functioning and mental health, it should provide both social and psychological services (White Paper on Corrections, 2005). Psychologists within the DCS can, among other things, help cure the causes of criminal behavior such as alcohol and substance abuse. They contribute to the aim of reducing reoffending by addressing the problems of those individuals who are highly likely to reoffend.

According to Towl (2003), there are two key drivers of the work of a psychologist within the correctional system. They are organisational needs, meaning that they should meet organisational aims and objectives, as well as psychological expertise, meaning that they should offer the knowledge and skills required of psychologists.

The DCS is committed to offering psychological services to all offenders with the aim of improving their mental and emotional wellbeing. This commitment is shown in section 2(c) of the Correctional Services Act 111 of 1998 which states, among other things, “the purpose of the correctional system is to contribute to maintaining and protecting a just, peaceful and safe society by promoting the social responsibility and human development of all prisoners and persons subject to community corrections”. All offenders have equal access to these services, but their participation is voluntary.

- ***Social Work Services***

The Directorate of Social Work Services offers professional services to offenders by means of professional social workers. These services include therapeutic, informative, supportive, crisis intervention, development, administrative, assessment and evaluation services (Department of Correctional Services, Undated). Social work services empower offenders with social functioning skills and help them solve their own problems. Offenders are also helped to reintegrate successfully into society. Casework, group work and community work are the methods used to implement social work services.

Like psychologists, social workers also have the responsibility to determine the needs of offenders and to ensure that they are placed under programs which are suitable for their needs. Social workers ensure that offenders are provided with programs that help them deal with substance abuse, marriage and family, life skills and sexual offending, amongst other things. These programs contribute positively

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to the lives of the offenders as they ensure that they move away from their old habits and develop a new life, thereby ensuring their complete rehabilitation.

- Health Care Services

Health care services offered by the Directorate of Health Care Services are aimed at promoting the health of the offender population in general. In this process, those offenders with health problems are identified so that their needs can be assessed for them to be given the necessary treatment. This treatment is offered for free to all offenders.

To promote the health of inmates, sections 7, 8, 9, 10 and 11 of the Correctional Services Act 111 of 1998 prescribe that Correctional Services must provide accommodation, nutrition, hygiene, clothing and bedding as well as exercise. Evans and Morgan (1998, p. 446) confirm this by mentioning that “it lies with prison health care service, as appropriate acting in conjunction with other authorities, to supervise catering requirements (quantity, quality, preparation and distribution of food) and conditions of hygiene (cleanliness of clothing and bedding, access to running water, sanitary installation) as well as the heating, lighting and ventilation of cells. Work and other outdoor exercise arrangements should also be considered”.

- Skills Development and Spiritual Care

Skills development program form part of the rehabilitation services that are offered by the DCS. The Directorate of Skills Development in correctional centers offers programs that are in line with the South African Constitution. The South African Constitution states in section 29 that every citizen is entitled to education. In these skills development program, offenders’ labour market potential is developed as they undergo activities that improve their knowledge, skills and attributes and thus enhance their social functioning (Cilliers & Smit, 2007).

Furthermore, religious workers play an important role in the spiritual and moral development of inmates, as well as in providing ongoing guidance and support. In South African correctional centers, a variety of religious and spiritual care workers assist offenders with personal, spiritual care, and familial support and/or counselling services representative of all denominations (Dissel, 2008).

The Inability of the DCS to Implement a Successful Offenders’ Rehabilitation

Changes that have occurred in South Africa since the early 1990s have led to new developments in the functioning of the correctional services. The implications of the Correctional Services Act 111 of 1998 and the White Paper on Corrections of 2005 paved a way for a successful offenders’ rehabilitation approach in South Africa but unfortunately the DCS failed to deliver on its mandate to reduce recidivism.

According to Schoeman (2013), recidivism rates in South Africa are estimated to be extremely high (between 55% and 95%). There are many reasons for these high rates, including poor rehabilitation approach, resource constraints and correctional centers over-crowding, deficiency of staffs, and the lack of appropriate support for reintegration of offenders upon release from correctional centers.

- ***Poor Rehabilitation Approach***

According to Dissel (2008), recidivism in South Africa will remain high because the type of rehabilitation available in the country's prisons is not effective and is almost non-existent. This is confirmed by Gaum, Hoffman, and Venter's study of women incarcerated in Pollsmoor Prison in the Western Cape Province (South Africa) that demonstrated that the type of rehabilitation administered in prisons is having little positive outcome (Gaum, Hoffman & Venter, 2006).

The DCS's Corrections programs aim to provide needs-based correctional sentence plans and interventions to offenders, however, there are no well-structured programs to rehabilitate offenders as well as Probation Officers not equipped to implement rehabilitation programs as they apply "*one size fits all*" approach. They apply the same programs to different offenders who committed different crimes. This method creates more problems which end in recidivistic behavior. Gaum, Hoffman and Venter (2006) further explain that rehabilitation programs are often not effective because they continue to focus more on process than results. In other words, there is a focus on offenders attending programs rather than on whether the programs have the desired effect of changing the individuals' behavior.

- ***Resource Constraints and Correctional Centers Over-crowding***

One of the other reasons why it is not possible to provide meaningful rehabilitation to inmates is due to resource constraints and the chronic over-crowding of correctional centers (Muntingh, 2001).

Given the shortage of resources and high numbers of offenders, the DCS focuses its programs only on offenders receiving imprisonment sentences of more than 24 months. In 2014, according to a statistic from the DCS, 52 % of the sentenced offenders were serving sentences of ten years or less, 10% were serving sentences of less than two years. This means that according to South African approach on rehabilitation, this 10 % of sentenced offenders are not exposed to rehabilitation or reintegration program together with the number of inmates (approximately a third of the prison population) who are awaiting trial (Department of Correctional Services, 2014). Therefore, the percentage of offenders within correctional institutions not receiving any form of corrective program amounts to approximately 40 % of the total inmate population (Department of Correctional Services, 2014). Consequently, this 40% of inmates are released without being rehabilitated; this severely hampers their reintegration into society and increases

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the likelihood of engaging in further criminal activity. Table 1 represents the length of offender sentences for 2014.

Table 1: Length of offender sentences for 2014

Sentence length	Number	%
Between 0 to 6 months	4405	4
Between 6 to 12 months	3725	3
Between 12 to 24 months	3661	3
Between 2 to 3 years	12015	11
Between 3 to 5 years	11987	11
Between 5 to 7 years	8086	7
Between 7 to 10 years	14773	13
Between 10 to 15 years	20060	18
Between 15 to 20 years	12168	11
More than 20 years	10712	10
Life	10349	9
Death	1	0
Other sentenced	525	0
Total sentenced	112467	100%

Source: Department of correctional services

Furthermore, beside constrained resources, the DCS is confronting critical difficulties such as overcrowding (Achmat & Heywood, 1996). Overcrowding is the major factor which blocks effective rehabilitation since there is no space available to conduct focus groups, role-play and counselling on one to one with offenders (Ramagaga, 2011). In South Africa, the total capacity of prisons is 118 154 people, with 25 000 places being reserved for people awaiting trial detainees or remand offenders. The total prison population in 2016 was 159 331 of which 42 380 were awaiting trial detainees and 116 951 were sentenced offenders. Therefore, there is an overcrowding level of approximately 75%.

Table 2: Offenders in custody – remand and sentenced

Year	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Remand	47 757	45 898	45 730	44 858	42 077	42 380
Sentenced	112 934	113 044	104 878	107 696	115 064	116 951
Total	161 096	153 942	153 968	152 553	157 141	159 331

Source: Department of correctional services

- Deficiency of Staffs

There is a huge deficit of psychologists and social workers in South African correctional centers. Therefore, numerous psychological and social worker's related matters and programs required by offenders are not readily available. For instance, the main functions of psychologists entail assessment, diagnosis and treatment of sentenced offenders, probationers and persons under correctional

supervision (Singh, 2016). Social workers, on the other hand, assess the offenders and provide needs-based programs and services in order to enhance the adjustment, social functioning and reintegration of offenders back into the community (Singh, 2016).

According to DCS (2014) report, there are 208 offenders for every social worker and 1565 offenders for every psychologist within correctional facilities. This huge ratio between offender and expert assistance places a huge burden on rehabilitation of offender and the criminal justice system as a whole. Table 3 represents the number of social workers and psychologists in correctional facilities in South Africa from 2008 to 2014 and table 4 indicate the ratio of incarcerated offenders to staff from 2012 to 2013.

Table 3: DCS Staffing

Indicator	2008- 2009	2009- 2010	2010- 2011	2012- 2013	2013- 2014
# social workers	377	503	488	503	504
# psychologists	3	10	55	57	67

Source: NICRO 2014

Table 4: Ratio of Incarcerated Offenders to Staff

Indicator	2012- 2013
# social workers	1565
# psychologists	227

Source: NICRO 2014

- Lack of Offenders' Support upon Release from Correctional Centers

The road towards the rehabilitation of an offender also extends to the community outside the correctional center. The community has a vital role in the rehabilitation of offenders because the offender comes from the community and at the end of it all must return to that community.

The strong relationship between the offender and the community strengthens the opportunities for successful reintegration into society. If the community does not accept that the offender has been rehabilitated, he or she might resort to actions that will lead him or her back to the correctional center (DeVeaux, 2013). However, there is a lack of strong relationship and cooperation between the DCS and the community, community-based organisations, non-governmental organisations

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and faith-based organisations to facilitate a successful achievement of the rehabilitation and reintegration of offenders in their communities.

Way Forward: DCS Needs to Introduce a New Approach to Reduce Recidivism in South Africa

(i) Apply Restorative Justice for an Effective Offenders' Rehabilitation

Restorative justice has increased extensive momentum as a creative approach in the criminal justice system that emphasizes on repairing the harm brought about by crime instead of just punishing offenders. According to Sherman (2015), restorative justice program, such as victim-offender mediation and community impact panels, are more effective in reducing recidivism rates among juvenile offenders than traditional court processing.

Table 5: Crime Categories in South Africa for 2014 –

Crime Categories	Youths and			Children		
	Unsentenced	Sentenced	Total	Unsentenced	Sentenced	Total
Youths 18-25						
Economical	7211	9099	16310	32%	29%	30%
Aggressive	11118	15766	26884	49%	51%	50%
Sexual	2818	4160	6978	12%	13%	13%
Narcotics	645	622	1267	3%	2%	2%
Other	942	1490	2432	4%	5%	5%
Total	22734	31137	53871	100%	100%	100%
Children <18						
Economical	81	148	229	27%	27%	27%
Aggressive	139	239	378	46%	44%	45%
Sexual	61	137	198	20%	25%	23%
Narcotics	5	14	8	2%	1%	1%
Other	19	14	33	6%	3%	4%
Total	305	541	846	100%	100%	100%

Source: NICRO 2014

A study conducted by Bouffard, Cooper and Bergseth (2016) examined four types of restorative justice programs for juvenile offenders in United States of America (USA). These programs include face-to-face mediation between victims and offenders, indirect communication between victims and offenders, community panels who stand in for the victim, and even minimal restorative justice interventions that simply educate offenders about the restorative justice process. Bouffard, Cooper and Bergseth conducted their study on 551 youth who were assigned to restorative justice or traditional court proceedings between 2000 and 2005. They found that 40 percent of the juveniles committed a new offense within the average 3.5-year study period (Bouffard, Cooper & Bergseth, 2016). Youth processed through juvenile courts re-offended nearly 50 percent of the time, while

those in a minimal restorative justice educational program committed new offenses only 31 percent of the time (Bouffard, Cooper & Bergseth, 2016). The youths in this study averaged about 15 years old and were involved in offenses such as property crimes, curfew violations, alcohol and tobacco charges, drug possession, traffic offenses, disorderly conduct, and even some violent crimes as most youths in South African's correctional centers are incarcerated for. Table 5 represents crime categories (youths and children) in South Africa.

Restorative justice can also be appropriate in South Africa, most specifically when it comes to the rehabilitation of juvenile offenders. This process is beneficial to victims and offenders by emphasizing recovery of the victim through redress, vindication, and healing and in the process of coming together to restore relationships, the community is also provided with an opportunity to heal through the reintegration of victims and offenders by using the South African spirit of "*Ubuntu*". The "*Ubuntu*" philosophy is highly regarded as virtues where love and forgiveness reign, whilst upholding good moral, virtues, principles and etiquette. In the context of restorative justice, the two values of forgiveness and love must be shown by community members in support of the victim and the offender's rehabilitation.

(ii) *The Good Lives Model as a Long-Term Solution to Reduce Recidivism in South Africa*

In 2003, Tony Ward and Claire Stewart introduced the Good Lives Model (GLM) as a model of offender rehabilitation that reflected a vision of rehabilitation that underscores the role of clinical psychology models in correctional interventions. According to this vision, the primary aim of rehabilitation should be to enhance offenders' wellbeing and capabilities (Ward & Stewart, 2003). In general, the goal is thus to equip offenders with "capabilities to meet their needs, pursue their interests, and therefore live happy, fulfilling lives" (Ward & Maruna, 2007, p. 109). In this regard, Ward argued that the focus on offenders' lives is important because "every rehabilitation program presupposes conceptions of possible good lives for offenders and, associated with this, an understanding of the necessary internal and external conditions for living such lives" (Ward, 2000, p. 513). Thus, the challenge of rehabilitation programs is to assist offenders in finding answers for a fundamental question in their change process: how offenders can live a different life (Porporino, 2010).

The GLM focuses on the promotion of two categories of goods: "primary human goods" and "secondary goods." Within this model, the *primary human goods* are goals held by all human beings, including offenders. In general terms, these goods are described as "states of mind, personal characteristics, or experiences that are intrinsically beneficial and sought for their own sake" (Ward, Yates & Willis, 2012, p. 95).

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The second category of goods is the *secondary (or instrumental) goods*. This category represents the specific and concrete activities or strategies that a person uses to obtain the primary human goods. The secondary goods can be appropriate or inappropriate. Appropriate secondary goods are personally meaningful activities or strategies that are used to achieve the primary human goods in a socially acceptable way (Ward, Yates & Willis, 2012). The GLM considers these goods as a person's strengths. As opposed to appropriate secondary goods, inappropriate secondary goods are considered flaws in an individual's ability to attain the desired primary goods.

Within the GLM, the role of the therapist is to assist offenders in achieving the primary goods in both personally meaningful and prosocial ways. Specifically, the therapist helps each offender to construct a highly individualized "Good Life Plan". This plan consists of the distinctive conditions that are likely to lead the individual toward happiness, a good life, and well-being. According to the GLM, following such Good Life Plan is also "likely automatically to eliminate or modify commonly targeted dynamic risk factors (i.e., criminogenic needs)" (Ward & Maruna, 2007). Mpuang (2001), in her study relating to the rehabilitation of offenders, stated that most offenders in South Africa are unemployed, impoverished, uneducated and by reason of these social and economic circumstances frequently get themselves driven to a life of reoffending. She affirmed that, keeping in mind the end goal to diminish the crime rate, efforts should be made to empower offenders to get away from these constraints (Mpuang, 2001). Based on the GLM strategy, the DCS and other partners should hence work closely and engage with each other as much as possible in order to get ready inmates sufficiently for their release and to give them access to services and assets available in their community. The DCS must enforce partnership with other government departments and Non-Governmental Organizations to help offenders to require and to get help offered by them after they are released from prison.

- The Empirical Status of the GLM

Ward and Maruna (2007) argue that the GLM should guide interventions in developing empirical supported therapies when it comes to the rehabilitation of offenders. Specifically, they assert that correctional interventions that follow the GLM's theoretical framework should result in two outcomes. First, they should "reduce the likelihood of individuals committing additional crimes" (Ward & Maruna, 2007, p. 143). Second, they should engage "participants in the rehabilitation process and promote desistance from crime" (Willis & Ward, 2013, p. 305). In practice, this effectiveness criterion expects that correctional programs will demonstrate both the reduction of offenders' recidivism (i.e., reduce the risk to the society) and the enhancement of offenders' psychological well-being (increase the chance of achieving better lives).

A study conducted by Lindsay et al. (2007) presents a preliminary attempt to operationalize the theoretical principles of the GLM. In general, Lindsay et al. (2007) sought to examine the effectiveness of a therapeutic method that used GLM

principles in the treatment of sex offenders. Specifically, they integrated a life map that was designed to “traces personal development from birth” and to incorporate offenders’ “long-term future projections” (Lindsay et al, 2007, p. 37). Their study evaluated the impact of this therapeutic method on sex offenders. These offenders entered to this intervention after completed another treatment that focused on their deficits and risk management (e.g., anger management, control of alcohol abuse, reduction of risk factors).

Lindsay et al. (2007) concluded that the GLM’s approach affected the offenders in three main ways. First, due to the GLM’s dual aims (the focus on building capacities alongside with managing risk), “they felt that the therapists were genuinely interested in them and their lives and were not intent simply on ensuring that they did not offend again” (Lindsay et al, 2007, p. 49). Second, the focus “on developing a more adaptive lifestyle plan makes a great deal of intuitive sense to them and the therapists” (Lindsay et al, 2007, p. 49). Third, “the constructive nature of the GLM helped to offenders’ suspicions about the treatment and to appreciate that one of their therapist’s aims was to ensure they lived better lives as well as less harmful ones” (Lindsay et al, p. 49). In addition, Lindsay, Ward, Morgan and Wilson (2007) mentioned that both offenders had not recidivated during a five- year follow-up period.

Another study was conducted in the correctional system of New Zealand to test the empirical status of the GLM. In this case study, Whitehead et al. (2007, p. 582) describe how the GLM guided an “ongoing treatment with high risk, violent offenders”. They also note that during the offenders’ past two periods of incarcerations, they “completed two intensive cognitive behavioral, group-based treatment programs targeting their criminogenic needs (dynamic risk factors)” (Whitehead et al, 2007, p. 585). Essentially, this therapeutic background led therapists to conclude that “the standard Risk-Management, cognitive behavioral treatment options available for offenders were exhausted” (Whitehead et al, 2007, p. 587).

Thus, Whitehead et al. (2007) designed a treatment program that applied the principles of the GLM for these particular offenders. Specifically, this treatment program aimed to “establish relevant treatment goals, identify dominant human goods, increase treatment readiness, enhance understanding how the most valued goals interacted with primary goods and criminogenic needs, develop a Good Lives case formulation, develop a detailed Good Lives plan based on the case formulation, work on goal attainment, and monitor progress via regular supervision” (Whitehead et al, 2007, pp. 587-592).

According to Whitehead et al. (2007), “the true value of the GLM was in facilitating treatment readiness...and promoting the offenders’ long-term reintegration goals, while creating a more adaptive personal identity” (Whitehead et al, 2007, p. 595). They argued that the key therapeutic change occurred when offenders visualized changes in them. They concluded that the GLM enabled each offender “to visualize

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and begin working toward a life for himself that they would never have previously considered” (Whitehead et al, 2007, p. 588). In addition, they reported that these offenders did not recidivate during the 14 months follow-up period. Empirical researches demonstrate that GLM has a good impact when it comes to the rehabilitation of sex offenders, high risk and violent offenders (aggressive criminals).

Conclusion and Recommendations

- Conclusion

South Africa has one of the highest crime and recidivism rates in the world. The high crime rate in South Africa created a “rush to incarcerate”, but little attention has been paid to what programs actually work. When offenders recidivate, they are frequently blamed, yet ineffective or detrimental rehabilitation programs are rarely considered to be at fault.

The DCS motivation behind sentencing and imprisonment is to rehabilitate, to reform and to reintegrate offender into their respective communities. The responsibility of the DCS is not simply to keep offenders out of circulation in the public arena, nor to just implement a punishment given by the court. The obligation of the DCS is primarily to rectify offending conduct with a specific end goal to reduce reoffending. It does not concentrate on retribution of offenders however it put it focus on the safety of the community keeping in mind the end goal toward reducing recidivism. Rehabilitation is the only approach that reduces criminal behaviors prompting a decrease of criminality.

Nonetheless, the DCS mission is far from being accomplished because of a high number of recidivism in South Africa. Act 111 of the South African Correctional Services as well as the White Paper on Corrections laid objectives considered to decrease reoffending but the DCS is in a difficult position to accomplish them. This can be due to the root causes and risk factors, related to criminal behavior, are not yet addressed in order to treat offenders in South African correctional centers comprehensively. Along these lines, it is subsequently important to develop and to enforce a new approach that meets the goals of the White Paper on Corrections. Various thoughts and initiatives should be made and be deliberated while planning future rehabilitation program which will resolve problems faced by offenders.

- Recommendations

The White Paper on Corrections places rehabilitation at the focal point of service conveyance outcomes for the DCS and maintains that security and rehabilitation of inmates should be part of rehabilitation programs. This position comes from its affirmation that imprisonment can have harming impact on both the physical and mental well-being of detainees. Therefore, the DCS must make sure that the health care of inmates incarcerated in its facilities be provided as well as the procurement of conditions that advance the well-being of prisoners to encourage and facilitate

their rehabilitation. In terms of the White Paper on Corrections the safety and security of the public, the officials and detainees within prisons in South Africa is part of the mandate of the DCS. As far as safety of offenders is concerned, the DCS must develop effective methodologies to address the issue of overcrowding inside prisons.

To reduce overcrowding in correctional institutions, the South African Criminal Justice System must urgently limit the unnecessary use of correctional center, ensuring it is reserved for serious, persistent and violent offenders for whom no alternative sanction is appropriate. Instead, more should be done to divert minor and non-violent offenders out of prison into measures which enable them to make amends for their wrongdoing and better address the problems which lie behind their offending.

The application of restorative justice program in offender rehabilitation is supported by the White Paper on Corrections. The DCS must integrate and enforced restorative justice program in its offenders' rehabilitation approach. Offenders' rehabilitation procedure must incorporate strategies that will facilitate contacts between offenders and their victims. These contacts will have healing significance for both victims and offenders.

In South Africa, it is not mandatory for offenders to participate in rehabilitation programs. Offenders are only required to be part of a specific rehabilitation program if the verdict carried out by the judge imposed it. In general, all of them are supposed to be constrained to take an interest in rehabilitation programs because it is gainful to their rehabilitation.

The DCS must introduce the GLM in its offender rehabilitation approach. When an ex-offender is released from prison it is important that his or her practical needs are addressed. The DCS with other stakeholders must assist ex-offenders to deal with social problems such as poverty, unemployment, substance abuse that push them to reoffend. By dealing with these specific social issues, ex-offenders will become productive and constructive members of their community and automatically it will reduce recidivism.

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