



REHABILITATION AGAINST RETRIBUTION: ANALYSING EFFECTIVE CORRECTIONAL PROGRAMMES THAT IMPACTS RECIDIVISM

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Abstract: Correctional facilities have sought to find a balance between the goals of punishment and the goals of rehabilitation for a long time. The programs offered by an institution are dependent upon the behavior of the offenders, the safety of the staff and the safety of the community. After reviewing the theory and empirical consistencies related to correctional intervention, this paper provides an overview of rehabilitation and programming within adult and juvenile facilities. Cognitive-behavioural programs, vocational/educational programs, therapeutic communities, and risk-need-responsivity are highlighted. Arguments are made that efforts to examine what makes corrections effective should focus less on whether programming works, and more on issues related to program fidelity, appropriate offender classification, and strength of institutional culture. Structural obstacles to rehabilitation such as overcrowding, staff shortages, and prison-induced crime are discussed. Intervention models showing promise are described including trauma-informed care and re-entry case management. Opportunities for reducing recidivism through correctional intervention exist but are only effective if services are matched to risk and need, implemented properly, and linked to community programming upon release.

Keywords – Correctional, Punishment, Rehabilitation, Offender, Juvenile, Cognitive-behavioural, Vocational, Therapeutic, Trauma-Informed

I. INTRODUCTION

Corrections, be it jails, prison, or juvenile detention centers, often tend to be viewed by the public in the context of punishment. However, from the perspective of criminology, correctional settings can be considered an independent variable which, to a large extent, determines future offender paths after their release into the society. Decades of studies on the processes of desistance and recidivism show that what happens in correctional settings affects greatly the likelihood of offenders returning back to the system rather than the duration of punishment. The current paper will discuss correctional settings in terms of program effectiveness: what makes rehabilitative programs successful and what makes institutions hinder them? The scope of the review is quite broad, covering both adult and juvenile populations, as the mechanisms of behavioural change, risk assessment, and correctional culture are common for both, while the programs may vary in specifics.

II. MODERN PRISON SYSTEM: PUNITIVE-REHABILITATION TENSION

However, later studies conducted in the 1990s and 2000s proved the contrary: correctional treatment could be effective if it was scientifically designed, whereas correctional treatment which did not meet such criteria could not be effective. Thus, the adoption of the new attitude toward correctional programs and practices has led to what can now be called "what works" approach to correctional rehabilitation and emphasizes the importance of scientific basis of treatment programs rather than punishment or treatment per se. Despite this change in the attitude toward correctional programs, the modern correctional facilities are characterized by the combination of different approaches which they pursue. One institution can perform different functions at once, such as punishment, incapacitation, deterrence, and rehabilitation; however, those functions may often conflict as they all compete for the same resources. Thus, understanding the effectiveness of correctional programs presupposes the analysis of institutional priorities.

III. THEORITICAL FOUNDATION

3.1 Risk Need Responsivity Model (RNR)

The risk-need-responsivity (RNR) model was given by criminologists and Canadian psychologist Donald A. Andrews, James Bonta, and Paul Gendreau, they developed this theory in 1990 and it proves to be the most popular and necessary model used in implementing on effective correctional programs. The risk principle states that treatment level should match the level of the person's risk of committing new crimes; the riskier the person, the more intense treatment is, while for less risky individuals there would be minimal treatment in order not to disrupt their prosocial networks. The need principle focuses on dynamic risk factors, such as antisocial attitudes, drug abuse, and family problems that can be changed due to treatment. As against the static risk factors, such as criminal history. The responsivity principle stresses the importance of tailoring the treatment approach to the learning style and mental abilities of the individual. The RNR model has strong empirical support and has been integrated into correctional classification systems of many jurisdictions. The main value of the model for correctional facilities is its conception of rehabilitation as a precision process, rather than a standard curriculum for all offenders.

3.2 Theory of Desistance

Whereas RNR focuses on risk management, desistance theory places importance on the social process through which people withdraw from crime. According to desistance theorists, correctional institutions ought to foster the transformation of one's identity, the creation of pro-social roles, and the creation of strong social ties rather than deficit reduction alone. This view has helped spur interest in strengths-based case management and mentoring programs in the correctional setting.

3.3 Institutional Criminology and Environmental Criminology

There is another smaller set of literature dealing with correctional institution as criminogenic/protective setting. High violent, idle and low procedural justice institutions are more likely to foster anti-social values and hinder progress made through programming whereas those institutions which stress on structured activity, procedural justice and security are likely to help behavioural change. In other words, it means that it is not only the content of programs which can explain the outcome of corrections, but also the surrounding institutional setting.

IV. TYPES OF PROGRAMS AND THEIR SUPPORTING EVIDENCE

4.1 Cognitive Behavioural Approaches

Correctional interventions that have been found to be most supported by meta-analytic research evidence include cognitive behavioural therapy (CBT)-based programs. These programs focus on correcting maladaptive patterns of thoughts related to offending behaviors, like hostile attribution bias and underestimation of the consequences of one's actions, teaching proper problem-solving and self-control techniques. CBT-based programs generally produce the largest effect sizes when implemented by qualified practitioners who deliver the curriculum with high fidelity to a moderately to highly risky population.

4.2 Vocational and Educational Training

Both education and skills training have been linked to lower rates of recidivism due to their impact on the ability to find employment after release. Educational programs for adults, GED preparation, and vocational credentialing are a response to a structural obstacle to re-entry rather than a psychological one, and in many cases the value of these programs depends on the acceptability of the correctional credentials.

4.3 Drug Use and Therapeutic Community Approaches

High prevalence of substance use disorders in the prison population indicates that the issue requires attention to both the TC programs in prison and the treatment programs for drug addiction as part of the correctional programs. The incarcerated individuals who participated in TCs that extended their treatment during the transition to society reported better success as compared to those who were involved only in TCs up to the period of incarceration.

4.4 Juvenile-Centered Approaches and Programmes

Juvenile correctional settings are becoming increasingly focused on developmental, and family-based treatments based on research on brain biology, as well as the disproportionate influence of families and peers on delinquency. Juveniles who are first time offender or who is lesser known to criminality which means soft criminals can be impacted by the institutional barriers when apply to them result in recidivism. Therapeutic Programmes, Community interventions, Educational Programmes and Motivational Interviewing (MI) emphasizes behavioural diversion rather than applying imprisonment and harsh punishment.

V. CORRECTIONAL PROGRAMS EFFECTIVENESS IN STRUCTURAL BARRIERS

Correctly constructed programs might still have unsatisfactory results due to the presence of institutional barriers in prisons. It refers to overcrowding, lack of human resources, high staff changes. There are also further institutional demands, such as relevant focus on security rather than rehabilitation, leading to stopping particular programs during security lockdowns or shortages of personnel. As well, incarceration creates a criminogenic atmosphere in prisons, which may negate the positive results of pro-social programs. Moreover, the problems of finding appropriate post-release care for people increase the question of efficacy of treating such individuals as high-risk ones. Also, there is a question connected with continuity of care when the transition is made from prison to society. Even if it can be stated that the individual achieved some degree of positive momentum while being in prison, upon release the person experiences the lack of continuity in terms of treatment and support.

VI. SUGGESTION AND DISCUSSION

Taken together, the evidence presented suggests that correctional centers are not inherently either primarily rehabilitative or primarily punitive but that rather there is an association between various combinations of programs, institutional contexts, and aftercare continuity and the reduction of recidivism. In terms of practice and policy, several of the papers have implications for the classification and management of inmates, staff training and program evaluation, and institutional approaches to aftercare. In terms of practice, institutional management should concern itself less with the development of new programs per

se (without regard for treatment intensity) and more with staff training and program fidelity, since for the most part, the latter two issues were found to have greater impact on reducing recidivism than did new programs. Institutional staff should think of aftercare as an extension of institutional programming. In terms of policy, these findings suggest a more sophisticated approach to the question of what works in correctional rehabilitation. Instead of asking whether rehabilitation works or not, researchers should be focusing on understanding what factors contribute to its success. For criminal justice practice and policy, this article suggests that criminological research on institutional treatment should move from questions about whether rehabilitation works to questions about how it works. This fits with the general move within criminal justice to consider all aspects of criminal justice policy and practice in terms of “evidence-based” approaches.

VII. CONCLUSION

It is important to note that correctional places are not just a location where convicts serve their sentences but also the places where the development of their offending career can be stopped or facilitated depending on specific conditions. In this sense, it is reported that treatment programs based on the risk-need-responsivity model, properly implemented and maintained to ensure the after-release adjustment of the participants, proved to be the most cost-effective and successful. Additionally, it is found that such crucial institutional factors as staff turnover, overcrowding, and the lack of resources for community-based aftercare programs have the biggest impact on reducing recidivism rates. Therefore, future correctional practices should pay more attention to institutional factors associated with probation, parole, and institutional aftercare programs considering them as significant contributors to offender rehabilitation and adjusting programs based on these factors.

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