

DEVELOPMENT OF A MODEL TO FACILITATE EFFECTIVE PSYCHOLOGICAL SERVICES FOR OFFENDERS IN LONG- TERM INCARCERATION IN VHEMBE DISTRICT, LIMPOPO PROVINCE, SOUTH AFRICA

By

Mercy Dotty Mushwana

A thesis submitted in fulfilment of the requirements for the degree of Doctor of
Philosophy in Health in the Department of Psychology at the University of Venda

University of Venda

2018

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Promoter : Prof. T.M. Mashamba

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Submitted on : August 2018



DECLARATION

I, Mercy Dotty Mushwana, hereby declare that this thesis titled ***“Development of a model to facilitate effective psychological services for offenders in long-term incarceration in Vhembe District, Limpopo Province, South Africa”*** hereby submitted by me at the University of Venda, has not previously been submitted for a degree at this or any other institution, and that it is my own work in design and execution and that all reference material contained therein has been duly acknowledged.

Signature _____

Date _____



DEDICATION

This study is dedicated to my late beloved son **Blessing Ntsako Mathebula**, who passed away on 23 June 2016. Your loss has been very hard to bear. You left a scar in my heart that will never heal. Your death has been the most devastating thing that I have ever experienced in my life. It's a pain like no other. Surviving it may seem impossible for a very long time. There are days I think I will totally go insane. I still cry uncontrollably with no warning. There is no pain that I can compare with and if I could, I would give my life right now to have you back. The pain still cuts deep. The hole is still huge. I am dealing with guilt of what I could have done differently. People tell me it will get better but like I always said they have never lost a child. There is nothing no one can say or do to make it better. My heart bleeds forever. God, oh how it hurts. If only I could turn back the hands of time. I would if I could. You gave me a reason to wake up every day to want to become a better person, to be able to provide for you and for you to be so proud of me. No amount of words can even begin to describe how I feel about your loss; I know because I have tried. No amount of tears can bring you back; I know because I have cried. You have built a legacy that one builds over a lifetime. You have touched so many lives and left a legendary mark everywhere you went. May your gentle soul continue to rest in everlasting peace my beloved son, Young King Bless (YKB), Ntsako wa mina (My Joy). They say "some wounds never heal, they just stop bleeding". I hope one day my wound will stop bleeding. You are my beloved son and I'll forever remain Blessing's mom, your mother always.

ACKNOWLEDGEMENTS

First and foremost, I would like to thank God Almighty, the covenant keeping, immortal and only wise one, for giving me this opportunity, courage, hope and strength to complete this project. Without His favour upon my life I would not have done it. Thank you Lord for seeing me through all this. Shalom!!!!

- My sincere gratitude to Prof. Rachel Tsakani Lebese for your motherly love, advice, guidance, and encouragements and for helping me find my way again after I lost all hope. You never gave up on me and thank you for believing in me. I will be forever grateful for your invaluable directions, corrections, innumerable assistance and relentless support.
- To Prof. Tshilidzi Mercy Mashamba, for support and guidance throughout my study. I will always be indebted to you. Thank you for your constant support, encouragement and endless efforts she put to make sure that this thesis reached an acceptable academic standard.
- My mother, Mrs Florence Banyini; your unfailing motherly love, enormous and unyielding contributions and support saw me through this degree programme. Without your continued love and support, I would not have made it through. Thank you for believing in me. You always told me that one of the strongest traits I possess is that I am a very strong woman. Thank you for being there for me when I lost my son Blessing. I know if you could, you would have switched your soul with him for my sake.
- To my husband, Rhulani Mushwana, for your undying love and support.
- To my daughter, Ms Risima Jaden Mushwana, for enduring the pain that you had to go through during my absence when I had to pursue this project. You gave me hope and a reason to live after the passing away of your brother Blessing. You gave me a reason why I should hold on and continue to breathe. Without the love in your eyes, I would not have made it through.
- To my siblings, Christinah, Mzilela & Mapule, thank you for your love and support and for always believing in me.
- To my family who gave me support during my darkest days ever. I will be forever grateful for your support.
- To Dr Rafiat Anokwuru, for being an independent coder for my work. Without your support, this study would not be possible.



- My sincere and indebtedness goes to Dr Beverly Dube for editing my work. Your thorough editing made my work more readable and made more sense.
- To my participants, for sharing your experiences with me during your incarceration.
- To the National Institute for the Humanities and Social Sciences Doctoral Bursary (SAHUDA), for financial assistance.



ABSTRACT

The rate of incarceration is historically high. Increasingly, research points to the negative effects of incarceration among offenders, particularly in adult facilities. Literature published since 2000 suggests that incarceration fails to meet the developmental and criminogenic needs of offenders and is limited in its ability to provide appropriate rehabilitation. Incarceration often results in negative behavioural and mental health consequences such as suicidal thoughts and attempts. Suicide is often the single most common cause of death in correctional settings. The psychological impact of incarceration and its implications for post-prison, free world adjustments are substantial. The severe behavioural problems of offenders are a result of complex and interactive individual and environmental factors which elicit and maintain offending behaviour. The study sought to develop a model to facilitate effective psychological services among offenders in long-term incarceration correctional services.

The study consisted of two phases, namely the empirical phase and conceptualisation phase. In phase one, which was the empirical phase, a qualitative approach was employed. The study utilised phenomenological, explorative, and contextual designs. The study population comprised of male offenders who were serving their long-term incarceration in the Vhembe District at Limpopo Province. Thirty offenders and one clinical psychologist were purposively selected. Data were collected from participants using semi-structured interviews. In-depth information about their experiences physical and mental risks of being incarcerated, as well as the coping mechanisms they used during incarceration was collected. Unstructured interviews were used to collect information about psychological services that are being rendered at correctional centres and their effectiveness from the only psychologist who participated in the study. Field notes as well as observations were also used methods of data collection. Data analysis was done using Interpretative Phenomenological Analysis and Thematic data analysis. Relevant ethical principles were adhered to. Informed consent was sought from participants prior to the commencement of the study. The study further maintained the aspect of confidentiality and privacy since it was dealing with human subjects and sensitive issues. Issues of trustworthiness; credibility, dependability, transferability and conformability were ensured.

The study findings revealed that most of the offenders were not very happy with the kind of mental health services they received from the correctional centres. They reported that correctional centres had a potential to make one totally insane. However, for one to make sense of what is happening at the correctional centres, one would need to receive mental

health services. Furthermore, the study also discovered that one of the correctional centres is not providing offenders with mental health services and this makes it difficult for offenders to cope with their long-term incarceration since rehabilitation is not taking place. Findings also showed that offenders in one of the two centres were at a greater risk of contracting communicable diseases at the correctional centre due to overcrowding, poor health care system and poor hygiene. Concept analysis was done using Dickoff, James and Wiedenbach, (1968) guidelines. The framework adopted six guidelines that were used in theory development. A model was developed using the Walker and Avant (1995) framework to enhance the effectiveness of facilitation of psychological services at Thohoyandou correctional services and Kutama-Sinthumule Maximum correctional centre. The researcher recommends that mental health policies should be implemented to enhance and scale up mental health services in both correctional centres.

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List of Abbreviations and Acronyms

AIDS:	Acquired Immuno Deficiency Syndrome
ATD:	Awaiting Trial Detainees
BAPS:	The Beliefs about Psychological Services Scale
BP:	Biopsychosocial Model
BOP:	Bureau of Prisons
CAMHS:	Child and Adolescent Mental Health Services
CBT:	Cognitive-Behavioural Therapy
CC:	Correctional Centre
CO:	Correctional Officer
CSC:	Correctional Service Canada
DCS:	Department of Correctional Services
DHHS:	Department of Health and Human Services
DOH:	Department of Health
GLM:	Good Lives Model
GLMC:	Good Lives Model Comprehensive
HIV:	Human Immuno Deficiency Virus
HPCSA:	Health Professional Council of South Africa
IPA:	Interpretative Phenomological Analysis
KSCC:	Kutama-Sinthumele Correctional Centre
MOJ:	Ministry of Justice
NICRO:	National Institute for Crime Prevention and Reintegration of Offenders
NIMHE:	National Institute of Mental Health in England
OMI:	Offender with Mental Illness
PMI:	Person with Mental Illness
PPI:	Positive Psychological Intervention
PSI:	Psychological Screening Inventory
PSTD:	Post-Traumatic Stress Disorder
RNR:	The Risk-Need-Responsivity-Model
SA:	South Africa
SAHUDA:	South African Humanities Deans Association
SOTEP:	Sex Offender Treatment and Evaluation Project
SW:	Social Worker
TB:	Tuberculosis
TCC:	Tohoyandou Correctional Centre



WHO: World Health Organization
UNISA: University of South Africa
USA: United States of America

CHAPTER ONE

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

This chapter presents the overview of the study. The background of the study discusses the different perceptions of incarceration globally. The purpose of this study was to develop a model which would effectively facilitate the handling of psychological services among offenders in long-term incarceration. Statistics which show the differences in different countries are also given. This chapter also presents the problem of the study, the significance of the study, and the study aim and objectives.

1.2 BACKGROUND TO THE STUDY

Over the last several decades, the incarceration rate in the United States, has risen steeply, increasing by 397% between 1980 and 2011 (Carson & Sabol 2012). In 2011, there was a total of 6.98 million people in the criminal justice system, made up of 2.17 million in jails or prisons and 4.81 million on probation or parole (Glaze 2012). Patterns of incarceration and recidivism, as well as the effects and experiences of being incarcerated, have drawn increased attention from criminologists. Relative to previous decades, prisoners at the turn of the century were experiencing significantly longer periods of incarceration before release (Petersilia, 2003). This trend has continued into the current decade, particularly for certain offender groups, as the median length of stay for homicide offenders increased by 150% between 2002 and 2012, and for sex offenders by 26% (Carson, 2014). Despite the relatively longer periods of incarceration, unprecedented incarceration rates are producing high rates of release and turnover among correctional populations. The majority of those incarcerated will eventually be released, as approximately 2% of prison admissions are sentenced to life or death (Carson & Golinelli, 2014).

Given these troubling trends in incarceration, release, and recidivism, criminologists have begun to take a more critical view towards the relationship between incarceration and crime reduction (Lofstrom & Raphael, 2016). In particular, focus is now on length of incarceration and subsequent re-offenses (Listwan, Sullivan, Agnew, & Cullen, 2013). Recent research examining the incremental contribution of incarceration length to criminal reoffending has produced mixed results (Loughran, Mulvey, Fagan, Piguero & Losoya, 2009; Meade, Steiner, Makarios, & Travis, 2012). Classically, incarceration length has been theorised to have a specific deterrent or suppressive effect on offending behaviour (Nagin et al, 2009). One perspective holds that more severe sanctions (longer sentences) will more effectively deter future criminal behaviour by intensifying the perception of the severity of the punishment (Shlosberg & Chen, 2018). This perspective predicts that those offenders who experience longer prison terms would be less willing to regress in the future and to face similarly long incarceration periods again. However, lack of explicit data on how offenders perceive the proportionality and severity of their incarceration means that research has only been able to assess whether incarceration length demonstrates effects consistent with specific deterrence rather than testing deterrence itself. Existing empirical research to date has produced mixed support for claims that incarceration length has a suppressive effect, generally recognizing either a drop off or null effect of length of stay on recidivism (Nagin et al., 2009; Nagin, 2013).

Incarceration is the accepted means for punishing offenders who have committed serious crimes. The experience of incarceration currently touches the lives of a substantial segment of the population (Yang, Kadouri, Revah-Levy, Mulvey & Falissard, 2009). Lambie and Randell (2013) indicate that research increasingly points to the negative effects of incarceration on offenders, particularly in adult facilities. Literature published since 2000 suggests that incarceration fails to meet the developmental and criminogenic needs of offenders and is limited in its ability to provide appropriate rehabilitation. Incarceration often results in negative behavioural and mental health consequences. Knowledge about ways in which individuals process the subjective experience and lasting impact of incarceration may be particularly important for improving the mental health care of offenders in prison and afterwards. Although many Western countries have noted an

increase in the rate of mental illness in prisons over the past 15 years (Kensey & Dammer, 2007), the exact cause of this “criminalisation of the mentally ill” is still not well understood (Yang, et al, 2009). Less well-known -is how the most mentally ill offenders experience incarceration and whether the purpose of punishment is, in fact, attained by locking up this population of offenders.

There is a high prevalence of mental disorders among prisoners in a prison population. Most of these prisoners go untreated in prison because of non-detection of the mental disorder (Naidoo & Mkize, 2012). Being incarcerated for a long time is often difficult for inmates. They often face adjustment and mental health problems during incarceration. Recent findings suggest that the rate of mental illness in prison is three times higher than in the general population (Sinha, 2010). Prisoners are forced to undergo increasingly harsh policies, such as restricted movement and conditions of confinement to survive. These prolonged adaptations to the deprivations and frustrations of life inside prison lead to several psychological changes (Haney, 2003). Persons who suffer the most acute pain of imprisonment usually manifest psychological disorders such as Post-traumatic Stress Disorder (PTSD), which may be caused by prison inmate violence or sexual assault. Other forms of disability may be in the form of a diminished sense of self-worth and personal value (Haney, 2003). Bjorngaard, Rustad and Kjelsberg (cited in Sinha, 2010) argue that adaptation to imprisonment is always difficult and, at times, creates habits of thinking and acting that can be dysfunctional. Yet, the psychological effects of life in prison vary from individual to individual.

The prison system has been used as a form of punishment and deterrence for centuries. Many people realize that conditions in prisons were often inhumane and caused negative psychological effects on inmates. Anxiety, depression and PTSD are common in those who have lived in prison for a long period and who are accustomed to prison life. These negative symptoms and disorders follow the individuals long after they have been released and can prevent them from living a successful life when they reenter society. (Garcia, 2012; Steyn & Hall (2015),

Research done by Sharma (2015) indicate that prison inmates in three large maximum security institutions reported various levels of stress (anxiety, depression, psychosomatic illnesses, and fear), adjustment, criminal history, lower self-esteem and demographic characteristics. Inmates new to prison, who anticipated serving long terms, were found to suffer higher levels of stress and lower self-esteem than those who had already completed long prison terms. Psychological health problems are the most significant causes of morbidity in prisons. Over 90% of prisoners have a mental health disorder (Birmingham, 2003). The prison environment and the rules and regimes governing daily life inside prison can be seriously detrimental to prisoner's mental health. An estimated 16% of adult prisoners report having either a mental health disorder or an oversight stay in a psychiatric facility (Yang, et al, 2009). This translates to nearly 300 000 prisoners in active need of mental health treatment during detention and after their release. Yet, only a fraction of those who need treatment actually receive it. It is further estimated that, approximately two thirds of these individuals were under the influence of alcohol or drugs at the time of the offense. Generally, a history of substance use is common among all state prisoners, regardless of their mental health status. Nearly 60% of all state prisoners report having used substances in the month prior to their offence (Pogorzelski, Wolf, Pan & Blitz, 2005; Young et al, 2017).

Stearns, Swanson and Etie (2017) argues that long-term offenders are particularly vulnerable to social withdrawal and isolation. For some offenders, incarceration is so stark and psychologically painful that it represents a form of traumatic stress severe enough to produce post-traumatic stress reactions once released. Many prisoners who witness violence and brutality are victimised in turn. Fears about safety issues combined with constant loud noises can create much anxiety for prisoners. Fear of victimisation causes many prisoners to become hyper-vigilant. Difficult sleeping conditions can create feelings of anxiety. Confinement can lead to feelings of panic and claustrophobia. Inmates develop PTSD because of the stressful conditions in prison. Because offenders experience barriers when trying to contact friends and family, many completely withdraw socially due to frustration. Inmates also experience decreased feelings of personal value as they no longer engage in meaningful daily activities. Lack of purpose, combined with lack of

leisure time activities and the absence of positive social interaction, can lead to depression and despair among many prisoners (Gate, Turney, Ferguson & Walker, 2017).

A high proportion of offenders have psychological problems associated with incarceration. These offenders, who are incarcerated for different crimes, are expected to remain in the correctional services either for life or for long or short periods of time. Crimes for which a person can receive these sentences include murder, severe child abuse, rape, high treason, drug dealing, human trafficking or aggravated cases of burglary or robbery resulting in death or grievous bodily harm (Barlow, 2009). Research done by Bradley (cited in Warrilow, 2012) found that there is a growing consensus that prison may not be the right environment for individuals with mental health problems, and that custody can heighten vulnerability, increase the risk of suicide and self-harm and exacerbate mental ill health. In a qualitative review of people's experiences of prison mental health care, Haney (2017) points out that the prison itself is deemed a factor for emotional distress and that the prison population consists largely of individuals from disadvantaged backgrounds who already have a low resilience to stress and have experienced loss and trauma at some point in their lives. Psychological health needs are particularly high in adolescents who have offended or who are at risk of offending (Naylor, 2008; Hanson, 2018).

According to Haney (2001) and Schenk and Fremouw (2012), adaptation to imprisonment is almost always difficult and, at times, creates thinking and acting habits that can be dysfunctional during post-prison adjustments. Yet, the psychological effects of incarceration vary from one individual to another and are often reversible. Empirical consensus on the most negative effects of incarceration is that most people who have served time in the best-ring prisons return to the free world with little or no permanent, clinically-diagnosable psychological disorders. The more extreme, harsh, dangerous or otherwise psychologically taxing the nature of the confinement, the greater the number of people who will suffer and the deeper the damage that they will incur. However, there are different interventions that have been developed to deal with offenders which help them

not only to reduce recidivism once they are released, but which also help them to cope with prison life.

Over the last several years, addressing the mental health needs of offenders has been identified as one of Correctional Service Canada's (CSC) top priorities. Considerable attention has been given to the increasing prevalence of mental health needs of offenders (Correctional Service Canada, 2009). In the United States, beyond programmes that attempt to furnish inmates with the skills to live productively in the community, other prison programmes attempt to change the underlying problems to blame for an offender's criminality. The most common interventions are drug abuse programmes. As many as half of all offenders entering prison report having used drugs at the time of their offenses for which they were subsequently incarcerated. The USA correctional institutions frequently provide individual and group counselling aimed at helping offenders forfeit their criminal way of life.

Over the years, various treatment modalities have been tried. However, a method of appeal due to growing empirical support for its effectiveness is the cognitive-behavioral treatment (Correctional Programs USA). Although these programmes come in various forms, they only target the criminal attitudes and ways of thinking that foster illegal behaviour. According to Jackson, Nissenson, & Cloitre, (2009) the Cognitive-Behavioural Therapy (CBT) for offenders is based on the assumption that the foundations for criminal activity are dysfunctional patterns of thinking. By altering routine misinterpretations of life events, offenders can modify antisocial aspects of their personalities and consequently their behaviours. Lipsey and Cullen (2007) argues that CBT is based on the assumption that cognitive deficits and distortions are learned by offenders rather than inherited.

The United States of America (USA) has the highest rate of adult incarceration among developed countries. There are 2.2 million people currently in jails and prisons in the US (Daniel, 2007). Jails are most often run by local government and are designed to hold individuals awaiting trial or on detention, whereas prisons are operated by the state government and the Federal Bureau of Prisons (BOP). These are designed to hold

individuals convicted of crimes. In the past three decades, people with mental disorders have been increasingly incarcerated. Owing to the lack of widespread utilisation of diversion programmes, such as mental health and drugs courts at the front end of the criminal justice process, more people with these morbidities are entering prisons than ever before. A high proportion of offenders has psychological problems (Warrilow, 2012). More and more offenders are increasingly suffering from psychological problems that may be caused by physical and sexual assault while in correctional services. The longer female offenders with mental illnesses (OMI) are incarcerated, the worse their psychiatric symptoms become. Current literature indicates the statistics of offenders who receive psychological services in correctional settings. However, the same literature is silent on whether offenders use psychological services available to them in correctional settings.

In New Zealand, the dual role of the Department of Corrections Psychological Service is to reduce recidivism and to contribute to the safe and humane confinement of offenders. The effectiveness of psychological services is primarily measured using its impact on offender recidivism, an index of only the first role. The New Zealand Department of Corrections delivers cognitive-behavioural offence-focused interventions to high-risk individuals and groups of offenders. Three evaluation studies have reviewed the effectiveness of the psychological services in reducing general recidivism. Each study has shown that contact with psychological services reduces the likelihood of recidivism while more intensive contact (e.g. treatment completed vs not completed vs assessment only) is associated with a greater reduction in recidivism (Lamade, Gabriel & Prentky, 2011).

In the United Kingdom, Wilson, Bouffard and Mackenzie (2005) found that offending behaviour programmes are structured interventions, usually delivered in a group setting. Based on cognitive behavioural principles and the social learning theory, these programmes usually teach inmates skills such as emotional management and problem solving; they also target factors related to reoffending. The interventions are delivered by trained staff and supported by quality assurance to ensure that the programmes follow

their intended aims and methods. Cognitive skills programmes are one of the most common type of offending behaviour programme. They typically involve around 25-40 sessions. These programmes teach skills such as problem-solving, decision-making, perspective-taking and moral reasoning. Their purpose is to reduce impulsivity, improve problem-solving and instill a greater sense of capability for self-management (Lipsey, 2007; Landeberger & Lipsey, 2005). Cognitive behavioural treatment has been found to be a particularly effective approach in reducing sexual offences and general reoffending (Schumer & Losel, 2008).

Studies in England and Wales have estimated that cognitive skills programmes in custody settings reduce subsequent reoffending by between six and eight percentage over one and two year periods respectively (Travers, Mann & Hollin, 2011). In 2014, a high number (141) of self-inflicted deaths was recorded among inmates in English and Welsh prisons. The House of Commons Justice Committee (2015) reported a 9% increase in incidents of self-harm between 2012 and 2014. It is probably not surprising that re-offending rates remain stubbornly high (Bradley, 2009). Furthermore, it was reported that mental health problems in the criminal justice system were significantly higher than those of the general population. Research indicates that mental health screening in prisons is poorly implemented. A study that was done by The Rehabilitation for Addicted Prisoners Trust 2015 shows that prisoners with drug or alcohol problems tend to have even higher levels of mental health problems than the rest of the population (Kopak, Dean, Proctor, Miller, & Hoffmann, 2015). Bradley (2009) further indicates that the minority of inmates with acute mental health problems currently receive treatment in prisons. Most of these prisoners have to cope with their problems in a hostile prison environment without dedicated support. Most prisons health care services do not generally undertake proper screening for mental health problems and are unaware of the high degree of unmet needs.

Incarcerated men have a significantly higher risk of psychological problems and suicide. Research indicates that offenders under incarceration use available mental health services more than the general population. Most offenders would not seek help from

general practitioners or other health care professionals when they experience mental distress because they feared being given a formal diagnosis of mental illness and being stigmatised (Howerton, Byng, Campbell, Hess, Owens & Aitken, 2007). According to Casswell, French and Rogers (2012), offenders have many risk factors which increase the possibility of developing serious mental health problems, thus, highlighting the need for early intervention.

However, there may be a challenge in the implementation of existing interventions because of lack of well-trained professionals since there is a serious shortage of personnel who provide mental health services in correctional services. There is increasing focus on addressing the mental health needs of offenders throughout the criminal justice system (Sirdifield, 2012). The prevalence of mental health problems among both detained and community-based young offenders is high, with the presence of at least one mental health problem (Casswell, French & Rogers, 2012). Furthermore, the suicide rate in correctional services has been reported to be very high among inmates. Suicide rates in inmates of both sexes are far higher than in the general population in many countries. In England and Wales, standardised mortality ratios for suicide are five times higher in male prisoners (Hawton, Linsell, Adeniji, Sariaslan, & Fazel, 2014).

The negative impact of prison on the wellbeing of incarcerated persons is exacerbated by overcrowding which has reached alarming levels in Nigerian prisons. Overcrowding occurs when the prison capacity outnumbered the prison population. This situation puts a strain on facilities and creates problems such as accommodation, classification of inmates, floor space, medical care, bed and beddings, ventilation, personal hygiene and sanitation. A report by The Reformer (2009) shows that, in the last few decades, the population of inmates in Nigerian prisons has grown substantially resulting in overcrowding. Overcrowding or congestion in prisons also leads to conflict and tension among prisoners. This affects the prisoners' psychological well-being. The negative impact of overcrowding on the psychological well-being of prisoners manifests itself in feelings of insecurity, anxiety, depression and loneliness during incarceration (Agbakwuru & Ibe-Godfrey, 2017).

In Kenya, the prison service was inherited from the colonial regime which had transformed ruthless detention camps into prison institutions. Kenya, prior to colonial rule, had no prisons. Punishment was the main aim of imprisonment and offenders were treated more like non-human beings. Kenya, being a member of the United Nations recognises the 2015 United Nations standards and minimum rules for non-custodial measures. These uphold the tenet that all prisoners must be treated with respect due to their inherent dignity and values as human beings and they also advocate for the viability of non-custodial sentences as an alternative to incarceration. The rehabilitation programme in Kenya is ambitious; it covers, among others, vocational skills training as well as educational, socio-psychological, spiritual and religious, and agricultural programmes. Though Kenya has a perennial problem of maintaining offenders in line with recommended international standards, rehabilitation contributes to the betterment of offenders through various optimal and efficiency rehabilitation programmes. Kenya was able to achieve complete reformation among her prisoners in various prisons in the country (Miriti & Kimani, 2017)

A report published by Mkwanazi (2015) states that, in February 2015, 3755 inmates were recorded as being mentally ill in South Africa. According to the Correctional Service Departments' Annual Report, between 2013/14, twenty-one inmates committed suicide, an increase from the previous year. Although the Department of Correctional Services (DCS) claimed that it was attending to the needs of inmates who had been identified with illnesses, the mental health needs of awaiting trial offenders, about 28% of the prison population, are unknown. However, The National Institute for Crime Prevention and Reintegration of Offenders (NICRO), which is a non-government organisation providing comprehensive crime prevention services across South Africa, believes that mental illness in prisons is not thoroughly addressed and that the number of inmates with mental illness could remain undetected in the system (Mkwanazi, 2015). When compared with the general population, the prevalence of a range of mental health and substance misuse problems was significantly higher among prisoners (Singleton et al., 2000).

Although the data on the effectiveness of offender rehabilitation and reintegration programmes in South Africa is scant, there are three programmes facilitated by non-government organisations (Muntingh, 2005). , First is My Path, which is facilitated by Khulisa. The programme facilitates educational studies and equips offenders with skills for employment. Secondly, is the Tough Enough Programme facilitated by NICRO, which develops skills in offenders and lastly, is the Working for Water and NICRO offender-reintegration programme which improves individual skills, relationships and reduces stigmatisation. In the absence of South African research of comparative rigour, the guidelines and principles developed in international research suffices for the immediate time (Killaspy, King, Holloway, Craig, & Cook, 2017; Gantschnig & Heigl, 2017; Muntingh, 2005).

According to Ehlers, Clark, Hackmann, and Grey (2010), cognitive behavioural therapy assumes that most people can become conscious of their own thoughts and behaviours and then make positive changes to them. A person's thoughts are often the result of experiences and behaviours and these are often influenced and prompted by these thoughts. In addition, thoughts may sometimes become distorted and fail to reflect reality accurately. Cognitive behavioural therapy has been found to be effective with juvenile and adult offenders, in particular, substance abusing and violent offenders, as well as probationers and parolees. It is also effective in various criminal justice settings, as well as in institutions and in the community and it addresses a host of problems associated with criminal behaviour. For instance, in most cognitive behavioural therapy programmes, offenders improve their social skills, means-ends problem solving, critical reasoning, moral reasoning, cognitive style, self-control, impulse management and self-efficacy. Lipsey (2009) examined various therapeutic interventions and found that cognitive behavioural skill-building approaches were more effective in reducing further criminal behaviours than any other intervention.

Muntingh (2005) argues that behavioural approaches and interventions are effective, especially in changing criminogenic needs. Thus, it is very important to match the interventions with the needs of offenders to ensure general responsiveness. These

interventions should employ the cognitive behavioural and social learning techniques of modelling, graduated practice, role playing, reinforcement, extinction, resource provision, concrete verbal suggestions and cognitive restructuring (Cullen & Gendreau , 2000). Interventions should be intensive and last from three to nine months. Literature is, therefore, clear that successful interventions are intensive medium to long-term programmes that require a cognitive behavioural approach (das Nair, Bradshaw, Carpenter & Clarke, 2017; Muntingh, 2005).

In contrast, not all cognitive behavioral treatment programmes have been found to reduce reoffending. One particularly robust randomised controlled study was found to reduce reoffending, while another similar study found no difference in outcomes between treatment groups and no-treatment groups (Marques, Wiederanders, Day, Nelson, & Van Ommenen, 2005). Other approaches, such as psychotherapy, counselling and non-behavioural treatment, have generally not been found to reduce reconviction (Hanson, Bourgon, Helmus, & Hodgson, 2009). Surveys done by Singleton et al. (1998) and Yang (2009), on psychiatric morbidity among prisoners, concluded that more than 90% of the prison population has one or more diagnosable mental health problems (Chan & Bharat, 2017). Males detainees are fourteen times more likely to have two or more disorders than females. According to Bradley (2009), 20 to 30 % of offenders have a learning difficulty or disability that affects their ability to cope in a custodial environment.

South Africa has the biggest prison population in Africa and the ninth biggest in the world, according to the World Prison Brief (Ndebele, 2013). In South Africa, as at March 2012, there were 243 correctional facilities with an approved bed capacity of 188 441 in the Department of Correctional Services (DCS, 2012). The total capacity of prisons is 118 154 people, with 25 000 places being reserved for awaiting trial detainees (ATD). The total prison population is 162 162, of which 49 695 (31%) are ATD and 112 467 (69%) are sentenced offenders. Nationally, there is an overcrowding level of 137% (Jules-Macquet, 2014). Since 1994, the number of sentenced offenders has increased from 91 853 to 112 467 in 2011 (an increase of 22%). Incarcerated offenders peaked in 2004 at 134 487. Over the past five years, an average of 12% of offenders has accessed

psychological services in correctional services centres. Data are not available for the period 2010-2012. The prison population in South Africa has reached an all-time high. In 2012, there were 187,000 prisoners incarcerated in the South African prisons. According to the International Centre for Prison Studies, the official capacity of the prison system is 114,000. Overcrowding in South African prisons runs at just over 200%. As of March 2011, there were 162,162 inmates in 241 correctional facilities throughout the country (Ashmont, 2014). The prison population grew rapidly between 1993 and 2008, yet South Africa has only two private prisons, namely, Mangaung Correctional Centre in Free State and Kutama-Sinthumule in Limpopo Province. These two are bound by contractual obligations monitored by the DCS. Overcrowding in correctional services continues to pose a challenge that affects how the DCS functions and influences its service delivery. There is lack of human resources and scarcity of psychologists nationally, not only in DCS (Jules-Macquet, 2014). This necessitates prioritisation of psychological services. Psychologists mainly attend to the following target groups: suicide risks, court referrals, youth and females, aggressive, sexual offenders, persons who request to see a psychologist and persons who have previously received psychiatric or psychological treatment or are mentally ill.

According to the 2013 South African Correctional Services report, (cited in Jules-Macquet, 2014), in South Africa, rehabilitation and reintegration services are only available to inmates serving sentences of 24 months or longer. This may be due to lack of well-trained personnel who deal with mental health services among offenders. Between 2012 and 2013, about 20% out of a total of 20,865 offenders attended psychological sessions, while about 99% attended social work sessions. It is worth noting that psychological services that are being offered to offenders are not known. Furthermore, South African universities are training very few Clinical/Counselling Psychologists per year, number which is not adequate for dealing with mental health issues that South African communities are faced with. More and more offenders in Correctional Services are committing suicide.

There is need to structure, have resources and to support robust mental health services in correctional services that can address the complex needs of offenders and provide the same levels of care that people receive in communities. Attention to screening procedures and training of staff to detect mental illnesses should be prioritised (Mkhwanazi, 2015). Lack of human resources and scarcity of psychologists not only in prisons, but in the country as a whole, makes the situation worse (Jules-Macquet, 2014). Social workers alone would not be able to deal with some of the psychological disorders that offenders are diagnosed with since they do not possess the required expertise to handle some of the psychological problems. Common mental health problems can often be treated with self-help cognitive behaviour therapy programmes, which are rarely available in correctional services facilities.

In 2013, Ndebele, the Minister of Correctional Services reported that the cost per inmate was R9 875 per month. The amount of money that the DCS is spending per month for offenders is too large. It would be better if there were effective psychological services in the DCS to prevent recidivism so as to reduce the huge budget that is budgeted for DCS each year and channel those funds to improving the quality of education and to create jobs to prevent people from committing crimes. There are gaps in literature about the kind of psychological services being offered by psychologists and social workers in correctional centres. Current literature is old and there is need for new studies to come up with new information to influence government policy changes. Serious crimes are increasing and the population of offenders serving long term sentences is growing. It is, therefore, imperative that a study be conducted to investigate and establish the extent to which psychological services are utilised by offenders in correctional settings in Limpopo Province.

1.3 PROBLEM STATEMENT

Incarceration has been growing in South Africa in the past decades. More and more people are being incarcerated for different crimes. Suicide is often the single most common cause of death in correctional settings (Fazel, Cartwright, Norman-Nott, &

Hawton, 2008). Inmates have higher suicide rates than their community counterparts. Research indicates that suicide rates are increasing even in places where the numbers of offenders are decreasing (Fruehwald & Frottier, 2005). Offenders who get imprisoned show a lot of suicidal thoughts. Accordingly, pre-trial detainees have a suicide attempt rate of about 7.5 times that of the general population, while sentenced prisoners have a rate of almost six times that of the general population (Fazel, et al, 2008).

The number of people who are incarcerated in South Africa in all the provinces has been growing. Limpopo Province has also been affected. Correctional services in Vhembe District are overcrowded. The prison environment makes it difficult for offenders to cope well while incarcerated. This makes offenders prone to psychological/mental illnesses while serving their long-term sentences. When offenders feel vulnerable, they tend to have suicidal ideation; some even attempt suicide when they are stressed, depressed, or feeling anxious. The Thohoyandou Correctional Centre is the most overcrowded in the country. A single cell built for one person accommodates seven to nine people. The medium and minimum cells are loaded with 1 035 inmates, instead of 320, and each cell which is scheduled to accommodate 20 people is currently accommodating 71 people, all sharing one toilet and a shower. Currently, the total number of inmates at the prison is 2 800, more than double the 1 100 it was designed for. The Thohoyandou Prison's communication manager admits that the prison is one of the most overcrowded prisons in South Africa. The reason given for this overcrowding is that the prison is accommodating inmates from Limpopo, Gauteng, North-West and Mpumalanga provinces. Currently, the prison is focusing on rehabilitation programmes and development skills for the inmates to reduce both crime and overcrowding (Mushiana, 2004).

Table 1.1 Capacity of Correctional Centres

CORRECTIO NAL CENTRE	NUMBER OF INMATES	NUMBER OF INMATES SERVING LONG-TERM	AVAILABLE CAPACITY	NUMBER OF CLINICAL PSYCHOLOGISTS
Kutama Correctional Centre	3024	3024	3024	1
Thohoyandou Correctional Centre	2800	170	1100	1

Source: Limpopo Mirror (2004)

Overcrowding and violence have always been the two most challenging factors in correctional settings. Correctional services in Vhembe District are battling with overcrowding; they do not have capacity to accommodate the large number of offenders being incarcerated every day. Due to overcrowding, offenders become more violent and when they are unable to cope with the prison environment, they become more prone to mental illness and suicidal thoughts. Offenders always have suicidal thoughts when incarcerated for a long period of time. Due to overcrowding and the shortage of psychological personnel, correctional services in Vhembe District have a challenge when it comes to scaling up psychological services. Research indicates that more than half of the offenders who are incarcerated have mental health problems. However, in Vhembe District, there are limited psychological services in correctional services facilities due to a shortage of clinical psychologists. Furthermore, there are no studies to indicate which model is best suited to deliver adequate, reasonable and cost-effective mental health and psychological services in Vhembe District. No model has been developed to facilitate effective psychological services for offenders in Vhembe District.

Current programmes for offenders, therefore, emphasise individual accountability and attempt to teach offenders to understand the thinking processes and choices that immediately precede their criminal behaviour. In South Africa, there is no documented evidence-based research to show how effective psychological services are. However, research in several countries has shown that psychological services are very effective amongst offenders. Hence, there is need to develop a model to address the psychological needs of offenders in Vhembe District. Literature shows that there is a substantial information gap in South African research on incarceration. Empirical evidence does not indicate the number of psychologists in correctional settings, as well as the ratio of offenders to psychologists. There are few clinical or counselling psychologists available in correctional services. There is also no evidence-based research on Vhembe District to assess the effectiveness of cognitive behavioural therapy among offenders nor a model to facilitate effective psychological services among offenders. There is need to assess and evaluate programmes that are currently being used at correctional services, for example, individual psychotherapy, group therapy, family/couple therapy and structured programmes.

Therefore, emphasis on effective and appropriate psychological services is needed to minimize recidivism and consequently to reduce overcrowding in correctional centres in Vhembe District. Due to many documented mental health problems among offenders, the researcher was motivated to undertake this study to examine the effectiveness of psychological services on offenders. It is, therefore, imperative that a study be conducted to develop a model that would facilitate effective psychological services involving long-term incarceration.

1.4 RATIONALE OF THE STUDY

In 2014, the Department of Correctional Services embarked on a campaign to recruit and retain scarce skills and also to enhance its capacity to implement over eleven rehabilitation programmes aimed at breaking the cycle of crime among offenders. Initial observations by the researcher show that the ratio of mentally-ill offenders to

psychologists who assist in the rehabilitation programmes is too high. There are many offenders with mental health problems who are not receiving psychological services due to lack of personnel in correctional centres. Previously, most of the studies that were conducted in South Africa focused on overcrowding in the correctional centres (Mushiana, 2004). According to my knowledge, there are no studies that have been conducted to develop a model to address the mental health services for offenders in South Africa. It is, therefore, vital for this study to be conducted in order to develop a model that will assist psychologists in rendering effective psychological services among offenders in long-term incarceration.

1.5 AIM OF THE STUDY

The aim of the study was to develop a model to facilitate effective psychological services for offenders in long-term incarceration in Correctional Services.

1.6 OBJECTIVES OF THE STUDY

The study was guided by the following objectives:

Phase One

- To explore the lived experiences of offenders in long-term incarceration;
- To explore the risk factors associated with long-term incarceration among offenders;
- To explore the long-term incarceration effects on mental health of offenders;
- To explain the coping strategies used by offenders while incarcerated in correctional centre;
- To explore the availability of the psychological services provided to offenders in long-term incarceration; and
- To determine the effectiveness of the psychological services provided to offenders in long-term incarceration in Vhembe District.

Phase Two

- To conduct concept analysis for the identified concept;
- To develop a psychological model to facilitate effective psychological services for offenders in long-term incarceration.

1.7 RESEARCH QUESTIONS

The study was guided by the following questions:

- What are the lived experiences of offenders in long-term incarceration?
- What are the risk factors associated with long-term incarceration among offenders?
- How does long-term incarceration effects on mental health of offenders?
- What are the coping strategies used by offenders while incarcerated in correctional centre?
- What are the availability of the psychological services provided to offenders in long-term incarceration? and
- How is the effectiveness of the psychological services provided to offenders in long-term incarceration?

1.8 SIGNIFICANCE OF THE STUDY

The significance of this study is that it seeks to develop a comprehensive and effective model that may equip offenders who are serving long-term incarceration with coping mechanisms during their incarceration. The findings of this study may assist health professionals such as psychologists, nurses, social workers and correctional services officers to understand the morbidities associated with incarceration and challenges that offenders face when seeking psychological help. Furthermore, it may also assist these professionals to find ways to increase the psychological services that are being rendered at correctional facilities. Most importantly, the study may help to develop effective evidence-based strategies and policies that could be used to control mental health problems in correctional services facilities. There is growing concern that offenders

leaving correctional services become permanently displaced, especially those with histories of violence and drug convictions. Furthermore, it may assist policy makers to assess the psychological services being rendered in correctional services.

The study may help psychologists develop robust mental health services with mechanisms for early detection, effective and accessible intervention strategies, continual evaluation, multi/interdisciplinary working and appropriate diversion to and from custody. The study may be of great importance because it may help to address the issues of psychological problems within South African correctional services centres. Communities call for the strengthening of community reentry services for people leaving correctional facilities. The study is of great importance because it may assist offenders to adjust and to acquire skills that may assist them to cope with community reentry. Furthermore, it may stop offenders who are engaged in effective psychological rehabilitation services being threats to community and family members. .

In addition, the study may contribute to the pool of knowledge that may lead to future research. Future research may use the model as a theoretical framework. This model is aimed at providing information that may assist in developing offender cognitive behavioural programmes, which have gained international recognition for being the most effective programmes for reducing offending behaviour among offenders. In addition, there is no evidence of a psychological model that has been developed to facilitate psychological services in correctional facilities in South Africa. Therefore, this study will develop a model that may help to facilitate effective psychological services in correctional facilities and to reduce recidivism among offenders.

1.9 THEORETICAL FRAMEWORK

This study is going to be guided by psychological theory.

1.9.1 Cognitive-Behavioural Theory

The cognitive behavioral theory (CBT) is a major theoretical orientation within psychology, encompassing our understanding of human behaviour across the environment, as well as having considerable applications to psychology practice (Nurius & Macy, 2008). CBT approaches are rooted in the fundamental principle that an individual's cognitions play a significant and primary role in the development and maintenance of emotional and behavioural responses to life situations. In CBT models, cognitive processes, in the form of meanings, judgments, appraisals, and assumptions associated with specific life events, are the primary determinants of one's feelings and actions in response to life events and, thus, either facilitate or hinder the process of adaptation. CBT attempts to explain why behaviours change. This theory cites environmental, personal, and behavioural characteristics as major factors in behavioural determination.

There is increased interest in the application of these theories in the areas of health, education, and criminology. Behaviourists, such as B.F. Skinner, came up with learning theories, which state that complex behaviour is learned gradually through the modification of simpler behaviours. Imitation and reinforcement theories, which state that individuals learn by duplicating behaviours they observe in others and that rewards are essential to ensuring the repetition of desirable behaviour play important roles in these theories. As each simple behaviour is established through imitation and subsequent reinforcement, the complex behaviour develops. Empirical studies in criminology support behavioural change theories. At the same time, the general theories of behavioural change suggest possible explanations to criminal behaviour and methods of correcting deviant behaviour. Since deviant behaviour correction entails behavioural change, an understanding of behavioural change can facilitate the adoption of effective correctional methods in policy-making (Cyert & March, 1992). CBT is based on the idea that, how we think (cognition), how we feel (emotion) and how we act (behavior) all interact together. Specifically, our thoughts determine our feelings and our behaviour. See figure below:

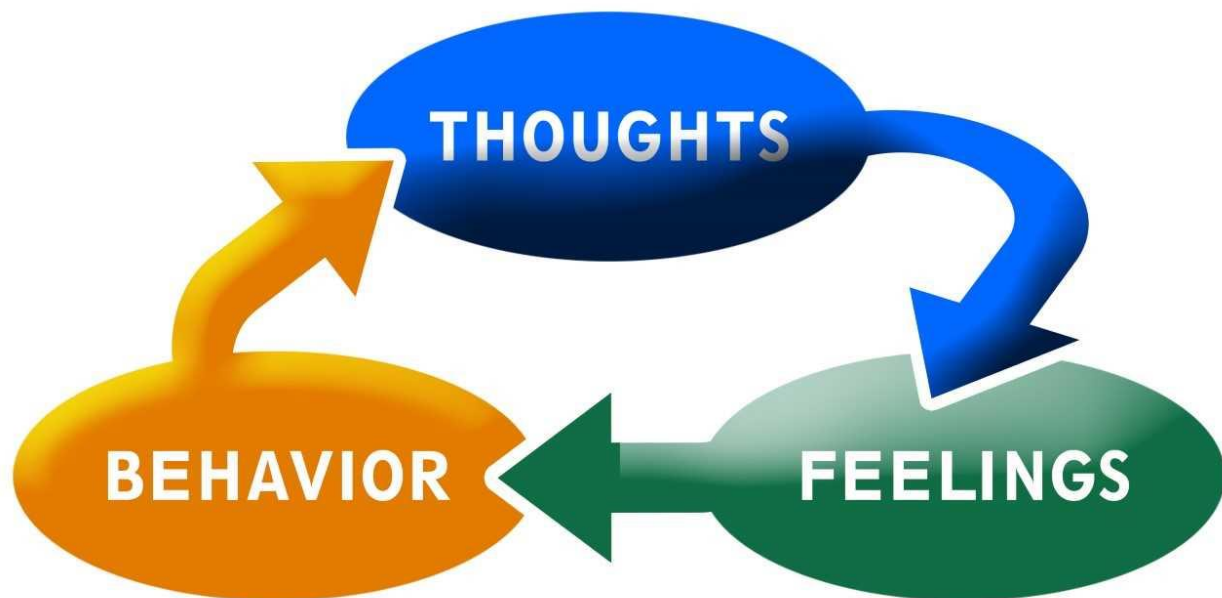


Figure 1.1: Cognitive Behavioural Theory. Source: Mcleod (2008).

McLeod (2007) believes that CBT suggests that people learn through their interaction with the environment. CBT is deterministic. People's behaviour is assumed to be entirely controlled by their environment and prior learning. It maintains that people do not play any part in choosing their own actions. This theory maintains that all human behaviour, including violent behaviour, is learned through interaction with the social environment. Behaviourists argue that people are not born with a violent disposition. Rather, they learn to think and act violently as a result of their day-to-day experiences. These experiences might include observing friends or family being rewarded for violent behaviour or even observing the glorification of violence in the media. CBT argues that the following four factors help produce violence:

- A stressful event or stimulus like a threat, challenge or assault that heightens arousal;
- Aggressive skills or techniques learned through observing others;
- A belief that aggression or violence will be socially rewarded; and
- A value system that condones violent acts within certain social contexts.

Cognitive-behavioural approaches to therapy adhere to the above standards and have been well supported in literature for successfully treating various forensic populations, including violent, sexual, and juvenile offenders (Friendship, Blud, Erikson, Travers, & Thornton, 2003). Risk is addressed by manipulating the time spent in therapy and/or the intensity of group settings. Criminogenic needs are handled by targeting cognitive distortions assumed to underlie an offender's inept ability to correctly read social cues, accept blame and engage in moral reasoning (Lipsey, Landenberger & Wilson, 2007). Needs are further addressed by using behavioural learning techniques such as role playing exercises, reward and punishment contingencies, and modeling (Hubbard & Latessa, 2004). Finally, the use of CBT-based approaches can be generalised across different types of offenders, thereby addressing the responsivity principle of the the Risk-Need-Responsivity-Model (RNR) approach. Such generalisability is also useful for correctional facilities attempting to manage costs associated with training personnel, as well as maintaining equipment and materials.

The main strengths of the behavioural theory come from the methods it uses. The insistence on objectivity, control over variables and precise measurement means that studies carried out by Behaviourists tend to be very reliable and they can be credited with introducing the scientific method into psychology. A more fundamental criticism of behaviourism is that it ignores the influences of mental processes on learning. In this theory, people can only learn because of their own experiences. However, experience and many studies show that people are quite capable of observing and learning from the behaviour and experience of others (Mak & Chan, 2017). Furthermore, studies of a wide range of human behaviour have shown that classical and operant conditioning cannot adequately explain how people are able to solve problems, a period of trial and error that behaviourism would say is necessary. These findings imply that mental processes must play a part in explaining much human behaviour. Nonetheless, behavioural theory has supplied practical solutions to many human problems. Operant conditioning has proven an effective way of modifying behaviour amongst people who may be difficult to teach in other ways, and many people with problems like phobias have benefited significantly from

behaviour therapies, including systematic desensitization (Hiltunen, Kocys, Perrin-Wallgyvist, 2013). CBT was chosen for this study because it provides thorough explanations of why offenders manifest behaviours such as aggressive, violent, anxiety, and suicidal behaviour when they are deprived of their own freedom. This makes them violent and the behaviour they manifest is regarded as having been learnt from their fellow inmates (Mewton & Andrews, 2016). The CBT is relevant for the study because it will show the relationship between how cognition of the surroundings influences the offenders' behaviour and their feelings that can lead to mental illness due to incarceration.

1.10 DEFINITION OF KEY CONCEPTS

The following section provides an explanation of the conceptual and operational terms which are significant in the conceptualisation of the study. These key concepts are defined next.

Correctional services

The term “**correctional services**” means a sub-department of the South African Government. It is responsible for running South Africa's prison system. The Department has about 34,000 staff and is responsible for the administration of 240 prisons, which accommodate about 189,748 inmates. The prisons include minimum, medium and maximum security facilities (SA-DCS, 2009). In this study, **correctional services** refers to facilities where offenders are detained, confined, and convicted for breaking the law. Thohoyandou Correctional Centre and Kutama-Sinthumule Maximum prison are the focus of the study. These offenders are under the supervision of authorized correctional officers who deliver discipline and rehabilitation programmes that would assist offenders to be reintegrated into society when they are released from prison.

Facilitation

Tom and Jamieson (1999) define **facilitation** as a learned skill that comes most comfortably to individuals who demonstrate characteristics such as knowledge and interpersonal dynamics. It is also the ability to structure group interventions and events to

produce the desired results for the group. In this study, **facilitation** refers to an action, a process and growth that will be applied to make it less difficult for offenders to access psychological services in their progress of rehabilitation. Furthermore, facilitation makes it easier for the process or activity of scaling up accessibility of psychological services in prison and increases the likelihood of a positive response from the offenders.

Incarceration

According to Yang, et al, (2009), **incarceration** refers to the confinement of a person in a correctional services facility after being charged and convicted of a crime. In this study, **incarceration** refers to a state of being confined by the department of correctional services or facility for purposes of discipline and rehabilitation.

Offender

Jordan (2011) defines **an offender** as any individual who is charged with or convicted of any criminal offence. An offender might include a youth offender or a juvenile offender. In this study, an **offender** refers to a person who has transgressed a moral or civil law, and who has offended or violated any law. In this study, only persons who have spent more than 24 months at Thohoyandou Correctional Facility and who have been sentenced to serve more than two years in prison will be selected.

Psychological services

These are psychological services that are offered by psychologists to maintain the emotional well-being of individuals, promote continued effective functioning and to improve the quality of life. Treatment or services offered adult offenders by psychological services in correctional centres include counselling, cognitive skill training and drug treatment. Psychological treatment also includes reliability, assurance and responsiveness (Retrieved at www.dcs.gov website). In this study, **psychological services** refer to the quality and effectiveness of mental health services provided by professional clinical psychologists at the correctional facility

1.11 STRUCTURE OF THE THESIS

Chapter 1: Overview of the study

This chapter discusses the overview of the study, the problem statement, and significance of the study. It presents the aim and the objectives and the research questions that guided the study. The theoretical framework that guided the study is also discussed in this chapter.

Chapter 2: Literature Review

The chapter provides an extensive review of literature on the subject of incarceration. This chapter reviews literature from different parts of the world and it gives an overview of all the objectives being studied. It also highlights the models that were developed in previous studies to rehabilitate offenders from different parts of the world.

Chapter 3: Research Methodology

This chapter presents the research approaches, research design, setting, target population, sampling, and data collection methods. The chapter also discusses how trustworthiness was ensured in this study. It also outlines data analysis methods and ethical considerations, as well as highlights how concept analysis was done and how the model was developed.

Chapter 4: Findings and discussion of the study.

The chapter presents the findings of the study. Excerpts from participants' responses are also presented.

Chapter 5: Concept Analysis

A detailed discussion of the findings of the interviews supported by literature is presented.

Chapter 6: Model Development

The chapter presents a model developed using the findings of the study. This chapter describes the processes followed during the development of the model for effective

psychological services among offenders in long-term incarceration as described by Chin and Kramer (2013).

Chapter 7: Operationalisation of the Model Developed

This chapter gives guidelines on how the model should be operationalised.

Chapter 8: Conclusions, justification, limitations and recommendation.

This chapter draws conclusions and makes recommendations based on the findings of the study.

1.12 SUMMARY

In this chapter, the overview and the background of the study were discussed. The background and significance of the study, as well as the problem statement were discussed. The research questions and objectives that guided the study was presented. The theoretical framework of the study was also discussed. Finally, a brief, layout of each chapter was given for orientation purposes. The next chapter focuses on the reviewed literature of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

The previous chapter provided the overview and the background of the study. In this chapter, the theoretical orientation of the study is discussed. The reviewed literature was guided by the objectives and it helped locate the study within the existing body of knowledge. De Vos (2014) defines literature review as both a summary and an explanation of the complete and current state of knowledge on a limited topic as found in academic books and journal articles. The method of reviewing literature in qualitative research was utilised. This method involved analysing a variety of published documents.

This chapter reviews literature on the effects of incarceration on the mental well-being of offenders and discusses how incarceration has been previously addressed in the field of psychology and other related fields in order to lay the foundation for the present study. The literature review also aims to fill the gap which has been created by the lack of psychological services in correctional centres. The literature review also examines models that have been developed for incarcerated offenders worldwide. In this chapter, the experiences of offenders in incarceration, as well as the risks they face are discussed in detailed. Literature on the effects of incarceration on offenders' mental health and the coping strategies used by offenders were also reviewed. The reviewed literature further looked at effective psychological interventions used by clinical psychologists to rehabilitate offenders.

The search engines that were used to search for relevant literature include Pubmed, Google Scholar, Ajol, Sabinet, Ebscohost, ScienceDirect and many other websites. The search was guided by some of the following themes:

- Prevalence of incarceration in Africa;
- Risks associated with incarceration;
- Psychological effects of incarceration;

- Mental health services in prison;;
- Substance dependence during incarceration;
- Models developed for offenders; and
- Coping strategies for offenders.

2.2 THE EXPERIENCES OF OFFENDERS DURING INCARCERATION

Offenders who are incarcerated have different experiences during their incarceration years. They display different behaviour and respond to pressure of incarceration differently. Below provided a brief illustration of what offenders were faced with during their incarceration in correctional services.

2.2.1 The prison environment

The prison system has been used as a form of punishment and deterrence for centuries (Garcia, 2012). Many people realise that conditions in prisons are often inhumane and cause adverse psychological effects on inmates. In recent years, psychologists and researchers have begun to take a closer look at these effects and what causes them, as well as what society can do to eliminate them. For years, prison has been viewed as the home of the world's criminals and outcasts. Many would argue that prisons are of great value to society because they keep dangerous criminals away from the "normal population". However, in recent years the question whether the prison is more harmful than it is helpful has risen (Wacquant, 2001). The prison system has been seen more as a confinement meant to punish offenders harshly. Overcrowding in correctional facilities makes it worse for offenders to cope during their incarceration.

Incarceration has drastically increased over the past several decades. There has been much concern about overcrowding in correctional services centres. Over 80, 000 individuals are being held in prison in the UK (Angell, Matthews, Barringer, Waston & Draine, 2014; Sirdifield, Gojkovic, Brooker & Ferriter, 2009). Overcrowding is defined by the Prison Service as occurring when a prison contains more prisoners than the establishment's certified normal accommodation. Prisoners are a socially excluded and

marginalised group whose high level of mental health needs are inversely related to their level of service access. According to Helyar-Cardwell (2012), this rapid increase in prison numbers, over the last six months, puts additional pressure on a prison system that has been overcrowded for decades. Some may say that the answer to overcrowding is simply to build more prisons so that a greater number of alleged and convicted prisoners can be locked up. But history shows that it is not possible to build a way out of the problem of prison overcrowding. According to Sinha (2010), the adaptation to imprisonment is almost always difficult and, at times, creates habits of thinking and acting that can be dysfunctional. Yet, the psychological effects of life in prison vary from individual to individual.

The prison environment or overcrowding has a pervasive negative impact on people in prison (Fruewald, et al, 2002). Up to 90% of prisoners have some form of mental health problem (Angell, et al, 2014) due to acute psychiatric illnesses and more common conditions such as depression (Helyar-Cardwell, 2012). In contrast, in a study done by Franklin, Franklin and Pratt (2006), the results show that prison crowding has little substantive impact on inmate misconduct. Levels of overcrowding within the prison estate mean that the high numbers of prisoners with drug or alcohol problems are unlikely to receive the support that they need to address their substance misuse. The very high levels of reoffending by drug-addicted prisoners suggests that the availability of treatment in prisons is inadequate, a problem aggravated by overcrowding.

Prison is a violent place. One type of violence that is often attributed to prison settings is sexual victimisation. According to Beck and Hughes (2005), sexual victimisation includes a range of behaviours such as sexually abusive conduct and nonconsensual sexual assaults which all lead to a variety of severe public health consequences. Rape provides an opportunity for spreading sexually transmitted diseases, a matter of concern in prisons where HIV infection rates are higher than in the general population. Sexual victimisation can foment rage, lead to future violence either inside or outside prison, as well as depression and acts of self-violence, such as drug use or suicidal ideation and gestures. Research by Gaes and Golberg (2004) suggests that rates of sexual victimisation in

prison may be as high as 41% or as low as less than 1%. People in prison are exposed to and experience sexual violence, thus further exposing them to communicable diseases and trauma. The consequences of sexual violence follow the individual into the community upon release (Wolff, Blitz, Shi, Bachman & Siegel, 2006). About 55% of raped prisoners experienced extreme fear, 42% felt uncontrollable angry, whilst 33% experienced extreme anxiety. Many of these individuals were also recorded as having undertaken self-mutilation to look less attractive, attempted to commit suicide and consequently became mentally ill.

2.2.2 Long-term incarceration

It has been argued that incarceration length serves as a catalyst for reoffending behaviour rather than a suppressor of future crime (Rydberg & Clark, 2016). This criminogenic effect is thought to occur when inmates are incarcerated over extended periods of time, and when they are exposed to deleterious conditions (Massoglia, 2008). Correctional services have been referred to as a “schools of crime”, where conditions necessitate conforming to codes of violence; inmates are deprived of positive social outlets and ties to conventional society. As such, those incarcerated for longer periods may view the prison climate more positively (Carey & Reynolds, 2016).

Using the general strain theory as a framework, researchers have posited that lengthy terms of incarceration may increase the likelihood of subsequent offending. Studies conducted by Blevins, Listwan, Cullen and Johnson (2010) concluded that these attributes foster negative emotions that encourage inmates to act out and adopt antisocial behaviour and attitudes. These observations are consistent with existing knowledge on the primary correlates of recidivism, which posit that offenders require near-constant exposure to anti-social peers to become worse (Andrews, Bonta, & Wormisth 2006). In addition, incarceration can lead to a number of negative effects that encourage criminality, for example, stigmatisation of released offenders (Nagin, 2013), a lower likelihood of employment (van der Geest, Bijleveld, Blokland & Nagin, 2016) or poor health outcomes. To date, there is little research to suggest that incarceration length has a systematic criminogenic effect on recidivism. A small number of quasi-experimental inquiries have

observed a criminogenic effect of incarceration length on recidivism, these estimated effects have been weak and could not be distinguished from chance variation (Nagin et al., 2009).

A third perspective contends that incarceration length may have little to no discernible effect on reoffending. In this view, correctional centres are seen as neither suppressors nor catalysts for criminal behaviour. Instead, reoffending is viewed as dependent on salient characteristics which inmates bring with them into prison. That is, recidivism is considered a function of pre-incarceration risk factors on which incarceration length has little effect. Long-term incarceration is viewed as a confinement of offenders who are serving more than 24 months in correctional centres (Nagin et al., 2009). This situation can be very difficult and challenging for offenders who are incarcerated for long to conform to the rules not only of the prison itself, but also of the other prisoners that make up their new society. As a result, non-violent offenders who are serving long-term sentences may experience anxiety and changes in their personality, as well as changes in their judgement making. The length of the prison sentences, in these situations, is important because those with long sentences are likely to witness traumatising events. These events leave them psychologically damaged and change the way they view other human beings. In one interview, an inmate sentenced to long term incarceration described the struggles that prisoners must endure under the social rules enforced in prison. The offender claimed that he had seen another inmate being killed. Offenders are torn between what to do as moral human beings versus what to do as “solid inmates” Cullen, Johnson & Nagin, and (2011). These situations force them to put aside their humanity and make a decision based solely on the consequences that they must face if they choose to take action. Considering the situations that are presented in this stressful environment of long-term incarceration, it is logical that these offenders often suffer many negative psychological effects.

There is an assumption that life imprisonment is a humane response to serious crime, yet some studies have persistently suggested that long periods of incarceration impose negative psychological effects upon inmates, which might be as cruel as physical torture

(Arrigo & Bullock, 2008). Similarly, Yang, Kadouri, Revah-Levy, Mulvey and Falissard (2009) indicated that incarceration is the accepted means for punishing offenders who have committed serious crimes. The negative effects of incarceration currently touch the lives of a substantial segment of the population.

Legislators and social scientists hold fundamentally different perceptions of the effects of long sentences; and even amongst themselves, social scientists remain in disagreement over what the long-term psychological effects of incarceration are. It appears that long periods of incarceration have greatly different effects on individual inmates. Some inmates leave prison rehabilitated, others become dependent and unable to lead productive lives in the community and a few others leave prison angry and full of vengeance. Research has identified high levels of mental health problems among adolescent offenders in prison (Notting, 2013). However, Yang, Kadouri, Revah-Levy, Mulvey and Falissard (2009) argue that even less is known about how the most severely mentally ill prisoners experience incarceration and whether the purposes of punishment are in fact attained by locking up this population.

It must be recognised that more women commit violent offences for different reasons than men. Many females serving long terms are in confinement for killing their abusive husbands, boyfriends and have psychological needs that require immediate attention. However, because of the seriousness of their crimes, they are sent to a place where their needs cannot be addressed (Arrigo & Bullock, 2008). While the precise effects of long term incarceration on the psychological well-being of offenders are still unclear, it is clear that the physical health of inmates is at risk in correctional facilities. Sirdifield et al. (2009) estimate that 12-15% of all prisoners have 4 or 5 co-existing mental disorders and have a history of self-harm. The length of the prison sentences in these situations is important because those with long sentences are “unable to avoid witnessing some traumatizing events” (Munn cited in Garcia, 2012). These traumatic events leave them psychologically damaged and change the way they view other human beings.

2.3 THE RISKS OFFENDERS ARE FACED WITH DURING INCARCERATION

There are many risks that offenders face during incarceration. The correctional centre can be a very stressful environment and it is associated with overcrowding. Overcrowding in correctional centres can put offenders' health and well-being at risk since some of the offenders are sick. Previous research indicates that most of the offenders who are incarcerated are at high risk of being contaminated by infections during their stay at the correctional centre (Valera, Chang & Lian, 2017). The following risks associated with incarceration were identified:

2.3.1 HIV risks among offenders

Countries in sub-Saharan Africa have borne the brunt of the generalised HIV and tuberculosis epidemics, which have strained health systems and devastated populations in the region. According to Wiehe (2015), HIV prevalence is higher among inmates. The prevalence of HIV infection among detainees was 15.6% in east and southern Africa and 8.2% in west and central Africa, suggesting a higher prevalence in prison populations than in non-incarcerated populations. Prevalence of tuberculosis was also extremely high; it was estimated at 5.3% in east and southern Africa, and 2.9% in west and central Africa (Telisinghe et al., 2016). HIV prevalence in correctional populations is approximately five times that of the general adult population (Valera, Chang & Lian, 2017).

Mortality in HIV-infected prisoners is extremely high in Indonesia, despite limited provision of ART in prisons. Interventions to restore immune function with ART and provide prophylaxis for opportunistic infections during incarceration and after release would likely reduce mortality. HIV-associated opportunistic infections were the most common probable cause of death (Culbert et al., 2017). Drug users are vastly overrepresented in prison populations. Once inside they face increased risks of acquiring infections such as HIV, hepatitis and TB and, on release, they face an elevated risk of fatal overdose. Robertson, Lawrence and McCluskey (2012) argue that drug abusing offenders have high rates of HIV and other sexually transmitted infections (STI). HIV in the United States is concentrated in the South, an impoverished region with marked health disparities and

high rates of incarceration, particularly among African Americans (Lichtenstein, 2016). At the end of 2011, more than 2.2 million adults and 70 000 juveniles were incarcerated in the United States, with an additional 4.8 million on parole or probation. Adults and juveniles entering correctional facilities have high rates of sexually transmitted infections (STIs), including chlamydia, gonorrhoea, syphilis, and HIV. However, limited STI and HIV screening and testing services in jails and prisons make estimating the overall prevalence of STIs and HIV difficult (Weihe et al., 2015).

Westergaard (2013) argues that people who are incarcerated have a disproportionately high risk of HIV infection. They also tend to encounter risk factors associated with under-utilisation of antiretroviral therapy such as substance abuse, mental illness, and poor access to care. Despite the tremendous advances in antiretroviral therapies that could contribute to reductions in viral load and transmission in high-risk populations, incarcerated populations incur higher rates of HIV and AIDS compared to the U.S. general population (Glaze & Kaeble, 2014). There is an urgent need to continue implementing HIV prevention interventions across all prisons and improve the quality of life among those at heightened risk of HIV infection (Valera, Chang & Lian, 2017)

2.3.2 TB infections among offenders

According to Bourdillon (2017), prisons are a breeding ground for the spread of communicable diseases. Worldwide, the prevalence of TB is alarmingly high in prisons compared to the general population. The link between HIV and TB further exacerbates the spread of TB in South African prisons where the burden of HIV is already high. It should be noted that the prevalence and spread of communicable diseases in prisons is not only a concern for inmates and correctional services staff, but it has implications for society at large because those detained will eventually be released back into their communities (Baussano, Williams & Nunn, 2010). The level of TB infections in prisons has been reported to be up to 100 times higher than that of the civilian population. Cases of TB in prisons may account for up to 25% of a country's burden of TB (WHO, 2012).

Over the last century, global control efforts have reduced the incidence and prevalence of TB in many countries. However, TB in correctional settings (e.g., jails, prisons, detention centers) remains a growing problem. There are approximately 10 million individuals who are detained worldwide. Inmates are at greater risk of developing TB than people in the general population due to their close, prolonged indoor confinement and other associated conditions common among inmates. TB incidence is 5 to 70 times greater in prisons than in communities (WHO, 2012; O’Grady, et al, 2011). Prisons are often high-risk environments for TB transmission because of severe overcrowding, poor nutrition, poor ventilation and limited access to often insufficient health care. Prisoners are overwhelmingly male, are typically aged 15–45 years, and come predominantly from poorly educated and socioeconomically deprived sectors of the population where TB infection and transmission are higher. Offenders often belong to minority or migrant groups and live on the margins of society. Prisoners are also more likely to suffer from other debilitating diseases and have additional health problems such as drug addiction, alcoholism and liver disease. Improving TB control in prisons can benefit society at large. Prisons act as a reservoir for TB, pumping the disease into the civilian community through staff, visitors and inadequately treated former inmates. Dealing with TB in prisons, therefore, must be an integral part of any public health policy aimed at controlling and ultimately eradicating the disease (Mahlati, 2015).

TB remains a global public health scourge with increasing global incidence. This is particularly challenging in South Africa where the reported TB incidence was 834 per 100000 persons in 2015 (WHO, 2016). Rising TB incidence and mortality affect people living with HIV disproportionately; high TB mortality rates are attributed at least in part to late presentation to care, diagnostic delays, and lack of integrated TB and HIV services (Karim, 2010). The incorporation of HIV services throughout the TB care continuum, from screening to treatment completion, has been recognised as essential to improving outcomes (Legido-Quigley, 2013). WHO (2012) argues that late diagnosis, inadequate treatment, overcrowding, poor ventilation and repeated prison transfers encourage the transmission of TB infection.

2.3.3 Sexual assault associated with incarceration

Kubiak (2017) indicates that more than 80,000 prisoners each year are sexually victimised during incarceration, but only about 8% report victimisation to correctional authorities. Sexual violence is particularly difficult to study and assess because of the stigma associated with being raped or abused and also because of the risk of reprisals from the perpetrators. Research suggests that offenders are at higher risk of sexual assault and victimisation while in custody than adult inmates (Ahlim, 2018). Most offenders in incarceration are sexually assaulted each day and this remains unreported. This is why there is not enough evidence to show the number of sexual assaults by inmates. Furthermore, sexual assault in prison is a very common issue in all correctional centres. Vulnerable populations, such as LGBT prisoners, sex offenders and younger prisoners, tend to face an increased risk of being assaulted. While such prisoners will have to contend with verbal sexual jabs and solicitations, forcible rape is actually an unusual occurrence. If a prisoner engages in sexually promiscuous activities, they commonly become a target for unwanted sexual attention.

Prison is a violent place. One type of violence that is often attributed to prison settings is sexual victimisation. Sexual victimisation includes a range of behaviours which range from sexually abusive conduct to nonconsensual sexual assaults; these result in a variety of severe public health problems. Rape provides an opportunity for the spread of sexually transmitted diseases (Garland & Wilson, 2013) a matter of particular concern in prisons, where HIV infection rates are higher than in the general population. Sexual victimisation can foment rage, leading to future violence either inside or outside prison as well as depression and acts of self-violence, such as drug use or suicidal ideation and gestures. Sexual victimisation during imprisonment is experienced by between 1% and 40% of the inmates, while physical victimisation is experienced by between 10% and 25% of the inmates (Wolff, 2009). People in prison are exposed to and experience sexual violence inside prisons, further exposing them to communicable diseases and trauma. The consequences of sexual violence follow the individual into the community upon release (Ahlim, 2018).

2.3.4 Violence associated with incarceration among offenders

According to Abramsky et al (2011) defines violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community”, that either results in, or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation. Violence is an unfortunate and common part of prison life. Violence in prison is usually in the form of intimidation, although physical violence is also common (Schenk & Fremouw, 2012). Most of the offenders are physically assaulted during incarceration. This may be due to prison gangs who dominate other offenders. Violence or victimisation in prison occurs between prisoners or between staff and prisoners (Wolff et al., 2009). It can take the form of physical assault (Wolff, Shi, & Blitz, 2007), sexual assault, verbal assault and theft. At the end of 2010, prisons in the United States had incarcerated over 1,605,127 inmates, yielding an imprisonment rate of 497 per 100,000 residents (Guerino, Harrison, & Sabol, 2011). Approximately 15.6% of correctional officers have been victims of an inmate assault and 21% of inmates reported being victims of violence in prison (Wolff, Blitz, Shi, Siegel, & Bachman, 2007).

Historically, deprivation and importation theories have been used to explain the manifestation of violence among incarcerated populations. Importation theorists like Irwin (1980) argue that prisoners’ lived experiences and socialisation on the “outside” provided the foundation for understanding their behaviours (e.g., their participation or lack of participation in violence) when behind bars. Violence is a pervasive feature of the social context of prison life. Violence in prisons impacts negatively on the delivery of a consistent daily regime (Auty, 2017) and, therefore, undermines efforts to provide programmes, education and work activities for inmates, as well as poses direct risks. Most offenders are affected by prison violence.

2.3.5 Joining gangsterism during incarceration

Gangs and gang violence are not new to the correctional services. Prison gangs arise and operate not beyond the reach of the state’s coercive apparatus but at its very core. Gang involvement negatively influences the lives of many offenders. One likely prison-

level correlate of inmate violence that has received scant attention, however, is gang prevalence. Prison crowding has been linked with inmate violence (Steiner & Wooldredge, 2017) . Environmental factors such as overcrowded prisons lead prisoners to seek protection in groups. Prison conditions lead to alienation and the need for protection, joining of any stripe of gangs while incarcerated (Kerley, 2018).

While there are obviously many negatives to prison gangs, such as the fact that some require people to kill or hurt others just to prove themselves, they do help maintain at least some level of order in an overcrowded and poorly managed prison system. Overcrowding has often been associated with an increase in prison gangs and violence across the globe, and it is often because prisons are overwhelmed by managing so many people (Kerley, 2018). With the gangs, you at least have solid groups to manage. Unfortunately, the actions and relationships found in these prison gangs often leak into the outside world. Those who join prison gangs are more likely to end up back in prison after they are released or being affiliated to gangs outside prison. These affiliations between prison gangs and street gangs can be further strengthened by the inability of prisons to control contraband like drugs and cell phones (Narag & Lee, 2017)

2.4 EFFECTS OF INCARCERATION ON MENTAL WELL-BEING OF THE OFFENDERS

Much research has examined the preparation of inmates for life outside prison, but a few studies have examined ways of supporting them while they are in prison (Tomar, 2013). Many early researchers concluded that imprisonment had negative psychological and physical effects on its inmates, leading to psychological deterioration. These effects include anxiety, depression, stress, suicide, psychiatric comorbidity and substance use which are discussed below.

2.4.1 Anxiety Disorder

Living in a hostile environment means that prisoners must learn to conform to the rules, not only of prison itself, but also of other prisoners who make up their new society. As a result, non-violent offenders may experience anxiety and changes in their personality, as well as changes in their judgement making. Anxiety experienced by inmates at various times of incarceration, particularly on entry into the prison or just before release, may act as a risk factor. Considering the situations that are present in the prison stressful environment, it is logical that these inmates have been found to suffer many negative psychological effects. Aside from their loss of humanity, research has revealed that these inmates experience feelings of depression, thoughts of suicide (Fogel, 1993), as well as hyper-vigilance and distrust (Courney, 2014). After being in a hostile environment for a long period of time, inmates are left with a paranoia that continues to haunt them long after they have left the confines of the prison. These symptoms have been linked to symptoms of PTSD (Travis, 2013; Garcia, 2012). Moreover, individuals that are affiliated to a gang in prison or in the community, were more violent when incarcerated than non-gang affiliated inmates. Schenk and Fremouw (2012) argue that extensive arrest/conviction records and more prison terms positively correlated with prison violence.

2.4.2 Stress

According to Ahmad and Mazlam (2014), stress and depression are the two most common problems in the prison population. Both problems are often associated with imprisonment experiences among inmates, especially female inmates. Neidhardt, Weinstein and Conry (1990) describe stress as a chronically high level of mental arousal and bodily tension that exceeds a person's capacity to cope, and results in distress, disease or an increased capacity to cope. According Kirchner and Forms (2004), high levels of stress among prisoners are mainly a result of inmates being deprived of relationships with the outside world. Another study by Ahmad and Mazlam (2014), among inmates, showed that the presence of stress was considerably high. In addition, positive screening of depression was notable, indicating the high likelihood for depressive disorders among the inmates. These findings were also supported by Lafortune (2010)

who found, in his study, that stress and depression are highly prevalent among the prison population. These findings showed that female inmates had a higher tendency to suffer from stress and depression compared to male inmates. The high occurrence of stress among female inmates showed that women are more susceptible towards stressful circumstances. Furthermore, stress strongly contributed to the occurrence of depressive disorder among the inmates (Ireland & York, 2012).

2.4.3 Depression

Depression is the most common form of mental disorder among inmates, with a prevalence much higher than in the general population. Depression, which is one of the most common psychiatric disorders in prison, is defined as a persistent depressed mood, loss of interest and enjoyment, and reduced energy which leads to increased fatigability and diminished activity. The episodes of depression are usually related to the experience of sudden or prolonged stressful events. It is common for newly admitted inmates to suffer from depression for certain periods of time due to shock or stress of the new environment (Murgia et al., 2009). In addition, stress and depression among inmates are often related to the risk of self-harm and suicide in prison (Ireland & York, 2012) which obviously are costly to prison institutions. Depression was found to be associated with suicidal ideation (Shrestha, et al, 2017).

2.4.4 Suicide ideation

Suicide in prisons has increased dramatically since the 1980s. Suicide is a sentinel event in prison, and preventive efforts reflect the adequacy and comprehensiveness of mental health, psychiatric, custodial, and administrative services in a correctional system. Violence plays a major role in the suicidal process in prison (Encrenaz, Miras, Contrand, Galera, Pujos, Michel & Lagarde, 2014). McAuliffe (2002) argues that suicidal ideation is the most common of all suicidal behaviours, but that only a minority of ideates ever engaged in overt self-harm. If ideation is to prove useful in the assessment of suicide intent and risk, factors creating continuity between suicidal ideation and action need to be carefully examined.

It is a consistent finding worldwide that suicide rates in custody exceed those in the general population and that self-injurious behaviours are common in prisons (Encrenaz, et al, 2014). Suicide is the most frequent cause of prison deaths (Opitz-Welke, Bennefeld-Kersten, Konrad & Welke, 2013). The results of international research show that the suicide rate in penal institutions is several times higher than the suicide rate of the general population (Fazel & Baillargeon, 2011). In addition, suicide in prisons has increased dramatically since the 1980s. Suicide is the third leading cause of death in US prisons. According to Daniel (2006), the suicide rate in prisons ranged from 18 to 40 per 100,000 during the past three decades.

Furthermore, it could be argued that prisoners represent a selection of persons who are at a greater risk of committing suicide even before imprisonment. Successful intervention programmes, which are designed to identify individuals particularly at risk and to assist them through intervention, confirm that prisoners are a group especially at risk of suicide (Felthous, 2011). With regard to mental illness and prison suicide, Fazel et al. (2011), argues that psychosis, depression, and substance abuse are factors frequently found among inmates. Opitz-Welke, Bennefeld-Kersten, Konrad and Welke, (2013) noted that it should be possible to identify factors that are associated with elevated suicide risks and to initiate further research on preventative measures.

Suicide presents a major complication during imprisonment and greatly contributes to the high mortality rate of prisoners. About 70% of the prison suicides were found to occur in a maximum security facility. Dye (2010) also showed that the number of suicides was significantly increased in super-maximum and maximum security prisons, under conditions of overcrowding and violence. Isolation, disciplinary sanctions, changes in sentencing or legal status, fear about personal security and physical illness were correlated with suicide risk (Rabe, 2012).

According to Hawton, et al (2013), self-harm incidents were recorded among prisoners between 2004-2009; 5-6% of male prisoners and 20-24% of female inmates self-harmed every year. Self-harm rates were more than ten times higher in female prisoners than in

male inmates. Repetition of self-harm was common, particularly in women and teenage girls. Risk factors for suicide after self-harm among male prisoners were age (older inmates) and previous self-harm incidents of high or moderate lethality. In female inmates, a history of more than five self-harm incidents within a year was associated with subsequent suicide.

Suicide is the third leading cause of death in USA prisons and the second in jails. According to Daniel (2006), the suicide rate in prisons ranged from 18 to 40 per 100,000 during the past three decades. The suicide rate in prison is usually compared with the commonly accepted national general population rate of 12 per 100,000. However, the comparison is inaccurate because of the disparity in the distribution of men and women in prison. When this general population rate of 12 per 100,000 is broken down by gender, the rate for men is 18 and for women six. Therefore, a prison rate of 18 to 20 is comparable with that of males in the general population.

Risk factors such as drug abuse, unemployment, interpersonal conflicts, and mental illness are common to both the general public and prison. Depression and hopelessness seem to be the two most common psychological states at the time of a suicidal act. Although depression and suicide are co-occurring phenomena, hopelessness and suicide have a stronger correlation than do depression and suicide. Ivanoff and Jang (1991) developed a multivariate model to predict suicide by inmates. The two researchers studied the relationship among depression, hopelessness, suicidality, social desirability and other factors. Although age and visitors have no significant effect on suicidality, juvenile delinquency and violent crime directly increase it, as do higher education and income levels. Negative life events and sentence length indirectly impact suicidality by affecting depression. Both violent crime and previous income level affect hopelessness. Inmates with higher social desirability had lower levels of depression; thus, they had lower levels of suicidality.

A very high proportion of those interviewed during the 1997 national prison survey (Singleton et al., 1998) said that at some point they had considered committing suicide. For example, 46% of male remand prisoners had thought of suicide in their lifetime, 35%

had had such thoughts in the past year and 12% had experienced suicidal thoughts in the week prior to the interview. The rates for female remand prisoners were even higher. Suicide attempts were also common and, compared with their sentenced counterparts, prisoners on remand were more likely to report having made attempts on their life; 27% of male and 44% of female remand prisoners said that they had tried to commit suicide during their lifetime; 15% and 27%, respectively, said that they had attempted suicide in the past year (Birmingham, 2003).

A study conducted by Borrill, Burnett, Atkins, Miller, Briggs, Weaver and Maden (2006) indicated that half of the women in the sample reported at least one act of self-harm in their life and 46% reported making a suicide attempt at some time. Lifetime self-harm was associated with a history of harmful drinking and with being a victim of violence, including physical assault, sexual assault and violence from family and friends. Having made at least one suicide attempt during imprisonment was associated with being a victim of physical or sexual violence without perpetrating it, suffering from depressive and anxious symptoms and having a poor perceived health status (Encrenaz, Miras, Contrand , Galera , Pujos , Michel & Lagarde , 2014).

A study conducted by O'Brien et al. (2003) examined risk of suicidality and found a higher rate of prisoners who had thought of suicide in the week prior to the interview. In terms of suicide attempts, 17% of young male offenders had attempted suicide in the year prior to the interview. Furthermore, Lader et al. (2003) reported that suicide attempts were found to be higher among females than among young male offenders; they were also higher among remand than among sentenced prisoners. Research done by Lader et al. (2003) found that 38% of young male remand offenders had thought of suicide in their lifetime. Coid et al. (2003) showed that both male and female prisoners who had been placed in special "strip" cells were more likely to report previous suicide attempts than those who had not been placed in these conditions.

Prisoners with a previous history of self-harm are more likely to show a range of depressive symptoms than their imprisoned peers without such a history, suggesting a continued vulnerability of self-harm and perhaps suicide (Palmer & Connelly, 2005).

According to Hawton, Linsell, Adeniji, Sariaslan and Fazel (2013), 139 195 self-harm incidents were recorded among 26 510 individual prisoners between 2004 and 2009; 5-6% of male prisoners and 20-24% of female inmates self-harmed every year. Self-harm rates were more than ten times higher in female prisoners than in male inmates. Repetition of self-harm was common, particularly in women and teenage girls, in whom a subgroup of 102 prisoners accounted for 17 307 episodes. In both sexes, self-harm was associated with a younger age, white ethnic origin, prison type, and a life sentence or being unsentenced; in female inmates, committing a violent offence against an individual was also a factor. Substantial evidence of clustering in time and location of prisoners who self-harmed was noted. Hundren and nine subsequent suicides in prison were reported in individuals who self-harmed; the risk was higher in those who self-harmed than in the general prison population, and more than half the deaths occurred within a month of self-harm. Risk factors for suicide after self-harm in male prisoners included older age and a previous self-harm incident of high or moderate lethality; in female inmates, a history of more than five self-harm incidents within a year was associated with subsequent suicide.

2.4.5 Psychiatric Comorbidity Disorder

Psychiatric comorbidity is associated with incarceration in some offenders. It generally refers to the incidence of both physical and psychological deterioration because of a mental or psychological condition. Having a psychiatric diagnosis is still considered a major burden in life. Persons with severe mental illness have an added risk of having comorbid medical illnesses that can further impair their already turbulent life. Psychiatric morbidity and co-morbid physical illnesses are common occurrences in the general population. The importance of detecting co-morbid medical illnesses is to ensure a holistic treatment (Armiya, Audu, Obende, Adole, & Umar, 2013).

The prevalence of psychiatric illness in correctional settings is significantly elevated, with higher than community rates reported in most mental disorders. The prison is a correctional institution in which inmates have limited liberty, autonomy and communication with family and friends. This can be devastating for some inmates, thus leading to deterioration in their physical, psychological and social wellbeing. Psychiatric

morbidity usually applies to those who are acutely aware of their condition, despite the mental deterioration. According to Goyal et al (2011), morbidity itself is measured according to the number of people affected, the types of illnesses and how long the illness lasts.

The term mental disorder incorporates psychotic illnesses, neurotic disorders, substance misuse and personality disorders, as well as related behaviour, notably self-harm behaviour. Different studies have used different methods to estimate the prevalence of these conditions. However, even though their estimates vary, all consistently demonstrate prevalence rates significantly higher within than outside the prison. Coid (2004) states that psychiatric disorders are highly prevalent among prisoners. Many people with identifiable psychiatric illnesses conflict with the law, often by no fault of their own but because of symptoms of their psychiatric illness and they end up in jails. Such symptoms include impaired judgement, lack of impulse control, suspiciousness, disinhibition, paranoia, inability to trust others, delusions and hallucinations.

In a study by Armiya, Audu, Obende, Adole and Umar (2013), it was found that there is a high rate of psychiatric disorders among prison inmates. Prison inmates are reported to exhibit higher rates of disease morbidity, mortality and health care utilisation than the general population (Yang et al., 2009). The rate of infectious diseases, such as the hepatitis C virus, (HCV), HIV/AIDS, and TB, are reported to be particularly elevated in prison populations due to risk factors that are operative before incarceration, for example, low socioeconomic status, poor access to health care, poorly sanitised living conditions, high-risk sexual behaviours and injection drug use. Following incarceration, additional risk factors, such as psychological stress, crowded living conditions, sexual assault, poor ventilation systems and increased concentration of immune suppressed cohabitants, may all contribute to a further increase of infectious disease risk.

2.4.6 Substance Use and Dependence Disorder

Sirdifield (2009) argues that drug misuse appears to affect a high proportion of prisoners around the world, with most studies reporting up to 67.5% of prisoners being diagnosed

with substance misuse disorder. According to the National Center on Addiction and Substance Abuse at Columbia University, 85% of the U.S prison population has a history of substance abuse problems. Only 11% of inmates receive any treatment while they are in prison. Inmates with substance abuse histories often continue their use of substances while incarcerated as drugs continue to be readily available in most prisons. Inmates who do not receive treatment remain at a high risk of repeating criminal offenses after release. Research done by Fotiadou (2006) on substance use found that 25% of remanded and 32.5% of sentenced prisoners were diagnosed with alcohol abuse, dependence while 65% of remanded and 52.5% of sentenced prisoners were diagnosed with drug abuse/dependence including cannabis. Not only is there a need to provide adequately resourced interventions to address drug misuse among prisoners, but there is also a need to reduce the availability of drugs to some prison populations. Fazel, Parveen and Doll (2006) stated, in their systematic review, that the prevalence of substance abuse and dependence, although highly variable, is higher in prisoners than the general population, particularly for women with drug problems. This highlights the need for screening for substance abuse and dependence at the time of reception into prison, as well as effective treatment while in custody, and follow-up on release. Specialist addiction services for prisoners have the potential to make a considerable impact.

2.5 PSYCHOLOGICAL ADJUSTMENT TO LIFE-TERM SENTENCES IN INCARCERATION

According to Haney (2001) and Franklin (2013), the adaptation to improvement is almost always difficult and, at times, creates habits of thinking and acting that can be dysfunctional in periods of post-prison adjustment. Yet, the psychological effects of incarceration vary from individual to individual and are often reversible. Not everyone who is incarcerated is disabled or psychologically harmed by it. However, few people are completely unchanged or unscathed by the experience. At the very least, prison is painful and incarcerated persons often suffer long-term consequences from having been subjected to pain, deprivation, and extremely atypical patterns and norms of living and interacting with others.

Institutional stressors, such as undesired unit placement, work assignment, disciplinary confinement, interpersonal conflicts, legal processes, parole setbacks, and chronic medical conditions, may act as precipitators of suicidal behaviour (Wooldredge & Steiner, 2012). The severity and type of crime seem to act as risk factors in certain prisoners, though not universally. Perhaps, the guilt, shame, and stigma associated with the offences may be the determining factor. Being under the influence of an illegal drug heightens the risk of self-harm. Inmates who suffer from Antisocial Personality Disorder, Schizophrenia, or Bipolar Disorder are more likely to abuse substances.

Furthermore, violent victimisation rates in prisoners far exceed those for the general population (Wooldredge & Steiner, 2012; Blitz, Wolff & Shi, 2008). Violence is an integral part of prison life. It is primarily a by-product of confining a large number of people with antisocial tendencies or behaviour in close and frequently overcrowded quarters characterised by material and social deprivation. While physical violence is assumed to be prevalent in prison, research confirming this assumption is very limited. Indeed very little is known about the epidemiology and context of physical violence inside prisons and even less is known about the link between mental disorder and physical victimisation inside prison (Wortley & Mazerolle, 2008). A study done by Angell, Matthwes, Barrenger, Waston and Draine (2014) reveals that as many as 16% prison inmates meet criteria for a serious mental illness. Schenk and Fremouw (2012), in a research study on the psychological constructs, indicate that offenders with more aggressive tendencies, symptoms of confusion, high self-esteem (for white inmates) and little social support, were more likely to engage in prison violence. Inmates with “major mental illnesses” were more likely to engage in violence, and scored higher in criminal thinking tendencies.

2.6 KNOWLEDGE, ATTITUDES AND PERCEPTIONS OF OFFENDERS TOWARDS PSYCHOLOGICAL SERVICES

Offenders in the criminal justice and corrections systems are rarely asked about their attitudes or perceptions on the type, extent or other dimensions of mental health services

available to them. This is unfortunate because offender attitudes can, in fact, play an essential role in the development, delivery and effectiveness of such services (Shaw & Morgan, 2011). Many people with mental health do not seek professional help. Several variables have been associated with the tendency to seek psychological help. For example, attitudes, psychological distress, and treatment fearfulness have all been associated with mental health professionals and whether individuals seek help from counsellors. The impact of inmate attitudes on treatment outcomes remains underexplored. There is not much documented evidence about offenders' knowledge on psychological services that are being rendered. Many individuals who experience serious mental health problems never seek help from a professional helping agency. Less than one-third of those diagnosed as clinically depressed or suicidal sought psychological help. Research in the help-seeking domain has found various factors to be associated with help-seeking behaviour. A consistent finding is that women hold more positive attitudes towards getting professional assistance for their problems than men (Williams, Skogstad, & Deane, 2001).

Deane and Todd (1996) examined specific treatment fears that affected attitudes and created a barrier to seeking therapy. Only stigma concerns (that is, how others would negatively judge the individual for seeking psychological therapy) were found to significantly predict attitudes. Other fears about psychotherapy (such as therapist competence, image concerns, and coercion concerns) were not unique predictors of attitudes toward seeking psychological help. Using non-clinical samples, Deane and Chamberlain (1994) found that psychological distress and treatment fears also predicted the intention to seek professional psychological help for personal/emotional problems. Previous studies have demonstrated that attitudes are significant predictors of intentions to seek help, with favourable attitudes being associated with greater likelihood of future help-seeking for psychological distress and suicidal thinking.

Different offender groups have different concerns about treatment. Prisoners have self-preservation, procedural, self-reliance, and professional service provider concerns about

the mental health services they seek. In a study conducted by Shaw and Morgan (2011) on attitudes to psychological services, they found that:

- More mental health treatment sessions lead to more positive attitudes toward seeking mental health treatment;
- More mental health treatment leads to more severe disciplinary infractions; and
- Positive attitudes toward mental health help-seeking decreased the number and severity of disciplinary infractions.

Shaw and Morgan (2011) concluded that "it is relevant for mental health professionals to assess treatment satisfaction to investigate the effectiveness of their services in prison."

2.7 PSYCHOLOGICAL SUPPORT GIVEN TO OFFENDERS

The Department of Health (DoH) (2001) noted that prisoners should have access to the same range and quality of services appropriate to their needs as the general population. However, the mental health needs of prisoners are not being met by prison mental health service provision. Many prisoners are either receiving inappropriate treatment or are not receiving any treatment at all. Often, mental health disorders were simply not recognised in prison (Birmingham cited in Sirdifield et al., 2009). Brooker, Repper, Beverly, Ferriter and Brewer (2002) conducted a systematic review of research related to the mental health of prisoners. This review aimed to inform both the development of services for mentally disordered offenders and a new research agenda by highlighting gaps in knowledge in this area of study. These authors investigated the prevalence of mental health problems in the prison population and gave an overview of the interventions used to treat the major mental health disorders in both the general and prison populations; they also reviewed service delivery. Overall, the studies reported a wide range of prevalence rates for the major mental health disorders.

The Correctional Services Act of South Africa (111 of 1998) which was promulgated in 2004 created a rights-based framework for South Africa's prison system (Muntingh,

2010). The Department of Correctional Services (2013) in South Africa states that, sentenced offenders, probationers and persons under Correctional Supervision should have equal access to needs-based psychological services, despite the limited number of psychologists in DCS. This is meant to maintain their emotional well-being, promote continued effective functioning and to improve their quality of life. The primary responsibility of the psychologist in the DCS is the management of a psychological/mental health programme in which the offender is assisted to adjust in a correctional centre, learn new coping skills and to prevent re-offending behaviour.

The main functions of the psychologist are to assess, diagnose and treat sentenced offenders, probationers and persons under Correctional Supervision. Assessment and diagnosis are continuous functions which commence directly after the person has been referred to the psychologist. Assessment is done in order to get a complete picture of the person's general functioning. During evaluation, various methods can be used to obtain information, namely interviewing, psychometric tests and observation of persons in group situations, feedback from functional personnel, as well as consultation with family members and/or persons who have the necessary information about the person. This information serves as a basis for making a diagnosis and decisions regarding an appropriate treatment programme for the offender, probationer or person under Correctional Supervision (Correctional Services Act, 1998).

Participation in programmes is mainly voluntary, except in those cases where it is necessary to expect participation from a person in a certain programme (for example when the Court recommends that an offender should receive psychological treatment). Due to a lack of human resources and scarcity of psychologists nationally – not only in DCS – not all sentenced offenders, probationers or persons under Correctional Supervision can receive psychological treatment as is the case elsewhere in the World. This necessitates prioritisation of psychological services. Psychologists mainly attend to the following target groups: suicide risks, court referrals, persons who have previously received psychiatric or psychological treatment and/or who are mentally ill, youth and females, aggressive and/or sexual offenders, and persons who request to see a psychologist. In all cases, the most appropriate therapeutic technique is determined by

individual needs of the offender, probationer or person under Correctional Supervision. The following treatment methods are used to rehabilitate offenders who are incarcerated:

- **Individual Psychotherapy**

Owing to the nature and extent of the problems of some sentenced offenders, probationers or personnel members, individual therapy is sometimes necessary. This therapeutic method makes provision for a person to receive intensive attention for an individual problem in a one-on-one relationship. The consequence of this intensive form of therapy is, however, that only a limited number of persons have access to psychological services at a given time. Within this context, the therapist/psychologist can make use of various techniques to assist the person acquire more socially acceptable behavioural patterns, deal with and control anxiety, stress and/or aggressive impulses (Retrieved from http://www.dcs.gov.za/?page_id=319, 2017)

- **Group Therapy**

In group therapy, more than one offender, probationer or persons under Correctional Supervision is involved in psychological treatment at a time (approximately 8 to 12 persons). This method of treatment is more economical, especially when it comes to general/similar problems which should be dealt with, since more than one person can be involved at the same time. Such a group forms a micro-cosmos in which those involved can learn behavioural patterns which are socially more acceptable and in which they can improve or expand their interpersonal skills (Retrieved from http://www.dcs.gov.za/?page_id=319, 2017).

- **Couples and/or Family Therapy**

As the family is the primary system in which individuals functioned prior to their conviction and to which they will return after having served their sentence, it is important that problems which couples or families may experience and which could lead to re-offending should be solved within this context. This form of therapy provides for family ties to be strengthened and for mutual adaptation to be facilitated during the sentence or after release (Retrieved from http://www.dcs.gov.za/?page_id=319, 2017).

- **Structured Programmes**

Structured programmes (e.g. anger management programmes) are rendered to sentenced offenders, probationers and persons under Correctional Supervision by psychologists. This is done with the cooperation of other professionals (e.g. social workers and functional personnel) to create a safe, therapeutic and stimulating environment. In a study done by Sodhi-Berry, Preen, Alan, Knuima and Morgan (2014), in which they investigated the one year community of mental health service used by adult offenders prior to their first ever criminal sentence in Western Australia, they found that over 8% of offenders had used mental health services prior to the sentence compared to 1% of non-offenders (Retrieved from http://www.dcs.gov.za/?page_id=319, 2017).

2.8 COPING RESOURCES USED BY OFFENDERS WHILE INCARCERATED

The term “coping” is usually used to refer to those personal, contextual, and/or social strategies which people use in dealing with situations that are perceived to be causing stress or psychological distress. It should be noted that coping is regarded as a voluntary and conscious effort, rather than an automatic or instinctive act (Mohino, Kirchner, & Forns 2004). Similarly, the subjective perception of the degree of stress associated with a given situation is also important; situations that are neutral for some individuals may be regarded as threatening by others. Coping may be understood as the cognitive and behavioral strategies individuals employ in response to stress (Compas et al., cited in Shulman & Cauffman, 2011). To the extent that incarcerated youths' coping abilities contribute to conduct problems, these skills are central to youths' rehabilitation in general, and to the safety of facility staff and residents in particular.

In his study, Chubay (2001) found that inmates tend to report significant painful and personal life experiences more than non-criminals. Inmates, in particular, report more family-related disruptive and abusive experiences. For many, these negative experiences have been associated with later criminal behaviour that may be a contributing factor towards conditional release failure. Research suggests that, for many inmates, the prison setting itself magnifies the negative impact of earlier life experiences. In prison, vulnerable

inmates are readily targeted and their coping skills and options are limited. When they enter the stressful prison environment, psychological symptoms from earlier traumas, such as intrusive memories, denial, and emotional numbing, return. This emotional response is thought to increase vulnerability to further violence, repeating a cycle of traumatic experience and response.

Another study done by Mohino, Kirchner and Forns (2004) shows that time spent in prison introduces a degree of differentiation in the use of coping strategies. Fortunately, all people are not passive, and people do make active efforts to address and cope with problem situations and the emotions around them. Unfortunately, inmates and former inmates have generally been found to lack adequate coping skills in addressing their personal problems. Coping strategies typically identified among criminal populations include avoidance, momentary relief of problems, with little thought to consequences, and aggressive behaviour. Such approaches, likely selected out of familiarity and experience, tend to worsen problem situations. As unhealthy coping continues, problems worsen, and the pattern continues.

Findings related to how former prisoners coped with the threat of victimisation when incarcerated are situated within behavioral categories. These extend McCorkle's (1992) concepts of passive precaution and aggressive precaution by introducing a new element of analysis if the coping strategies used require individual agency (individual strategies) or group agency (alliance strategies). Individual strategies are self-sufficient coping strategies in which a prisoner is not dependent or reliant on another prisoner for protection (e.g., staying quiet, keeping to oneself). Alliance strategies, by contrast, are coping behaviours that involve being reliant on other prisoners for protection from threat (e.g., gang membership, having fellow members watch your back).

Examining how the coping strategies used by incarcerated adolescents relate to their adjustment is an important empirical endeavour. In addition, given the high rates of mental disorder—both internalising and externalising varieties—among delinquent youth (e.g., Teplin, Abram, McClelland, Dulcan, & Mericle, 2002), it is important to examine the

degree to which youths' coping strategies affect their emotional adjustment to incarceration, especially during the early stages of confinement, which may be particularly stressful. This living situation may reduce the beneficial effects of social support seeking, especially for behavioural outcomes. One of the hallmarks of incarceration is reduced personal freedom, which limits options for self-distraction. Little prior research has directly examined the relations between coping and adjustment within an incarceration setting. One study that did so found that increased use of emotion-focused coping and avoidance were associated with poorer adjustment (Shulman, 2011). A preponderance of research suggests that higher levels of stress contribute to poorer adjustment (Compas et al., 2001). Therefore, those reporting greater stress will exhibit more internalising and externalising symptoms, as well as higher rates of violent behaviour.

2.9 BARRIERS TO EFFECTIVE INTERVENTION STRATEGIES

The delivery of mental healthcare within the prison system is a complex process (Jordan, 2011). This is arguably because the prison milieu is not always conducive to good mental health and is not often a useful catalyst for mental healthcare. The barriers to receiving effective mental health treatment are nothing short of daunting (US Department of Health and Human Services, 1999). WHO and ICRC (2009) state that factors in prison that contribute to poor mental health among prisoners include the following: overcrowding, various forms of violence, enforced solitude, lack of privacy, lack of meaningful activity, isolation from social networks, insecurity about the future and inadequate health services, especially mental health services. Mental health in prison is a whole-prison concern. Mental health services alone are insufficient. The point-prevalence studies conducted by the Institute of Psychiatry (Gunn et al., 1991; Maden et al., 1995) reveal a significant level of unmet mental health treatment needs among prisoners. Mental health service utilisation is a concern in jails too because most jail inmates do not access available mental health services. In fact, 10% of jail inmates or fewer utilised mental health services, a rate lower than that of inmates in prisons. These results are particularly disturbing, considering that jail inmates are more likely than prison inmates to commit suicide (Morgan, Steffan, Shaw & Wilson, 2007).

Barriers to inmates' willingness to seek mental health services have been questioned for years. However, only recently have empirical investigation begun to systematically examine inmates' perceptions and attitudes toward mental health services. More negative attitudes towards seeking mental health treatment were identified in inmates with greater psychological distress; stigma, language barrier, racism, fear and psychological labelling were among factors that prevented inmates from utilising mental health services in prison (Morgan, Steffan, Shaw, & Wilson, 2007). Another study by Walsh, Scaife, Notley, Dodsworth and Schofield (2011) showed that low levels of service use were not a result of lack of provision but were a result of psychological, social, structural, and cultural barriers to accessing those services, for example, issues of understanding, stigma and confidentiality.

2.10 MODELS DEVELOPED FOR OFFENDERS

Research indicates that there are several models that have been developed to address the psychological issues of incarcerated offenders. There are three models, namely the Risk-Need-Responsivity model (RNR), The Good Lives Model of Offender Rehabilitation (GLM) and Rehabilitation Theory. These models are discussed below.

2.10.1 The Risk-Need-Responsivity Model

The risk-need-responsivity (RNR) model has been dominated probation and parole service delivery over the past three decades. The effectiveness of the approach has been because of its conceptual orientation. The RNR which was developed in the 1980s and first formalised in 1990, has been used with increasing success to assess and rehabilitate criminals in Canada and around the world. As suggested by its name, it is based on the following three principles: 1) the risk principle which asserts that criminal behaviour can be reliably predicted and that treatment should focus on the higher risk offenders; 2) the need principle which highlights on the importance of criminogenic needs in the design and delivery of treatment; and 3) the responsivity principle which describes how the treatment should be provided (Andrews & Bonta, 2006).

The RNR model is perhaps the most influential model for the assessment and treatment of offenders (Ward, Mesler & Yates, 2007). First formalised in 1990 the RNR model has been elaborated upon and contextualised within a general personality and cognitive social learning theory of criminal conduct (Andrews & Bonta, 2006). Since 1990, several principles have been added to the core theoretical principles to enhance and strengthen the design and implementation of effective interventions. Briefly, the three core principles are as follows:

- **Risk principle:** Match the level of service to the offender's risk to re-offend;
- **Need principle:** Assess criminogenic needs and target them in treatment; and
- **Responsivity principle:** Maximize the offender's ability to learn from a rehabilitative intervention by providing cognitive behavioural treatment and tailoring the intervention to the learning style, motivation, abilities and strengths of the offender.

There are two parts to the responsivity principle, namely general and specific responsivity. General responsivity calls for the use of cognitive social learning methods to influence behaviour. Cognitive social learning strategies are the most effective regardless of the type of offender (i.e. whether female offender, aboriginal offender, psychopath, sex offender). Core correctional practices, such as prosocial modeling, the appropriate use of reinforcement and disapproval, and problem-solving (Dowden & Andrews, 2004), spell out the specific skills represented in a cognitive social learning approach. Specific responsivity is the "fine tuning" of the cognitive behavioural intervention. It takes into account the strengths, learning style, personality, motivation, and bio-social (e.g., gender, race) characteristics of the individual. The RNR has consistently produced positive (albeit, often modest) results in reducing recidivist behaviour by offenders (Purvis, Ward & Willis, 2011). Despite the fluctuation across the rehabilitation and punishment continuum over the years, the past three decades have seen incremental advancements in the way in which offenders are supervised in the community. In particular, the adoption of the RNR model, also known as the "What Works" in literature, is arguably responsible for much of the improvement that has occurred in evidence-based-offender supervision.

The RNR initially evolved from meta-analytic studies by Canadian researchers (Andrews, Bonta & Hoge, 1990). According to this model, the risk principle is concerned with matching the intensity and level of services with an offender's assessed risk of recidivism. It stipulates that the majority of scarce correctional resources should be allocated to moderate high risk offenders in order to ensure public safety. According to the risk principle, service for low risk offenders should be kept to a minimum. In addition, this principle emphasises that low risk offenders should be separated from medium-high risk offenders in order to prevent them from learning more criminal behaviours and becoming serious offenders.

The need principle, on the other hand, stipulates that services should target criminogenic (i.e. dynamic risk factors) needs, with particular emphasis on what Andrews and Bonta (2010) call "the central eight", that is, anti-social personality, pro-criminal attitudes, pro-criminal associates, substance abuse, relationship problems, low levels of education/unemployment and criminal history. Finally, the responsivity principle broadly falls into two categories, general and specific. General responsivity is concerned with utilising empirically supported social learning and cognitive behavioural techniques when dealing with offenders in areas of their criminogenic needs whereas specific responsivity seeks to tailor the delivery of services according to the motivation, learning styles, abilities, personality and demographic characteristics of offenders. The RNR focused offender supervision practices attempt to address the factors that casually contribute to initial criminal behaviour and are associated with patterns of recidivism.

2.10.2 The Good Lives Model of Offender Rehabilitation

During the past decade, the GLM has gained considerable momentum and popularity as a rehabilitation framework for forensic populations (Purvis, Ward & Willis, 2011). The GLM has been systematically developed by Tony Ward and colleagues, and has been adopted by many different jurisdictions both locally and internationally. Its ethical core is that of human rights and it starts from the assumption that, while offenders have obligations to respect other peoples' entitlements to well-being and freedom, they are also entitled to the same considerations. This is particularly so when it comes to the implementation of

punishment and reintegration initiatives. Two fundamental intervention aims follow from this ethical starting point, namely the enhancement of offenders' well-being and reduction of their risk of further offending. According to the GLM, these goals are inextricably linked and the best way to create a safer society is to assist offenders to adopt more fulfilling and socially integrated lifestyles (Aspinwall & Staudinger, 2003).

In the GLM-C, an individual is hypothesised to commit criminal offences because he lacks the capabilities to realise valued outcomes in personally fulfilling and socially acceptable ways. The GLM-C can act as a bridging theory by explaining more fully (via the etiological fleshing out of some of its assumptions) what it is that offenders seek through antisocial actions. The GLM-C provides a systematic and comprehensive framework for intervening therapeutically with sexual offenders of all types.

There are three levels or components to the GLM-C: (a) a set of general principles and assumptions that specify the values that underly rehabilitation practice and the kind of overall aims that clinicians should be striving for; (b) the implications of these general assumptions for explaining and understanding sexual offending and its functions; and (c) the treatment implications with a focus on goals (goods), self-regulation strategies, and ecological variables.). The GLM is an example of a positive psychological approach to the treatment of sexual offenders and shares several core assumptions of this perspective (Aspinwall & Staudinger, 2003). First, it assumes that as human beings, sexual offenders are goal directed organisms who are predisposed to seek several primary goods.

The GLM provides a comprehensive and theoretically sound framework for case management of offenders (Purvis, Ward & Willis, 2011). The GLM is an example of a positive psychological approach to the treatment of sexual offenders and shares a number of the core assumptions of this perspective (Aspinwall & Staudinger, 2003). First, it assumes that as human beings, sexual offenders are goal-directed organisms who are predisposed to seek a number of primary goods. Primary goods are states of affairs, states of mind, personal characteristics, activities, or experiences that are sought for their own sake and are likely to increase psychological well-being if achieved. The GLM places an important emphasis on the construct of personal identity and its relationship to sexual

offenders' understanding of what constitutes a good life. individuals' conceptions of themselves directly arise from their basic value commitments to pursue human goods, which are expressed in their daily activities and lifestyle. People acquire a sense of who they are and what really matters from what they do; their actions are suffused with values. What this means for therapists is that it is not enough to simply equip individuals with skills to control or manage their risk factors; it is imperative that they are also given the opportunity to fashion a more adaptive personal identity, one that bestows a sense of meaning and fulfilment (Maruna, 2001).

2.10.3 Rehabilitation theory

Surprisingly, very little has been said about rehabilitation theory in the correctional and sexual offending literature. Typically, the terms “treatment,” “therapy,” and “rehabilitation” are used interchangeably as if they refer to the same thing. However, using these terms interchangeably runs the risk of conflating at least two distinct types of theory and their associated referents. The terms “treatment” and “therapy” refer to the process of applying psychological principles and strategies to change the behaviour of offenders in a clinical setting. However, the term “rehabilitation” is broader in nature and refers to the overall aims, values, principles, and etiological assumptions that should be used to guide the treatment of sexual offenders, and translates how these principles should be used to guide therapy.

A useful metaphor for understanding the nature of the rehabilitation theory is that it functions as a topographical map that conveys the sweeping outline of a city, documenting all the major landmarks and their relationships (Ward & Marshall, 2004). It gives therapists the “big” picture and is a useful vantage point for overseeing the therapeutic process. By comparison, a treatment model may be likened to a map of a particular part of a city that tells you in detail how to navigate within a set of streets. In short, without the rehabilitation theory, the danger is that visitors will be unaware of the landscape of the larger city. Similarly, without a rehabilitation theory, therapists will be unaware of the broad aims (i.e., reduce risk, enhance functioning) of treatment and their relationship to the causes that generate offending. A good theory of offender

rehabilitation should specify the aims of therapy, provide a justification of these aims in terms of its core assumptions about aetiology and the values underpinning the approach, identify clinical targets, and outline how treatment should proceed in the light of these assumptions and goals (Ward & Marshall, 2004).

In summary, incarceration often results in negative behavioural and mental health consequences, including ongoing engagement in offending behaviours and contact with the justice system. Although incarceration of offenders is often viewed as a necessary means of public protection, research indicates that it is not an effective option in terms of either cost or outcome. The severe behavioural problems of juvenile offenders are a result of complex and interactive individual and environmental factors, which elicit and maintain offending behaviour. The models that have been developed such the The Risk-Need-Responsivity model and the Good Lives Model were found to be effective in other countries. Rehabilitation theory was specifically developed for sex offenders and is silent about the effectiveness of psychological services for all offenders' rehabilitation. No model has been developed to address mental health problems faced by offenders in Vhembe District.

2.10.4 Cognitive behavioural Theory

Many studies have identified high levels of mental health problems among offenders in custody and there is increasing evidence that mental health problems in this population are associated with further offending and mental health problems. Cognitive Behaviour Therapy (CBT) is a highly structured intervention with a well-established evidence base. CBT based interventions have been developed specifically for young people with a variety of problems such as depression (Reinecke & Shirk, 2005) and offending behaviour (McGuire, 2003). These interventions either target specific mental health problems such as depression and are accessed on a voluntary basis through child and adolescent Mental Health Services (CAMHS). They may target behaviours such as offending and are generally delivered as part of a court imposed sentence, therefore, making them compulsory.

The structured approach of CBT clinical trials, while helpful in generating a significant evidence base, often has a narrow therapeutic focus and has been criticised for using samples that are not clinically representative, thus raising questions about the more general implementation of the interventions. CBT programmes have been criticised for excessively emphasising behavioural rather than cognitive interventions (Stallard, 2002). Thus, there are a number of difficulties in using CBT to address the mental health problems of offenders in custody. However, some studies have reported that CBT interventions for co-morbid disorders are feasible and have good levels of retention and attendance at therapy sessions. Rohde et al. (2004) found that CBT could reduce symptoms and improve social functioning for offenders with co-morbid depression; again retention in therapy was good. Apart from innovations in cognitively based interventions, other therapeutic models have been developed which explicitly address both engagement and motivational challenges. These include Dialectical Behaviour Therapy (DBT), Motivational Interviewing and Narrative Therapy. Such innovations are particularly important when developing intervention for hard to reach groups such as adolescent offenders.

2.10.5 The Bio-psychosocial Model

The bio-psychosocial model explains how individual characteristics may interact with the social environment to produce a violent event. However, rather than focus on the biological basis of crime, psychologists focus on how mental processes impact individual propensities for violence. They are often interested in the association between learning, intelligence, personality and aggressive behaviour. The model posits that biological, psychological and social factors all play a significant role in human functioning, including mental processes. The biopsychosocial model (BP) is a general model or approach stating that biological, psychological (which entails thoughts, emotions, and behaviors), and social (socio-economical, socio-environmental and cultural) factors, all play a significant role in human functioning in the context of disease or illness. It posits that, health is best understood in terms of a combination of biological, psychological, and social factors rather than purely on biological terms.

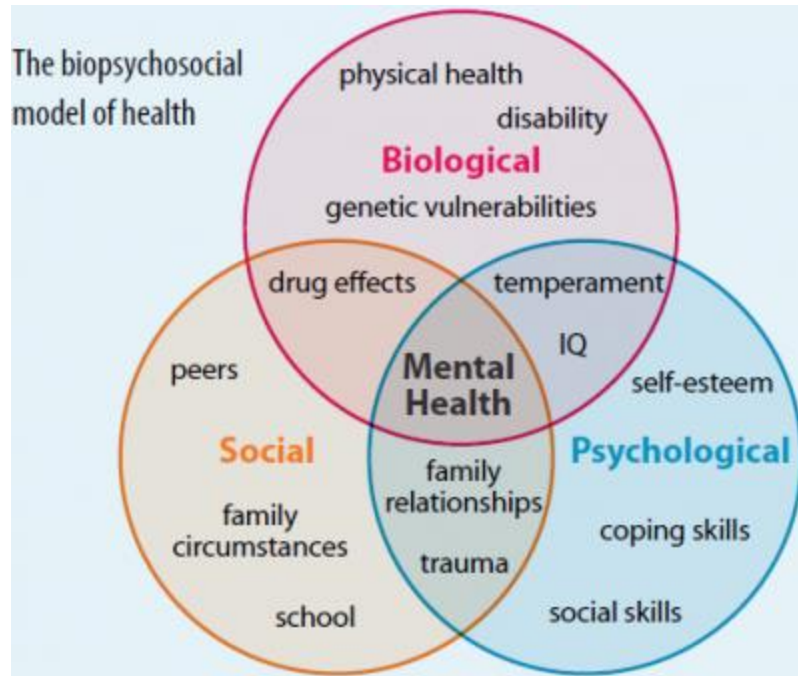


Figure 2.1 The Bio-psychosocial Model. Figure retrieved from www.physio-pedia.com

2.10.6 Deprivation Theory

Sociologist Samuel A. Stouffer (1900-1960) is credited with developing the Deprivation Theory. Deprivation Theory refers to the idea that feelings of deprivation and discontent are related to a desired point of reference. Feelings of relative deprivation arise when desires become legitimate expectations and those desires are blocked by society. Relative deprivation is generally considered to be the central variable in the explanation of social movements and is used to explain the quest for social change. It proposes that social movements emerge from collective feelings of relative deprivation (Morrison, 1971). This type of theory focuses on feelings and actions. For example, the theory encourages the exploration of an individual's feelings of deprivation that may result from comparing his or her situation with that of a referent person or group as well as behavioural effects of deprivation.

The pain of imprisonment or deprivation suffered in prison are the primary influence on an individual's response to imprisonment. Prisoners are deprived of their liberty and restricted in their movement, heterosexual relationships, and relationships with family and friends. They also experience a loss of control and lack of previously enjoyed goods and services and personal security and safety. Different patterns of adaptation have emerged in examining prisoners who have spent different amounts of time in prison. Zamble (1992) found that, over time, long-term prisoners increased participation in work and other regimes or activities and reduced casual socialisation with other inmates. The deprivation model represents two basic theoretical perspectives on patterns of the responses to imprisonment. The major premise of the former approach is that the adaptive made by inmates to the prison setting are functional to what Sykes (1968) has termed the "pains of imprisonment". The heavy emphasis on the immediate pressures of confinement in the deprivation model implies a closed-system, considering the fact that the type of response made by the inmates may be influenced by both their past experiences and their anticipation of the future. The deprivation model is among earlier theoretical frameworks implicating prison crowding as a potential cause of inmate misconduct. The primary assumption underlying the deprivation model is that inmate behaviour is a result of the prison environment. The prison environment is believed to produce negative impacts on inmates' attitudes, values and methods of social interaction (Sykes, 1958).

These characteristics are rooted in the "pains of imprisonment" that are intrinsic to all prisons. These pains or deprivation, personal security, heterosexual relations and personal autonomy work together to define an inmate's social behaviour. Sykes (1958) built on the ideas of Clemmer (1940) who argued that inmates develop a social structure that directly opposes the existing authority. This opposition promotes and condones various forms of inmate behaviour such as rejecting treatment and refusing to report instances of inmate rule violations and sustaining inmate solidarity. Early researchers attempting to validate the deprivation model focused on measures such as time served, where prisonization is viewed as a function of time, and facility time, where tighter control over inmate activities enhances prisonization. The deprivation model argues that various prison-context variables, including prison crowding, will lead to increased levels of inmate

misconduct. Several empirical studies lend support to this perspective, finding prison crowding to be a significant indicator of violent and nonviolent inmate misconduct (Gaes & McGuire, 1985). However, it has many theoretical and therapeutic limitations, particularly in the area of offender responsiveness and motivation. However, the GLM-C can offer an alternative approach to the treatment of sexual offenders; it has the conceptual resources to integrate aspects of treatment not well dealt with by the RP/RNM perspectives, for example, the formation of a therapeutic alliance and motivating offenders to engage in the difficult process of changing their lives. Thus, it is vital for the study to be conducted so that a model can be developed to facilitate effective psychological services not just for sexual offenders but for all offenders.

2.11 SUMMARY

In this chapter, relevant literature was reviewed. Previous studies were reviewed and their relevance to the current study highlighted the models that have been developed in order to rehabilitate offenders. Most models that were developed focused on sex offenders but mental health being of offenders. This study will fill up the gap by providing relevant literature that will focus on the developed model that is based of rehabilitation of offenders in Vhembe District in South Africa since no model has been developed thus far. It will also fill up the gap of the limited literature that has not been documented as far as implementation and the effectiveness of psychological services that are being rendered at the correctional centres. It will also highlight the experiences and challenges that offenders are faced with during incarceration. It will provide an overview of how the mental health of offenders are compromised as far as rehabilitation is concerned. The next chapter discusses the research methods that were used during the study. It highlights how the empirical phase was conducted.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

The previous chapter reviewed related literature from different journal articles extensively. This section outlines how the research study was conducted. A discussion of different methods that were utilised in order to address the research problem were discussed. This chapter also indicates how the theoretical framework was applied. The research design, sampling procedure, data collection method, data analysis and the measures of trustworthiness are discussed in this chapter in detail. The study used multiple methods or perspectives to collect and interpret data about some phenomenon (Brink, van der Walt & van Rensburg, 2014; de Vos, Strydom, Fouche & Delpont, 2002). Ethical considerations as well as the aspects of trustworthiness as applied in the study are discussed. The study also used multiple sources to draw conclusions on what constitutes the truth about a single phenomenon and to bring clarity to and understanding of that phenomenon (Pilot & Beck, 2008).

3.2 RESEARCH PROCESS

This study consists of two phases. Phase One focuses on the empirical aspects of the study and Phase Two looks at model development. The empirical phase outlines all the research processes that were undertaken. It focuses on six objectives.

Objective one, explores the experiences of offenders who are serving long-term sentences. The study employed the qualitative approach, in particular the phenomenological design. Participants comprised offenders who were purposively selected for the study. Data were analysed using IPA. The second objective focused on the risk factors associated with long-term incarceration of offenders in both correctional centres. The study utilised the exploratory research design to achieve this objective. Participants comprised offenders from Thohoyandou Correctional Centre (TCC) and

Kutama-Sinthumule Correctional Centre (KSCC) and semi-structured interviews were used to collect data. Thematic content analysis was used to analyse data.

The third objective looked at the long-term effects on incarceration on the mental health of offenders in Thohoyandou Correctional Services and Kutama-Sinthumule Maximum Prison. The study employed the qualitative approach to address this objective. It used the exploratory design to explore the perceptions of offenders. Participants who were offenders serving long-term sentences, were purposefully selected for the study. Semi-structured interviews were used to collect data and data were analysed using thematic content analysis.

The fourth objective looked at the coping strategies used by offenders during their incarceration in a correctional centres. The explorative design was utilised to achieve this objective. Offenders were selected using the purposive sampling technique. Data were collected using semi-structured interviews. Thematic content analysis was used to analyse data.

The fifth objective examined and analysed the psychological services provided to offenders in correctional centres. Data were collected using semi-structured interviews. Thematic content analysis was used to analyse data.

The sixth objective assessed the effectiveness of psychological services provided to offenders in long-term incarceration. Participants comprised psychologists rendering services in both centres. Unstructured interviews were used to collect data and thematic content analysis was utilised to analyse data.

Phase two focused on model development. In this phase, concept analysis was done and the model developed. To do the concept analysis, Dickoff et al.'s (1968) framework was utilised. The study employed Chin and Kramer's (1999) guidelines for model validation.

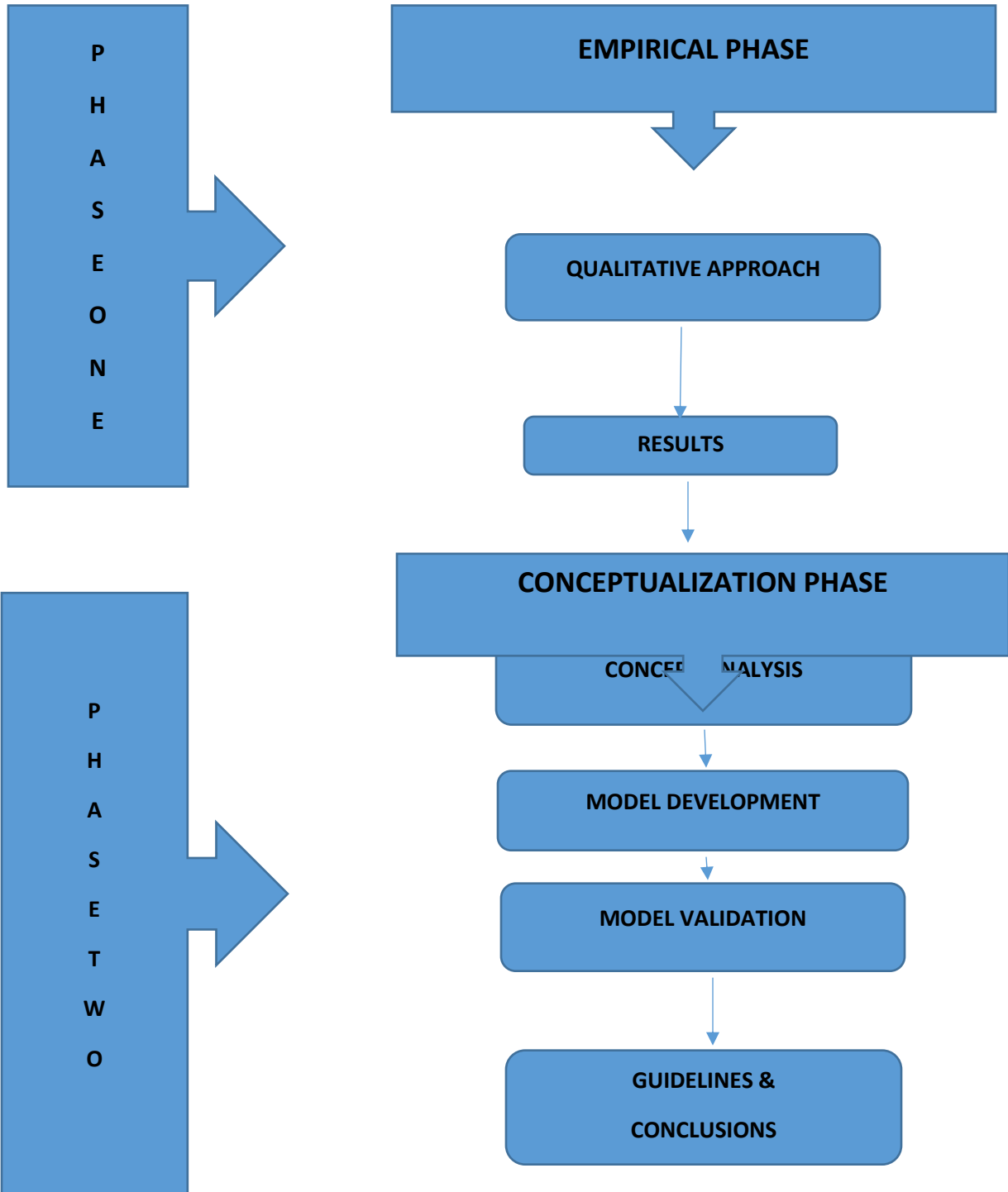


Figure 3.1: Phases of the Study

3.3 PHASE ONE: EMPIRICAL PHASE

This phase outlines the research methods that were used in this study. It provides information on the methods used for each objective in the study. This phase provides an overview of the research approaches that were followed, the research designs, the setting of the study, the participants and how they were sampled. The instrument that was used for data collection and the procedures that were followed in collecting and analysing data are also described. It also highlights how trustworthiness, reliability and validity of the study were achieved. It also discusses the ethical issues that were observed in the study.

Table 3.1 Phases of the study

PHASE ONE								
PHASES	APPROACH	OBJECTIVE	DESIGN	POPULATION	SAMPLING	DATA COLLECTION	DATA ANALYSIS	TRUSTWORTHINESS,
PHASE 1 EMPIRICAL PHASE	Qualitative approach	One	Phenomenological Design	Offenders	Purposive Sampling	Semi-structured interview	Interpretative Phenomenological data analysis	Trustworthiness
	Qualitative approach	Two	Exploratory/Phenomenological/Contextual Designs	Offenders	Purposive Sampling	Semi-structured interview	Thematic data analysis	
	Qualitative approach	Three	Exploratory Design	Offenders	Purposive Sampling	Semi-structured interview	Thematic data analysis	
	Qualitative approach	Four	Exploratory Design	Offenders	Purposive Sampling	Semi-structured interview	Thematic data analysis	
	Qualitative approach	Five	Exploratory/Contextual Design	Offenders	Purposive Sampling	Semi-structured Interview	Thematic data analysis	
	Qualitative approach	Six	Exploratory Design	Psychologist	Purposive Sampling	Unstructured interview	Thematic data analysis	

3.3.1 Qualitative research approach

The study used the qualitative research approach. According to Creswell (2007), it is necessary to stress the axiological nature of qualitative research. Qualitative research looks at the inductive, holistic, emic, subjective and process-oriented methods used to understand, interpret, describe and develop a theory on a phenomena or setting. It is a systematic subjective approach used to describe life experiences and give them meaning. This method is mostly associated with words, language and experiences rather than measurements, statistics and numerical figures (De Vos, 2012; Creswell, 2007; Babbie & Mouton, 2001). Furthermore, Craig and Baucum (2001) indicate that qualitative research is a method which collects information in the form of words which give the researcher an in-depth understanding of the nature of what people experience. The researcher sought to get an in-depth description of the range of emotions, the thoughts and ways of coping that people exhibit in during incarceration.

Qualitative research methods involve the identification and exploration of several often mutually related variables that give insight into human behavior, for example, motivations, opinions, and attitudes (Craig & Baucum, 2001). According to Ryan (2000), qualitative research offers a richly descriptive report of individuals' perceptions, attitudes, beliefs, feelings, meanings and their interpretation of events or a given phenomenon. Denzin and Lincol (2011) add that qualitative research is a systematic subjective approach used to describe life experiences and give them meaning.

Qualitative research produces more in-depth comprehensive information, uses subjective information and participants observation to describe the context or natural setting of the variable under consideration, as well as interactions of the different variables in the context. The aim of qualitative methods is to get an in-depth understanding of a participant's views. Qualitative research helped the researcher to understand offenders' interpretations of certain phenomena (De Vos, 2014; Gibson, 2009; Key, 1997).

Since the researcher's focus was on the psychological experiences of offenders, this method allowed the researcher to effectively explore offenders' experiences in Thohoyandou Correctional Services and Kutama-Sinthumule Correctional Centre.

Using qualitative research methods enabled the researcher to dig deep and probe for information from offenders in correctional services (Leedy & Ormrod, 2010). According to Sharan (2009), qualitative research seeks a wide understanding of the entire situation and examines complex questions that cannot be examined using quantitative methods. It requires the researcher to collect non-numerical data; Instead of numerical data, it focuses on words and underlying meanings and patterns of relationships. Qualitative research is used when little is known about a phenomenon, or when the nature, context and boundaries of a phenomenon are poorly understood and defined (Botma, Greff, Mulaudzi & Wright, 2010; Morse, 1992). This method helped the research uncover phenomenon that are not known.

This approach emphasises the importance of studying variables in their natural settings. The approach helped the researcher to enter the participants' natural settings, namely Thohoyandou Correctional Services and Kutama Sinthumule Correctional Centre, to better understand the settings and environment of the participants. The qualitative approach allowed the investigation to be conducted under natural conditions and in real-life situations. Brink, van der Walt and van Rensburg (2012) describe qualitative research as a method that explores or describes and provides an in-depth understanding of human experiences such as pain and grief. This approach gave the researcher a holistic overview of the context of this study. It helped the researcher to capture data on the experiences of offenders. The qualitative approach is an unstructured, exploratory research methodology based on small samples that provide insight and understanding of the problem setting (Naresh, 1993). To gain insight, the researcher explored the depth, richness, and complexity inherent in the behavior of incarcerated prisoners serving long sentences. This method was suitable for the study because it enabled the researcher to understand the meaning and experiences of offenders who are serving long-term sentences in correctional facilities. The researcher gained an in-depth understanding on how offenders adjust and feel about their experiences when they are incarcerated.

3.3.2 Research Designs

In this study, the researcher used phenomenology, as well as contextual and explorative designs.

3.3.2.1 Phenomenological Design

The aim of phenomenology is to understand phenomena on their own terms and to provide a description of human experiences as experienced by the subjects, thus allowing their essence to emerge (Neuman, 2011). Brink, van der Walt and van Rensburg (2012) state that phenomenology examines human experience through the descriptions that are provided by the people involved, and it answers the question “what is it like to experience this or that”. Phenomenology also focuses on aspects such as the meaning, structure, and essence of the lived experience of this phenomenon by an individual or by many individuals (Babbie & Mouton, 2008; Newman, 2007; Mouton, 2001). A Phenomenological study describes the meaning of the lived experience of several individuals; it concentrates on the study of consciousness and the object of direct experiences (Creswell, 2007, 1998; Neuman, 2006). According to Patton (1990), a phenomenological study is one that focuses on descriptions of what people experience and how it is that they experience what they experience. Rossman and Rallis (1998) describe phenomenology as a tradition with a focus on the essence of lived experiences.

Phenomenology was preferred because it enabled the researcher to gather research information through a close analysis of the individual’s lived experience. A phenomenological inquiry was particularly appropriate for addressing meanings and perspectives of research participants. Using phenomenology enabled the researcher to understand how meaning was created; this was done through the description of the individual’s lived experience (an embodied experience) (Starks & Trinidad, 2007). Phenomenology assumes that there is an essence or essences to shared experiences. In this study, the researcher explained and described offenders’ experiences in long term incarceration (Bless, Higson-Smith & Kagee, 2006).

This design helped the researcher gain access to the individuals’ life-worlds, which was their world of experience; it is where consciousness exists. The purpose of this study was to explore these experiences and interpretations by looking for

commonalities in offenders' experiences in long-term incarceration. The approach further led to the development of concepts and themes that can be further developed into interventions to be applied in practice, often in a participatory manner (de Vos, 2008; Creswell, 2007). The study described the lived experiences of offenders, what was happening in their lives, what was important about the experience and what alterations were needed (Brink, van der Walt & van Rensburg, 2012; Creswell, 2007). It aimed to understand and interpret the meanings that subjects give to their everyday lives. It described the meaning of experiences of the phenomenon, topic or concept for various individuals (de Vos, 2008).

3.3.2.2 Exploratory Design

The study further used the exploratory research design. Exploratory research's primary purpose is to examine a little understood issue or a phenomenon and to develop preliminary ideas about it. It focuses on exploring an unknown area of research to make it known. This is where a researcher has an idea or has observed something and seeks to understand more about it. Exploratory research may lay the groundwork that may lead to future studies, or to determining if what is being observed might be explained by a currently existing theory (Du Plooy, 2009; Neuman, 2008; Creswell, 2007). Exploratory research was conducted to gain insight into an offenders' situations (Neuman 2011; Blaikie, 2000). This is because the researcher lacks basic information on the area of interest, which is the experiences of offenders in incarceration, to get acquainted with their situation. It helped the researcher to gain a deeper and broader understanding of offenders who are serving long-term sentences. This design enabled the researcher to become familiar with the basic facts, setting and concerns.

Furthermore, the researcher chose this design because it helped to create a general mental picture of conditions of offenders in incarceration. It helped the researcher to generate new ideas, and conjectures (Neuman, 2011; De Vos, 2008). Exploratory research helped the researcher to examine a new area of interest. The researcher focused on gathering in-depth information through prolonged engagement with the offenders in their natural settings. The researcher was very creative in probing for information; she was open-minded and flexible in order to explore all sources of information (Blailkie, 2000).

3.3.2.3 Contextual Design

Contextual research is conducted to understand a certain phenomenon and to obtain information about a context. It develops a deeper understanding of the design problem, identifies unexpected issues, as well as latent needs and opportunities (Babbie, 2013). Burn and Grove (1997) argue that contextual research depicts the body, the world and the concerns unique to each person within which the person can be understood. Contextual research is conducted in the context in which the behaviour of interest occurs. According to Lincoln and Guba (1985), a phenomenon must be studied in its natural setting because individuals explain their experiences from within their context. Contextual research is based on a set of principles that allow it to be molded to different situations. This technique is generally used at the beginning of the design process and is good for getting rich information (Beyer & Holtzblatt, 1998).

Contextual design was used in this study because it helped the researcher to gather information that is highly reliable. The researcher was able to collect data that are rich and detailed. This method was useful for identifying more obvious needs for offenders who are serving long-term sentences at Thohoyandou Correctional Centre. It also helped to define the requirements of offenders, and gather information that will improve psychological services processes. The researcher studied the participants in their own natural setting. The interviews were conducted at Thohoyandou Correctional Services and Kutama-Sinthumule Maximum Correctional Centre where the participants were incarcerated. (De Vos, 2012; Babbie & Mouton, 2001; Mouton, 1996). This method helped the researcher to ask offenders questions that gave a clear understanding of their perceptions and attitudes towards psychological services being offered by the correctional centres.

3.3.3 Research setting

There are only two correctional facilities in the Limpopo Province which house offenders serving long- term sentences, namely the Thohoyandou Correctional Centre and the Kutama-Sinthumule maximum security correctional centre. The former is situated in the Thohoyandou area in Thulamela Municipality and the latter in Makhado under Makhado Municipality in Vhembe District, Limpopo Province. The Thohoyandou correctional facility is situated 15kms from the University of Venda about 190 Kilometers from North of Polokwane. The Thohoyandou correctional centre houses

more than 5000 offenders. It has one clinical psychologist who offers psychological services to offenders who are incarcerated. These psychological services are only offered to offenders who are serving two years and above in order to enable them to cope with the prison environment and to maintain their emotional well-being, as well as promote continued effective functioning to improve their quality of life (SA-DCS, 2014).

Kutama-Sinthumule is situated in Makhado town. It is situated about 70 kms from the University of Venda. It is a 3,024-bed maximum security prison for sentenced male inmates. The prison is designed and operated in a manner that ensures that the prison population within its perimeter behaves in a controlled and orderly manner. Inmates are held in individual, double and four-bed cells with integral sanitation. The facility offers structured day programmes such as work, education, training, recreation, physical education, and counseling. In August 2003, the prison became the first in the country and the continent of Africa to obtain the International Standard Organization (ISO) 9001:2008 certification from the South African Bureau of Standards.



Figure 3.2: Map of Vhembe District. Source: www.localgovernment.co.za

3.3.4 Population and participants

The study population comprises the entire set of individuals having some common characteristics (Neuman, 2011). The population of the study comprised individual offenders and psychologists who had characteristics that the researcher was interested in studying (Castillo, 2009; Neuman, 2005; Mouton, 2001). The target population for this study were the offenders and psychologists/correctional officers at Thohoyandou Correctional Facility and Kutama-Sinthumule Correctional Centre.

- **Offenders**

The study consisted of male offenders from the age of 18. Participants included offenders who had served two year sentences or more irrespective of their ethnic group, mother tongue, educational status and race. Because the researcher rarely has access to the entire population, the population that the researcher has access to is called an “accessible population” (Brink, van der Walt & van Rensburg, 2012). The study focused on offenders incarcerated at Thohoyandou Correctional Facility and Kutama-Sinthumule Correctional Centre. The population of the study comprised of offenders who are serving long-term sentences at Thohoyandou Correctional Services, Thulamela Municipality and Kutama Sinthumule Correctional Centre.. The main reason for choosing offenders who are serving two-year or longer sentences is because the Department of Correctional Services only offers psychological services to offenders who are serving two year sentences or more. Thus, this target group was able to provide the necessary information needed to answer the research question.

- **Psychologists**

Another target group aimed at addressing the sixth objective were the psychologists at Thohoyandou Correctional Facility and Kutama-Sinthumule Maximum Prison. The study selected clinical psychologists who had been working at the facility for more than two years. The main reason for choosing psychologists was because they had the essential information required to answer the research question, for example, what psychological services are offered in the prisons, how they are implemented, and the effectiveness of these psychological services. Thus, this target group were able to provide the necessary information needed answer the research question.

3.3.5 Sampling of participants

Sampling in the study was two-fold. The sampling of the institutions and participants was done separately.

- **Sampling of institutions**

There are only two correctional facilities which host offenders serving maximum sentences in Limpopo Province, namely the TCC and KSCC. The study purposively selected TCC which is situated in Thohoyandou and KSCC located in Makhado town because they are under the jurisdiction of the Department of Correctional Services which is managed by the Government of South Africa. For this study, these two institutions were selected from among all institutions that are in the Limpopo Province. However, both Thohoyandou Correctional Services and Kutama-Sinthumule Correctional Centre only house offenders who are serving long-term sentences, making them appropriate for the study. It is important to select participants properly because if selection is not done well, it can affect the outcomes of the study (Emanuel, Wandler & Crady, 2000).

- **Sampling of Offenders**

The study used non-probability sampling. Non-probability sampling is any sampling method where some elements of the population have no chance of selection or where the probability of selection cannot be accurately determined (Neuman, 2006). Purposive sampling was used in the study to select the participants of the study. It is sometimes called the “judgmental” sampling because it is based entirely on the judgement of the researcher. According to Cooper-Stephenson (1981), purposive sampling is a type of non-probability sampling in which the units to be studied are selected based on the researcher’s judgment about which ones will be the most useful or representative.

The researcher used purposive sampling to discover, understand and gain insight from a sample where most could be learned (De Vos, 2012; Merriam, 1998). Since using this type of sampling method does not reveal how many respondents will be interviewed, the researcher sampled continuously until data saturation was reached. Furthermore, purposive sampling allowed the researcher to select the respondents based on knowledge of the phenomena being studied. This sampling technique provided an accurate representation of the specified population (in this case offenders

in long-term incarceration terms) to produce more accurate results. Thirty offenders were selected for this study (seventeen from KSCC and thirteen from TCC).

The inclusion criteria included the following:

- Males only offenders
- Offenders who are 18 and above,
- Offenders who are serving two years or more in incarceration,
- Offenders who speak either English or XiTsonga

The exclusion criteria included:

- Female prisoners
- Offenders who were serving less than two year sentences
- Offenders who could not speak English and XiTsonga.

- **Sampling of Psychologists**

Purposive sampling was also used to select psychologists who work at TCC and KSCC to produce more accurate results. Two female clinical psychologists were selected for this study but only one participated in the study.

For the study, eligibility criteria for inclusion included the following:

- Being a psychologist, rendering psychological services at the correctional centre
- Having worked with offenders for more than one year.

The exclusion criteria was:

- Correctional officers who had worked for less than one year.

3.3.6 Research instrument

- **For offenders**

Data were collected through the use of a semi-structured interview guide. This interview guide was deemed appropriate for the study because it assisted the researcher to gather in-depth, descriptive data from the respondents based on their experiences in the correctional services environment. The interview guide had open-ended questions. The researcher chose this technique because it is more flexible in

exhausting the research topic and emerging ideas. The researcher followed particular interesting avenues that emerged during the process of the interview and the respondents gave a fuller picture (Smith, 1993). The interview guide was constructed in English and then translated to XiTsonga by a language expert (De Vos, 2012; Neuman, 2009; Barbie, 1998). The first section included demographic information such as age, gender, level of education, marital status and length of sentence. The second section consisted of questions which elicited the experience of offenders and their perceptions and attitudes towards psychological support. One the question that was asked was “what are your experiences of being incarcerated for a long period”? (See Appendix C).

- **For Clinical Psychologists**

For the psychologists, the researcher utilised unstructured interviews. Unstructured interviews are commonly used in qualitative studies (Kruger, Mitchel & Welman, 2005). They assist the researcher to gather in-depth, descriptive data from the participants, based on their personal experiences of the subject under study (Kruger, Mitchel & Welman, 2005). This technique provides the researcher with access to the consciousness of the participants. It also gives participants an opportunity to share what they know, think and believe about themselves and the world around them, enabling the meanings that they attach to social phenomenon to be revealed (Creswell, 2010; Kruger, Mitchel & Welman, 2005).

To achieve that, the researcher asked open- ended questions that allowed probing in order to gather more data (Bless, 2008) .The unstructured interview allowed participants to express their views on the effectiveness of the psychological services (De Vos, 2011). It also allowed the participants to express their views clearly and to explain and elaborate more on issues. The unstructured interviews were chosen because it was essential to listen for implicit and explicit meanings in the explanations and descriptions provided by the participants (De Vos, 2009). (See Appendix D).

3.3.7 Entry Negotiation

Prior to the commencement of the study, entry negotiation was done with the National Department of Correctional Services, Thohoyandou Correctional Centre and Kutama Sintumule Correctional Centre. The Department of Correctional Services was provided with the proposal, research instruments, ethical clearance certificate for them to grant the researcher permission to conduct this study. Dates for the interviews were scheduled two weeks in advance and the venues for the interviews were provided by the Thohoyandou Correctional Centre and Kutama-Sintumule Correctional Centre.

3.3.8 Pre-testing

The measuring instruments were tested with a small number of persons who had similar characteristics to those of the target group (Leedind & Ormond, 2005). This involved testing the research interview guide in conditions similar to those required for the research to check for glitches in the wording of questions, lack of clarity of instructions etc. Everything that could impede the instrument's ability to collect data in an economical and systematic fashion was corrected. A study of this nature requires a run of the data collection and provides an opportunity to assess the suitability of the measuring instrument.

Pre-testing was conducted prior to the commencement of the main study to check the feasibility or to improve the design of the research (Creswell, 1994). According to Terre Blanche, Durrheim and Painter (2006), pre-testing takes a “free range” form, in which open-ended questions are asked and respondents’ opinion about the study are used to improve the research. This type of pre-testing is useful in exploring the potential issues pertinent to the study prior to a more structured format being put in place. Pre-testing research instruments entails a critical examination of respondents, understanding of each question and meaning (Colin & Hussey, 2009). Pre-testing of the measuring instruments was done using a small sample having characteristics similar to those of the target group (Creswell, 1994).

Six offenders were individually interviewed following the procedures to be used in the actual study. The six were not included in the main study. This helped the researcher to fine-tune the questions and to improve the success and effectiveness of the investigation (Leedey & Ormond, 2005). Errors were eliminated and mistakes were

rectified in questions which were seen to be meaningless. The objective “to explore the mental and physical health problems offenders were faced with” was changed and split into two objectives to read as follows: “to explore the risk factors offenders were faced with at the correctional centre” and “to explore mental health challenges that came with being incarcerated for a longer period of time”. All aspects of the interview were tested, including the content of the questions and participants in the testing.

3.3.9 Data collection methods

Data was collected through the use of two types of interviews, namely; Semi-structured interviews for offenders and unstructured for a psychologist. The interviews were explained in detailed separately in the following paragraphs.

- **Semi-Structured Interviews for offenders**

The researcher used semi-structured interviews in order to gain a detailed picture of participants’ beliefs, perceptions and experiences about incarcerations (De Vos, 2014; Neuman, 2011; Bless et al, 1998). Data were collected using semi-structured interviews. The researcher allowed each respondent the time and scope to talk about their experiences on long term incarceration. This type of interview was chosen for its flexibility. The researcher followed up interesting avenues that emerged during the course of the interview to get a fuller picture. According to Bernard (1988), semi-structured interviews allowed participants the freedom to express their views in their own terms. It provides reliable, comparable qualitative data. Semi-structured interviews were used to understand the complex behaviour of offenders without exposing any prior categorisation which might limit the field of inquiry (Punch, 2005). It is a two-way conversation in which the interviewer asks participants questions to collect data and to learn about their experiences, ideas, beliefs, views, opinions, and behaviours (Maree, 2007).

Semi-structured interviews are flexible because they allow the researcher to follow a formalised list of questions. This type of interview combines a pre-determined set of open questions (questions that prompt discussion) with the opportunity to explore a particular theme or response. It has a flexible and fluid structure which contains a structured sequence of questions to be asked in the same way of all participants (Michael, Lewis-beck, Bryman & Liao, 2004). The use of semi-structured interviews

was advantageous to the study because it did not limit respondents to a set of pre-determined answers. Rather, it allowed respondents to discuss and raise issues that the researcher may not have considered. Furthermore, it was preferred in the study because it provided valuable information from the offenders' experiences (Punch, 2005).

The researcher focuses the interview on areas that she is interested in exploring (Kvale, 1996). The major questions in the interview guide were "what are the lived experiences of offenders and the challenges experienced by offenders in long-term incarceration?" This type of interview, according to Brink, van der Walt and van Rensburg (2012), allowed the researcher an opportunity to ask specific questions and to also probe for more information in order to understand the experiences of offenders.

- **Unstructured Interviews for Psychologists**

For psychologists, data were collected through the use of unstructured interviews (Neuman, 2009; Durrheim, 2006). This method was less formal. By using this method, the researcher had an opportunity to get to know the participants closely and to gain insight into how they felt and their thoughts (De Vos, 2014; Durrheim & TerreBlanche, 2006). When implementing unstructured interviews, the researcher used an interview guide with one leading question (Durrheim, 2006). The question that was asked was "What are the psychological services provided for offenders in long-term incarceration?" This allowed the researcher to probe for more information.

Unstructured interviews are valuable when the researcher wants to collect data on a phenomenon that little is known about (De Vos, 2014; Bless, 2008). The researcher opted for this interview method because it allowed the researcher to probe for clarity and accurate answers. Unstructured interviews enabled the researcher to explore the psychological services that are being rendered at KSCC. The researcher made notes on non-verbal cues. The researcher also followed the interests and concerns of the participants. Unstructured interviews prevent the researcher from dominating the interview and also help the researcher to listen attentively to the participants. Such interview skills are of major importance in the social sciences, as they prevent the researcher from imposing his or her views on the participants (Breakwell, 2006). In addition, participants have an opportunity to elaborate their answers and by providing

information in their own words they can be studied in more depth. The nature of qualitative research further allowed the researcher to describe the social action of the participants in thick and rich detail. Therefore, it helped probe for original problems by looking at small cases, but with in-depth focus (Cresswell, 2012). Accurate data collection is essential to maintain the integrity of research (Bless, Higson-Smith and Kagee, 2006). The interviews were conducted in a safe and private room under the Correctional services guards. No unauthorised persons were allowed in the interview room. Participants were interviewed individually. This was done to safeguard their privacy and integrity. It is believed that the participants felt free to share their experiences in a non-threatening environment (Cresswell, 2012).

Interviews were conducted by main researcher and they lasted about 45 minutes. During the interview, observational notes were taken. Babbie (2007) states that the researcher should sit down immediately after an interview and jot down his/her impressions. These notes helped the researcher to remember and explore the process of the interview. Sketchy notes were taken during the interview to avoid loss of focus and meaning in the participants' responses (Barbie, 1998). The interviews were conducted in English and Xitsonga because it is assumed that the participants felt more comfortable when being interviewed in their home languages (Kvale, 1996). The interview guide and transcripts were translated into English by language specialists or experts. All the interviews were audio-recorded to allow for a fuller record in addition to notes taken during the interviews (Smith et al., 1995).

3.3.10 Data analysis

According to Babbie (2009), data analysis in qualitative research is a non-numerical examination and interpretation of observations for the purpose of discovering underlying meanings and patterns of relationships. Gibbs (2007) and De Vos (2011) further indicate that data analysis allows processing of collected data into clear, understandable, insightful meaning. According to Neuman (2011), the analysis of human activities is, by necessity, largely subjective and attempts to make the subjective analysis of human behaviour as unbiased as possible. This, therefore, suggests that the qualitative approach has to do with more verbal transcripts or descriptions of events, behaviour, feelings, attitudes and subjects. The analysis of

qualitative research aims to uncover and understand the big picture by describing the phenomenon and what it means. Qualitative data analysis involves such processes as coding (open, axial, and selective), categorising and making sense of the essential meanings of the phenomenon.

3.3.10.1 Interpretative Phenomenological Analysis for objective one

IPA method was used to analyse data obtained for objective number one. According to Neuman (2011), interpretative phenomenological analysis is an analysis method which analyses data that is given or presented by the participants who experienced the phenomena at first hand. Use of this method, therefore, aims at understanding the people's perceptions, opinions, and how they view their experiences in regard to the phenomena being studied. Cresswell (2012) stated that Interpretative phenomenological data analysis proceeds through the methodology of reduction, the analysis of specific statements and themes and a search for all possible meanings. According to Kleinman (2004), the structure of phenomena is the major finding of any descriptive phenomenological inquiry. This structure is based upon the essential meanings that are present in the descriptions of the participants and is determined both by analysis (as detailed below), and by the researcher (intuitive) insights. The following steps suggested by Kleinman (2004) were used as a guide to coding data:

- The researcher read the interview transcript in its entirety to get a global sense of the whole.
- The interview transcripts were read for a second time - this time more slowly - to divide the data into meaningful sections or units.
- The researcher then integrated those sections/units that she had identified as having a similar focus or content and made sense of them.
- The researcher subjected her integrated meaningful sections/units to a process that is known as free imaginative variation.
- The researcher elaborated on her findings - this includes descriptions of the essential meanings that were discovered through the process of free imaginative variation.
- The researcher revisited the raw data descriptions to justify the researcher's interpretations of both the essential meanings and the general structure. The

researcher had to prove that she could substantiate the accuracy of all her findings by reference to the raw data.

- Once the researcher had completed the analysis of data, she followed this with a critical analysis of her work within her research study. This critical analysis included verification to ensure that:

- a) Concrete, detailed descriptions have been obtained from the participants.
- b) The phenomenological reduction has been maintained throughout the analysis.
- c) Essential meanings have been discovered.
- d) A structure has been articulated.
- e) The raw data has been verified.

3.3.10.2 Thematic Content Analysis for Objectives Two, Three, Four, Five and Six

The researcher used thematic content analysis to analyze data. This involved emphasizing pinpointing, examining, and recording patterns or "themes" within data (Babbie, & Mouton, 2009). Data analysis is the science of examining raw data to draw conclusions about that information. Themes are patterns across data sets that are important in the description of a phenomenon and are associated with a specific research question. The themes become categories for analysis. Thematic analysis is performed through the process of coding in six phases to create established, meaningful patterns. These phases are: familiarisation with data, generating initial codes, searching for themes among codes, reviewing themes, defining and naming themes, and producing the final report (Babbie, & Mouton, 2009)..

The researcher catalogued the emerging codes and looked for patterns in the codes. These patterns are called themes. Themes were grouped under much broader themes called super-ordinate themes. The final set of themes were summarised and placed into a table or similar structure where evidence from the text was given to back up the themes produced by a quote from the text (Smith, 2011). The researcher analysed the data following the steps below (Krueger, 2000):

- Step 1: Read the text several times to acquire the overall understanding of it.

- Step 2: Go through the text again, underlying or highlighting words, phrases or sentences which are relevant to the research question.
- Step 3: Group different units of the same meaning into themes of meaning.
- Step 4: Give appropriate titles to the themes according to the content of each theme.
- Step 5: Lastly, discuss the relationship between themes, thereby presenting what the whole text portrays.
- Step 6: Begin the process of writing the final report.

3.3.11 Measures of Trustworthiness

From a qualitative perspective, trustworthiness is conceptualised as the validity or rigour of a given study (Morrow, 2007). The aim of trustworthiness in a qualitative inquiry is to support the argument that the inquiry's findings are "worth paying attention to" (Lincoln & Guba, 1985). In any qualitative research project, the trustworthiness of a qualitative study can be increased by maintaining high credibility and objectivity. A research definition of trustworthiness might be: "Demonstration that the evidence for the results reported is sound and when the argument made based on the results is strong." The basic issue behind trustworthiness is how a researcher can persuade his or her audiences, including himself or herself, that the findings of a research are worth paying attention to or worth taking account of. To enhance trustworthiness of the study, the strategies defined by Lincoln and Guba (1985) were followed. In this study, Lincoln and Guba's (1985) four criteria, namely credibility, dependability, transferability, and confirmability were used to ensure the trustworthiness of the study findings

a. Credibility

Credibility is an evaluation of whether the research findings represent a "credible" conceptual interpretation of the data drawn from the participants' original data (Lincoln & Guba, 1985). Researchers attempt to demonstrate that a true picture of the phenomenon under scrutiny is being presented (Shenon, 2004). Credibility in qualitative research means the results of a qualitative study are, from the perspective of a participant or subject in the research itself, believable and trustworthy. Credibility requires a qualitative study to be believable to critical readers and to be approved by persons who provided the information (Patton, 1999).

- Scrutiny of the research project by colleagues, peers and academics was also welcomed and feedback offered during presentations was considered to ensure quality of the study.
- Credibility was ensured through techniques such as prolonged engagement, triangulation, clarifying of researcher bias and in member checks (Creswell, 2012). To maintain the credibility of the study findings, the researcher prolonged engagement by spending more time with offenders and psychologists at the correctional settings.
- Credibility was maintained through persistent observation in the field which involved the use of continuous observations for any interpretations during data collection including facial expressions and body language.
- The researcher made use of triangulation and peer debriefing to get a thick description of data. This was done using the designated supervisors to examine the findings or steps to be taken during the research process. Supporting data were obtained from documents to provide background and to help explain the attitudes and behaviour of the group under study, as well as to verify particular details that participants will supply (Lincoln & Guba, 1985).
- The researcher used a wide range of informants, participants' viewpoints and experiences and these were verified against others and a rich picture of attitudes and behaviour of the participants were constructed based on the contributions of a wide range of participants (Lincoln & Guba 1985).

b. Dependability

Dependability is showing that the findings are consistent and could be repeated. Dependability is determined by checking the consistency of the study processes (Lincoln & Guba, 1985). Assessment of the quality of the integrated processes of data collection, data analysis, and theory generation showing that the findings are consistent could be repeated. Meeting the dependability criterion is difficult in qualitative work, although researchers should at least strive to attain it (Shenon, 2004). To check the dependability of a qualitative study, one looks to see if the researcher has been careless or has made mistakes in conceptualising the study, collecting data, interpreting the findings and reporting results.

The logic used for selecting people and events to observe, interview, and include in the study should be clearly presented. The more consistent the researcher is in the research process, the more dependable the results. A major technique for assessing dependability is the dependability audit in which an independent auditor reviews the activities of the researcher (as recorded in an audit trail in field notes, archives, and reports) to check how well the techniques for meeting the credibility and transferability standards have been followed.

To address the dependability issue more directly, the processes within the study were reported in detail, thereby enabling future researchers to repeat the work. To allow readers of the research report to develop a thorough understanding of the methods and their effectiveness, the study also included the description of the research methodologies and design. Dependability was achieved by using an expert in the field and auditing the research processes. This involved an auditor examining documentation of critical incidents (documents and interview notes) and products such as research findings, interpretations and recommendations as well as confirming that all these products were supported by data (Maputle, 2010).

c. Transferability

This refers to the degree to which the findings of this inquiry can be applied or transferred beyond the bounds of the project showing that the findings have applicability in other contexts (Babbie & Mouton, 2009). Transferability is facilitated by clear descriptions of the time and context in which working hypotheses are developed by the qualitative inquirer (De Vos, 2011; Lincoln & Cuba, 1999). Transferability was attained through thick description of research methodology. In this study, the researcher ensured transferability by describing participants or setting of the study in detail. With such detailed information, the readers can transfer the information to other settings and determine whether the findings can be transferred because of shared characteristics (Maputle, 2010).

d. Confirmability

This is a measure of how well the inquiry's findings are supported by the data collected. (Lincoln & Guba, 1985). It is the degree of neutrality or the extent to which the findings of a study are shaped by the respondents and not researcher bias, motivation, or interest. To ensure conformability, the researcher relied on an independent audit of

her research methods by a competent peer (Lincoln & Guba, 1985; Patton, 1990). The researcher also took steps to demonstrate that findings emerged from data and not from the researcher's own predispositions (Shanon, 2004). Confirmability was established through the involvement of an experienced supervisor (independent coder) who reviewed the products, the findings and interpretations in order to test conformability (Neuman, 2011; Maputle, 2010).

3.4 ETHICAL CONSIDERATIONS

Ethics are codes of conduct and values in research, and how those have an impact on both the research and subjects (Gray, 2009). Ethics are rules or principles of behaviour. Research ethics are concerned with ensuring that the dignity of human respondents is respected, and not abused or violated in the search for knowledge. Psychological impact of offenders is a very sensitive and complex issue and involves human respondents who have been denied freedom due to their behaviour or offensive behaviours they have conducted. Ethical codes of conduct were established to define how members should conduct themselves and to protect the welfare of subjects. The aim of ethical codes of conduct is to minimise the exploitation of subjects; it ensures that respondents are not abused but that they are treated with respect during and after the research process.

3.4.1 Permission to conduct the study

Institutional Ethics

Prior to the commencement of the study, the proposal was presented to the Department of Psychology the School of Health Sciences Higher Degrees Committee for quality assurance and the University of Venda Higher Degrees Committee (UHDC) for approval. Thereafter, the UHDC submitted the proposal to the University of Venda's Ethics Committee for ethical clearance.

External Ethics

Permission to conduct the study or ethical approval was sought from the South African Department of Correctional Services before the commencement of the study. The researcher was guided by the following ethics:

3.4.2 Informed consent

To ensure informed consent, participants were told what the research was about to enable them to make informed decisions about whether to participate in the study or not (Bless, Higson-Smith & Kagee, 2006). Informed consent was written to explain to participants and to ask for their voluntary agreement to participate before the study began (Taylor, 1987). According to de Vos (2002), obtaining informed consent implies that all possible or adequate information on the goal of the investigation, procedures that are to be followed during the investigation, the possible merits and demerits and dangers to which participants may be exposed, as well as the credibility of the researcher, be given to potential subjects or their legal representatives. The processes involved in the study were clearly explained to the participants and they were told that their participation was voluntary.

Bailey (1994) explains that participants must be legally and psychologically competent to give consent and that they must be aware that they are at liberty to withdraw from the investigation at any time. The researcher took some time to explain to the respondents what the study entailed and what was required of them in terms of participation. Participants had a right to know what the research was all about, how it could affect them, the risks and benefits to the participants and the fact that they had a right to decline to participate if they chose to do so. According to Neuman (2011), participants must be fully informed about the procedures and risks involved in research and they must give their own consent to participate. The researcher sought permission from the participants. All participants were asked to provide written informed consent before being interviewed. Interviews were conducted on a one-on-one basis in a private room.

3.4.3 Confidentiality

Confidentiality was maintained and participants who were studied were protected and their names were not written anywhere; they were not divulged to the public nor were they written on any reports, articles and publications that were released from this study. Researchers protect the privacy of the respondents by not disclosing their identities after information has been gathered (Neuman, 2011; Cresswell, 1998). Participants were assured of confidentiality Research, by its nature can intrude into

the participants, lives, thus the identity of the offenders was protected and data kept confidentially. Names of the participants were not recorded anywhere. According to Neuman (2006), participants should be assured that identifying information will not be made available to anyone who is not directly involved in the study. The researcher assured the offenders that the information given during the interview process would be protected. The researcher protected sensitive and personal information provided by participants; this information was not made available to anyone else other than the researcher. Information collected from participants was kept under secure conditions at all times. Participants were assured that all their information would be treated confidentially and that only the researcher and the supervisor would have access to it.

3.4.4 Anonymity

According to Neuman (2006), researchers protect the privacy of the participants by not disclosing their identities after the information has been gathered or obtained. Anonymity means that people remain anonymous. Participants were given codes instead of their name in order to maintain anonymity. Participants' names were not recorded anywhere.

3.4.5 Avoidance of harm

According to Barbie and Mouton (2009), social research should never injure the people being studied, regardless of whether they volunteer for the study or not. Subjects can be harmed in a physical or emotional manner (Dane, 1990). An ethical obligation rests with the researcher to protect subjects against any form of physical discomfort that may emerge within reasonable limits from the research project. Harm to the respondents, in the social sciences, is mainly of an emotional nature, although physical injury cannot be ruled out. Participants were thoroughly informed beforehand about the investigation of the study. The researcher did not cause any harm to the participants (de Vos, 2005). The researcher identified participants who could possibly prove vulnerable during the investigation and eliminated them from the study before its commencement. The responsibility for protecting participants against harm reaches further than mere efforts to repair or attempts to minimise such harm afterwards. Participants were thoroughly informed beforehand about the potential impact of the investigation (Bailey, 1994).

3.4.6 Voluntary participation

According to Barbie (1998), participants should not be forced to participate in the study if they are not willing to participate. No one was forced to participate. Voluntarism is an approach to human agency and causality that assumes human actions are based on the subjective choices and reasons of individuals (Neuman, 2011). The study only enrolled participants who were willing to participate in the study. No-one was forced to participate in the study. All research participation was voluntary. Since it is not enough to obtain people's permission to participate, people need to know what they are being asked to participate in.

3.4.7 Respect

The researcher ensured respect for each participant in the research study. The researcher did this by ensuring that each and every participant received full disclosure of the nature of the study, the risks, benefits and alternatives; participants were also given an opportunity to ask questions (Barbie, 1998).

3.5 PHASE TWO: CONCEPTUAL PHASE

In this section, the researcher describes how the concept was identified and analysed. The researcher also explains how the model was developed.

3.5.1 Concept Analysis

According to Walker and Avant (2005), concept analysis is used to examine and describe a concept and its usage with the aim of understanding what the concept is and what it is not. It is essential for the refinement and definition of concepts originating from a specific discipline, theory and research. Walker and Avanaat (2005) analysis was essential to ensure that the concepts were actively and correctly operationalised. It allowed the identification of the attributes of the concept, with the aim of developing an operationalised definition and of adding to existing theory. Concept analysis is an exercise designed to make the variable familiar to the researcher. Research indicates that concept analysis provides a precise operational definition that by its very nature has construct validity, accurately reflect its theoretical base. The study adopted the framework suggested by Walker and Avant (2005) for concept analysis. The method was guided by the following method:

- Selection of the concept;
- Specification of the aims of analysis;
- Identification of uses, characteristics or connotations of the concepts;
- Determination and definition of attributes;
- Development of model cases which exemplify the analysis;
- Identification of antecedents and consequences; and
- Definition of empirical references.

3.5.2 Model Development

A model, as stated by Walker and Avant (1995), is a schematic, graphical or mathematical representation of a theory. It represents something other than itself. It is regarded as anything that represents a perceived reality and can be in the form of words or symbols that indicate complex abstractions in an interrelationship. A model that enhanced the facilitation of psychological services at TCC and KSCC was developed. Dickoff's (2009:243) framework was used in this study and the six (6) areas mentioned below were followed:

- Agent – an agent is a person who contributes towards realisation of the goal (Dickoff et al., 2008:426). In this study, the agents were correctional services officers (Psychologists, nurses, wardens, occupational therapists).
- Recipients – these are persons who receive action from an agent and their activities contribute to a certain goal (Dickoff et al., 2008:426). In this study, recipients were both male and female offenders.
- Context – The context is viewed from the aspect of the matrix of activity. In this study, the activity occurs within the legal psychological services framework of the Department of Correctional Services and rules and regulations governing this department.
- Dynamics – these are the power sources for the activity, which can be chemical, physical, biological and psychological for persons or things functioning as agents, framework in realizing the goal (Dickoff et al., 2008:426). In this study, dynamics referred to interactive facilitation.
- Procedure – refers to what guided the procedure.

- Terminus – to treat the activity from an aspect of terminus is to view activity from the perspective of the end point or accomplishment of activity (Dickoff et al., 2008). In this study, the terminus is the outcome of facilitation of psychological services by correctional officers at TCC and KSCC.

3.5.3 Model Validation

Model validation was done in this study to check how critical evaluation contributes to our understanding of how well the model relates to practice, research and psychological services. The model was evaluated based on predetermined criteria of theory generation as described by Chinn and Kramer (1995). The following guidelines suggested for model evaluation were utilised:

- How clear is the model? – This question helped assess the semantic and structural clarity and consistency of the model.
- How simple is the model? – This question helped ensure that the model was not too complex, complicated or confusing to the readers.
- How general is the model? – This question helped look at the possible applications or relevant utilisation of the model in other contexts or environments where the need for facilitation of self-discipline could be an issue of concern or interest.
- How accessible is the model? – This question helped assess whether the model's identified, discussed and central concepts were grounded in and justified through empirical phenomena.
- How important is the model? – The final question helped assess the value or significance of the model by focusing on how successful it will be in achieving its envisaged contribution and goals.

Furthermore, the model was supervised by two experts who were versatile in both psychological services and ethical issues.

3.6 SUMMARY

This chapter discussed the research methods that were used during the study. Triangulation methods were discussed, as well as methods on how the model would be developed to facilitate effective psychological services for offenders. Ethical considerations for the study were also described in detail. The next chapter presents and discusses the findings of the study in detail.

CHAPTER 4

PRESENTATION OF FINDINGS OF THE STUDY

4.1 INTRODUCTION

The previous chapter outlined the research design and methodology used in this study. This chapter presents and analyses data obtained from thirty offenders and one psychologist who participated in the study. Participants were selected from two centres, namely TCC and KSCC. This chapter consists of two sections. The findings are presented using tables and descriptions of the participants' experiences. This chapter is divided into two sections which present and discuss the vertical themes that emerged during the data analysis process.

- Section one analyses the results obtained from interview transcripts of individual offenders from both correctional centres.
- Section two analyses results obtained from face-to-face interviews of the psychologist who was interviewed to obtain knowledge on effective psychological interventions for offenders serving long-term sentences.

Table 4.1 summarises the themes, sub-themes and categories of data obtained from all the participants. This section highlights how data were analysed. Data for offenders were analysed using both IPA and thematic data analysis methods and for the psychologist, thematic data analysis was used. Themes and sub-themes were developed from raw data which was collected using in-depth interviews with participants. The main aim of the study was to develop a model to facilitate effective psychological services among offenders in long-term incarceration in Vhembe District, Limpopo Province.

The objectives of the study were as follows:

- To explore the lived experiences of offenders in long-term incarceration;
- To explore the risk factors associated with long-term incarceration;
- To explore the long-term incarceration effects on the mental health of offenders;
- To explain the coping strategies used by offenders while incarcerated in correctional services;

- To explore the availability of the psychological services provided to offenders in long-term incarceration in Vhembe District; and
- To assess the effectiveness of psychological services provided to offenders in long-term incarceration.

4.2 SECTION A: PRESENTATION OF RESULTS FROM OFFENDERS

This chapter presents the results of the analysed data obtained from all participants. Individual semi-structured interviews with offenders serving long term incarceration as well as an unstructured interview with a psychologist in one centre, the KSCC. The presentation of findings is done in conjunction with literature which serves to contextualise the findings. These research findings represent step one of Walker and Avant's (2005) approach. Participants' transcribed responses were read and re-read to enable the researcher to master the content. Numerous text units were developed during the coding process. These units were analysed to make sense of them and to form categories.

The next step was to organise the categories and attach meaning to them to derive a thematic description for each of the research questions. Every category and theme is substantiated by citations from raw data. Data are compared with relevant current literature and research to explore the lived experiences of offenders in long-term incarceration and their knowledge and attitudes towards psychological services rendered at correctional centres. Data that were collected from participants are presented below. This section highlights the demographic information of all the offenders from both correctional centres who were interviewed individually. This section gives full demographic information of the participants and their views on and experiences of psychological services provided to them, as well as the risks they face daily. The demographic information of participants who were interviewed is presented in table 4.1. The table summarises the age of the participants, gender, length of sentence, years already served, years still to serve, and the name of the correctional centre

4.2.1 Profile of Participants of offenders

Table 4.1 Demographic Information of Participants

No	Age	Gender	Correctional centre	Convicted years	Years already served	No of years remaining	Home Language
01	42	Male	TCC	Life sentence	12 years	39 years	TshiVenda
02	39	Male	TCC	Life sentence	8 years	Life sentence	TshiVenda
03	41	Male	TCC	Life sentence	8 years	18 years	XiTsonga
04	39	Male	TCC	Life sentence	7 years	8 years	Sepedi
05	40	Male	TCC	Life sentence	18 years	Life sentence	Ndebele
06	59	Male	TCC	Life sentence	6 years	19 years	XiTsonga
07	39	Male	TCC	Life sentence	18 years	Life sentence	TshiVenda
08	40	Male	TCC	Life sentence	17 years	Life sentence	Zulu
09	39	Male	TCC	Life sentence	15 years	Life sentence	TshiVenda
10	41	Male	TCC	Life sentence	17 years	Life sentence	TshiVenda
11	49	Male	TCC	Life sentence	15 years	Life sentence	TshiVenda
12	31	Male	TCC	Life sentence	11 years	Life sentence	TshiVenda
13	33	Male	TCC	Life sentence	8 years	Life sentence	TshiVenda
14	51	Male	KSCC	Life sentence	11 years	Life sentence	TshiVenda
15	48	Male	KSCC	Life sentence	9 years	Life sentence	Iboh
16	42	Male	KSCC	Life sentence	7 years	Life sentence	Sepedi
17	45	Male	KSCC	3 Life sentence	10 years	Life sentence	XiTsonga
18	51	Male	KSCC	Life sentence	14 years	Life sentence	Sepedi
19	33	Male	KSCC	Life sentence	4 years	Life sentence	XiTsonga
20	47	Male	KSCC	Life sentence	8 years	Life sentence	Sepedi
21	50	Male	KSCC	15 years	8 years	12 years	SeTswana
22	31	Male	KSCC	30 years	6 years	25 years	Afrikaans

23	36	Male	KSCC	20 years	7 years	Life sentence	Sepedi
24	39	Male	KSCC	Life sentence		Life sentence	Sepedi
25	30	Male	KSCC	Life sentence	5 years	Life sentence	Setswana
26	32	Male	KSCC	Life sentence	6 years	Life sentence	Tshivenda
27	43	Male	KSCC	Life sentence	6 years	Life sentence	Chichewa
28	45	Male	KSCC	Life sentence	6 years	Life sentence	Xitsonga
29	48	Male	KSCC	Life sentence	10 years	Life sentence	S.Sotho
30	39	Male	KSCC	Life sentence	5 years	Life sentence	Ndebele

Data were collected using semi-structured interviews from 30 participants at two correctional centres, namely Thohoyandou Correctional Centre and Kutama-Sintumule Maximum Facility in Vhembe District. All the interviews were conducted at the correctional facilities under the guard of custodial officers. The interview had open-ended questions. The interviews were conducted in English, and Xitsonga Data were collected for a period of five months from both correctional facilities. About 30 participants, 13 from the TCC and 17 from KSCC were interviewed and the sample size was determined by data saturation. Sentences of participants ranged from 15 years to life sentences and their age ranged from 31 to 69 years of age. Interviews per participant lasted for 45 minutes to one hour.

The questions included in the interview guide were as follows:

- What experiences are you experiencing as an offender in long-term incarceration?
- What risks do you face while serving a long-term sentence in the correctional centre?
- How does being incarcerated for a long time affect your mental health and physical health?
- What coping strategies do you use while being incarcerated in correctional services?

- Which psychological services are provided or are available to offenders in long-term incarceration?

Data were collected from participants using in-depth interviews. IPA was used to analyse data collected from offenders on long-term incarceration. The interview transcripts were analysed and data were divided into meaningful sections or units (Kleinman, 2004). Data were coded and integrated into meaningful themes and sub-themes. Furthermore, the researcher used thematic content analysis to analyse data, which emphasizes pinpointing, examining, and recording patterns or "themes" within data (Themes are patterns across data sets that are important in the description of a phenomenon and are associated with a specific research question (Babbie, & Mouton, 2009). The researcher randomly analysed each transcript until all the transcripts had been analysed and similar ideas or topics had been coded. After coding, similar topics were grouped together into categories. Thereafter, themes were identified. Each theme is discussed with relevant quotations from the participants, and relevant literature is also cited to compare with the findings of this research. The themes that emerged from data analysis are presented in Table 4.2.

Sixteen themes emerged from raw data. The themes include the following: good living conditions in the correctional centre (KSCC); poor living conditions in the TCC; gangsterism, insensitive behaviour of the officials; lack of planned empowerment programmes to rehabilitate prisoners; health related risks; illegal connection of electricity; negative environment and social influence; incarceration behavioural display; life sentence pronouncement by the judge; lack of psychological services; offenders' participation in organised psychological intervention; stigmatisation; infusing psychological programmes into school curriculum; active involvement of all the offenders in psychological programme; and utilisation of support from family members.

4.3 SUMMARY OF THEMES AND SUB-THEMES

This section presents results pertaining to the lived experiences of offenders, the risks of being incarcerated, the effects of incarceration on their mental health, and the coping strategies used by each individual. Thirty (30) offenders were interviewed. Offenders who were interviewed irrespective of their age, ethnicity, religion, marital, socio-economic and educational status and who gave verbal and written consent, participated in the study. An interview guide was used to interview participants (see Appendix C). Only offenders who were serving long-term incarceration, which is from 15 years to life sentences, were interviewed in both correctional centres.

Table 4.2: Summary of themes and sub-themes that emerged

	THEMES	SUB-THEMES
To explore the lived experiences of offenders in long-term incarceration.	Good living conditions in the correctional centre (KSCC)	<ul style="list-style-type: none"> • Good Nutritional diet at KSCC • Good health care system at KSCC • UNISA Centre Number to further studies • Conducive environment • Offenders have good relationships with officials • Accessibility of resources within the correctional facility
	Poor living conditions in the correctional facilities (DCS)	<ul style="list-style-type: none"> • There is overcrowding in the cells • The toilet and bathrooms are in deplorable conditions • There is poor hygiene inside cells • Sexual assault by other offenders • Physical assault by other offenders • There is poor nutritional diet provided by the CC

		<ul style="list-style-type: none"> • There is poor health care system provided by the correctional centre
	Gangsterism in the correctional facilities	<ul style="list-style-type: none"> • There are different types of gangs • Gangs are identified by their tattoos and activities • Risk of being framed by angered offenders • Joining gangs for protection • Gangs no longer as rife as before
	Insensitive behaviour of officials towards offenders which is further compounded by ethnic favouritism	<ul style="list-style-type: none"> • There is lack of response from officials to calls of help from offenders • There is lack of respect for the offenders • Special treatment by officials to offenders of same ethnicity.
To explore the risk factors associated with long-term incarceration among offenders.	Health related Risk	<ul style="list-style-type: none"> • Risk of infection from offenders with communicable diseases as a result of overcrowding • Risk of infections from the dirty environment • Risk of death inside the correctional centre
	Illegal connection of electricity	<ul style="list-style-type: none"> • Fear of being electrified with illegal connection of electricity.
To explain the effects of long-term incarceration on mental health of offenders.	Incarceration Behavioural display	<ul style="list-style-type: none"> • Feelings of Confusion • Insanity arising from being incarcerated • Feeling of self-resentment because of anger and aggression towards self. • Engagement in substance abuse • Family relations

	Life sentence pronouncement by the Judge produces feelings of resentment towards self, officials and the society	<ul style="list-style-type: none"> • Ideation of killing self • Ideation of killing police officers • Ideation of acting in rebellion to everyone around you.
To assess the availability of the psychological services provided to offenders in long-term incarceration in Vhembe District.	No planned empowerment programmes to rehabilitate prisoners	<ul style="list-style-type: none"> • No accessibility to psychological services. (PAROLE BOARD) • Lack of psychological programmes at the correctional centre • Insufficient clinical psychologists • Lack of well-trained custodial officers to render psychological services. • There is lack of psychological programmes elongates time of release from the prison
	Behavioural change due to psychological intervention programmes	<ul style="list-style-type: none"> • change of perceptions towards self • change in offenders' perceptions of relationship with others
	Stigmatisation of ex-convicts	<ul style="list-style-type: none"> • Rejection by community members and name labelling of the ex-convicts • Relapse due to lack of rehabilitation
	Psychological programmes should be infused into community and school programmes to prevent crimes.	<ul style="list-style-type: none"> • Psychological programmes should be included in the school curriculum

	Active involvement of all the offenders in psychological programmes	<ul style="list-style-type: none"> • Psychological programmes should not target only literate offenders. • Psychological programmes should be simplified to accommodate all types of offenders
To describe the coping strategies used by offenders while being incarcerated in correctional services	Utilisation of support from family members, knowledge from the psychological programme and self-generated activities to keep the mind active.	<ul style="list-style-type: none"> • Keeping memories of the family visits. • Participation in school activities to keep the mind busy. • Ignoring negative precipitating factors from other offenders

4.4 OBJECTIVE ONE: TO EXPLORE THE LIVED EXPERIENCES OF OFFENDERS IN LONG-TERM INCARCERATION

4.4.1 Theme 1: Good living conditions in the correctional facilities (KSCC)

Offenders who are incarcerated at KSCC indicated that there were good living conditions at the correctional centre compared to the other correctional centres they had been to before. The theme of good living conditions in the correctional centre as described by offenders at KSCC generated five sub-themes.

Sub-theme 1: There is good Nutritional diet at KSCC

Participants described KSCC as a hotel compared to other centres. All the offenders who were interviewed at this centre had a good experience regarding nutrition that is provided to offenders. They indicated that at the centre, they are provided with sufficient and good nutrition. The food is good for everyone including offenders who have been diagnosed with HIV, Tb and other diseases/illnesses. Most participants praised the centre for providing them with a good nutritional diet. This is how they expressed their views:

“We are provided with sufficient food. On Sunday, we have special meals and when we have money to buy, the food we buy from the kiosk is nutritional” (Participant 9, KSCC)

Participants also appreciated the privilege of being given tea at any time of the day.

“...you have tea anytime you feel like it...” (Participant 7, KSCC)

“here the food is enough unlike at other correctional centres. I have never complained about food here. It is one of the good things I have seen ever since I came here. You eat until you leave the food on your plate” (Participant 12, KSCC)

The study findings revealed that there is adequate nutritional diet provided to offenders at KSCC during their incarceration. Offenders were provided with enough nutritious

food and a well-balanced diet. The study further indicates that all offenders were happy with the meals they received compared the food in other centres they had been to before. The study findings were consistent with a study done Leach & Goodman, 2014 which argued that adequate nutrition is a basic human right and that prisoners should be provided with healthy food choices to optimise health (). This was further supported by WHO (2014) which indicated that adequate nutrition should be considered a basic human right for prisoners, especially as many have poor health.

While offenders at KSCC were very happy with the meals they received at the correctional centre, research shows that most offenders from other correctional centres are not happy with the nutritional diet they are provided with. Kjaer and Minke (2014) argued that thinking about meals and their preparation is time consuming for prisoners who tend to be positive about the system making connections with their ability to exercise responsibility for making healthily choices. Vanhouche (2015) further argues that most prisoners had negative attitudes towards these meals. Moreover, other findings indicate that, while the portions are considered adequate, the taste, quality and service of food are negatively valued (Izquierdo, 2014). However, offenders from KSCC were very pleased with the kind of food they received at the correctional centre.

Sub-theme 2: There is good health care system at the KSCC

Most offenders who were interviewed were very happy with the good health care system that is being provided at KSCC. They indicated that there is never a time when one would get sick and go unattended to by a health care worker or a medical doctor. Health care is readily available at any time of the day to all offenders who might need it.. The health system is always available for offenders 24 hours a day and seven days a week. The following excerpts from offenders testify to this claim:

“Our health is not compromised” (Participant 16, KSCC)

“Like I indicated before, this place is better compared to other DCs facilities. If one is sick, or if I’m sick, I just shout and you will be immediately attended to without any delays. So, I have never experienced any problems when it comes

to my health. The environment is conducive enough not to subject one or be prone to illnesses” (Participant 10, KCSS)

“If you are sick, you will see the nurses on the very same day. If eeeh.... you are very sick, depending on your condition, the health care workers will refer you to the doctor that very same day” (Participant 4, KSCC)

The offenders further indicated that medication is always readily available for them when they are sick. They stated that there is no need to wait for medication that is out of stock; the centre always has enough stock available for offenders. This is how one of the offenders expressed his view:

“Medication is readily available anytime you want it” (Participant 4, KSCC)

Almost all offenders who were interviewed during this study said that the health care system at KSCC was good and that they were satisfied with the way they were promptly attended to when they sick. They stated that their health was not put at risk, especially with some of the offenders being diagnosed with TB. Offenders indicated that any offender who might be diagnosed with a communicable disease like TB, is given instant attention in order not to spread the TB to other offenders inside cells. Their satisfaction is seen in the following excerpts extracted from the interview data:

“If one offender is diagnosed with TB, the centre will make it a point that all offenders in that cell get tested for TB and receive treatment if there is need. (Participant 11, KSCC)

“If you are diagnosed with something that is scary, the healthcare workers take care of it before it get out of hand” (Participant 4, KSCC)

“No need to wait; for other things they will put you on the waiting list and they will call you” (Participant 4, KSCC)

“Like I indicated before, this place is better compared to other DCS facilities. If one is sick or if I’m sick, I just shout and I will be immediately attended to without any delay” (Participant 10, KSCC)

As far as health is concerned, the current study discovered that offenders at KSCC were appreciative towards the correctional centre for taking care of their health need. The study revealed that the health care system within the centre was very much efficient. Offenders who were sick were attended to by the health care workers when they needed medical care. These findings are consistent with the review that was done by Leaman, Richard, Emslie and O'Moore (2017) who found that English prison healthcare has undergone "transformation" leading to increased quality of care through organisational engagement, professionalisation of the healthcare workforce, transparency, use of evidence-based guidance and responsiveness of services.

Furthermore, the study revealed that when one offender is sick and diagnosed with TB, the correctional centre would make it a priority to screen all the offenders in the cell to check if they have been infected and to control the spreading of the TB virus inside the correctional centre. The results were consistent with a study by Abbing (2013) who concurred that prisoners have a right to a healthcare equivalent to the one in the community at large, as well as access to medical care and preventive measures of good quality. Moreover, the study further discovered that medication was readily available for offenders whenever they needed it, particularly the ones taking ARV and TB treatment. The findings were consistent with a study done by Kipping, Scott and Gray (2011) who noted that prisoners and staff generally reported good access to most health care, provision of prescribed medication, blood borne virus vaccination and treatment of substance misuse. However, Netessine (2017) argued that the private health care practices in prisons concern many analysts. Some argue, however, that the potential benefits of private prisons and outsourced health care outweigh the costs.

Sub-Theme 3: There is UNISA Centre Number to further studies

Furthering one's studies was reported to be a major milestone by some of the offenders. Offenders viewed furthering one's studied while being incarcerated as part of the rehabilitation process. When interviewed, they indicated that when they are released from prison, it will give them a better chance to be respected within the community. Some offenders indicated that education is the only thing that keeps them

sane while serving their long-term sentences because, according to them, prison life has the potential of making one go “crazy”. The following excerpt from some of the offenders puts the issue into perspective:

“This place is incapacitating in so many ways. Eeeh..., education is important in keeping you sane. Because if you are not being educated and you can’t make sense of things, then you are more likely to subject yourself to prison life, and this will distract your mind even more. You won’t have any hope so to speak. Ya, education is important and that’s what works for me, trying to keep myself sane because this place has the potential to make you go crazy you know.....I am studying law with UNISA. This is my third year.” (Participant 10, KSCC)

“Now I’m born again. I got born again here. I do preach to other offenders. Now I’m studying safety management with UNISA. I’m only left with one module. When I get released, I will have something to look forward to. From inside here I have vocational training. I have welding and I’m very much equipped” (Participant 7, KSCC)

Some of the offenders who were interviewed during the study indicated that they cannot further their studies due to some of the challenges they are facing as offenders. One of the challenges they stated was financial assistance. They indicated that it is very difficult for an offender to further his studies while being incarcerated because of lack of financial support from the centre or family. They pointed out that registering with the centre is difficult at times since they cannot do the registration on their own. They end up spending the whole semester without studying due to challenges they face as offenders. The following extracts revealed how not furthering their studies makes them feel:

“Sometimes one cannot study any time he feels like or sometimes I lack something that will hinder me to study at any time like finances. That is one of the biggest challenges I have. You know, sometimes when I have to do my registration there, will be some hiccups, especially the treatment I get. Sometimes they will say the registration was unsuccessful. I regard that as a challenge, not a problem. Now I have to stay the whole semester without

studying. I can't go TVET because I have a bachelor. I am a graduate I cannot go to TVET. This frustrates me too much.” (Participant 8, KSCC)

The correctional centre does not have any form of financial support for offenders who wish to further their studies in higher institutions. Some offenders reported that this is a dead-end zone when the only person who is willing to assist you passes on and you are left with no one to help you financially to further your studies. The following quote demonstrates the frustration of one offender whose only source of financial support is no more:

“Actually I was planning with my wife to pay for my studies, but unfortunately she passed on last year, and now I have lost all hope of bettering myself. You see, it is very difficult to get financial support especially if you are a foreigner” (Participant 2, KSCC)

Offenders from the (TCC), however, have a different view concerning furthering of one's studies in higher institutions. Most of them seem not to be very happy with the way things are done at TCC. When interviewed, they reported many obstacles that stand in the way of their trying to further their studies with higher institutions. The following extracts express their frustrations:

“There is no UNISA centre number here for me to further my studies.” (Participant 11, TCC)

“Looking at you makes me realised that I should have completed my Masters Degree. But this facility is not conducive to doing one's studies as compared to KSCC. Other DCS facilities apply every DCS policy as stipulated in the constitution. The Act of 1996, chapter 9, covers general aspects such as human rights. So, we should have been given access to the internet. If we talk about rehabilitation, we cannot say Sam (not his real name) is consuming breakfast, lunch and supper of this facility. If ever I arrived here being unable to read or write and now I'm able to do those things. That's what we call rehabilitation. It means there is a shift from point A to B. That's what we call rehabilitation. Here there is no such thing. My heart was very hurt because two weeks ago, in Barberton Correctional Centre, there were graduations. Offenders were

graduating there. One of the guy I was assisting with NFSAS funding was also graduating there. Soon, I will be going out of this facility but I'm still left being because I cannot further my studies in here.” (Participant 3, TCC)

Furthermore, some of the offenders in this study shared their frustration of not furthering their studies due to the centre they are housed in. They reported that it is very frustrating when they are moved from one centre to another and that this disturbs them from furthering their education. The following extracts express their views:

“When you spend 10 years in one centre studying and suddenly you are moved from one centre to another where there is no UNISA centre number it kills your vision and goals you want to achieve in life. So now if I'm doing my third year. When I arrived here it meant I had to stop and forget all the efforts I had put to be where I am today, just because there is no UNISA centre number at the DCS I'm in ” (Participant 4, TCC)

The study found out that most of the offenders who were sentenced to life imprisonment were likely to further their education with higher institutions. Most participants said that they had enrolled for a law degree with UNISA. The study discovered that studying to acquire a degree was seen as a way to reclaim one's dignity, and also to get fulfillment. It also gave them hope about the future even though they were sentenced for life imprisonment. The study findings were in line with those of Kim and Clark (2013) who stated that the criminal justice system provides various educational programs to offenders such as substance abuse programmes, behavioral change programmes, religious programmes, educational or vocational programmes, and so on because of the belief that education provides the means for people to live fulfilling and law-abiding lives.. Furthermore, the study discovered that offenders who were trying to turn their lives around and be successful in life were more likely not to reoffend because they have would have accomplished something in life. Existing literature generally reports a positive relationship between prison-based college programmes and a reduction in recidivism for programme participants (Esperian, 2010; Lichtenberger & Onyewu, 2005; Torre, 2001).

Sub-theme 4: Accessibility of resources

The accessibility of the resources at the KSCC was one of the major element most of the offenders were satisfied with. Offenders have access to resources, such as the library, at any time during the day. This makes it easier for the ones who are furthering their studies to study and write their assignments at any given time. When programmes are being facilitated, offenders have access to the library and are able to read further on any given concepts that they would have learnt. The following quotes demonstrate some of the offenders' observations on easy accessibility of resources:

“We have access to the library for those who are studying or those who feel like reading something to broaden their knowledge” (Participant 13, KSCC)

“When we attend psychological programmes and you don't understand some of the things, after class you can go to the library and read about it” (Participant 9, KSCC)

Some of the offenders who love sports have access to the gym anytime they want to exercise. When offenders are stressed, or when they feel like relieving themselves of the stresses of prison life, they go to the gymnasium anytime during the day until 17:00 lockdown. This is what one of them said when he was interviewed:

“Some offenders who are very athletic, have access to the gym anytime they want to until lockdown” (Participant 2, KSCC)

These findings were consistent with the study done by the European Prison Rules (Committee of Ministers, 2013) which argued that provision of resources, such as the library, is the right of prisoners; they have the right to have access to such resources such as the library, sporting activities, education, vocational training, cultural activities, and mental health care. The study findings revealed that offenders have access to resources they need while being incarcerated. They were not limited to anything less than their daily required needs. These findings were supported in literature on motivations and barriers to prisoners participating in prison programmes done by Brosens (2013), which concluded programmes is mostly subdivided into one specific

type such as sports, educational courses, vocational training, library, socio-cultural training courses, or mental health services. Furthermore, the writer maintains that the library can fulfil an important role in advising the prisoners about the different correctional programmes through flyers and folders. Offenders who empower themselves with acquiring more education and more knowledge tend to secure jobs and can easily interact with people when they are released from the correctional centre (Heidari et al., 2016).

Sub-theme 5: There is conducive environment at KSCC

Participants from KSCC have different views when it comes to the issue of overcrowding in correctional centres. The offenders were very satisfied with the way they are housed in the correctional centre. The centre houses only 3024 offenders; it does not take more than the required number. The centre has managed to control offender intake since its inception. The correctional centre is divided into three sections, namely the green, orange and blue prison. Inside the cells offenders stay in twos or in fours. Nobody sleeps on the floor and there are no communal cells. When offenders were interviewed, this is what they had to say:

“We stay in twos or fours in a cell” (Participant 10, KSCC)

“We are not housed in communal cells like at DCS. Kutama does not accommodate more than the required number of 3024”. (Participant, 4, KSCC)

Furthermore, all participants who were interviewed at KSCC were very happy with the environment they lived in. Participants indicated that the correctional centre at Kutama is very conducive to their day to day lives, unlike other correctional centres they have been to where they were faced with violence and gangsterism. The following quotations demonstrate some of the offenders’ satisfaction regarding the conducive environment they live in:

“This place is not like DCS. The environment is very conducive; we are well taken care of....It will be very much unfair if I said something different. It is a good place for people like us to be rehabilitated. But only people who want

*change in their lives can be changed by this place. I know being there”
(Participant 6, KSCC)*

“The environment is conducive enough not to subject one or be prone to illnesses unlike other places I been to...” (Participant 10, KSCC)

Furthermore, one of the participants indicated that the environment is very peaceful because no one is physically assaulted. The following extract expresses his observation:

“(laughs) you know, the only thing I can point to is that there is no one that beats you here or any other thing but you don’t get to do what you want in your own time”. (Participant 9, KSCC)

Almost all the participants that were interviewed at KSCC were happy with the good relationship that they had with correctional centre officials. They specified that there is no single day when they were ill-treated by officials at the centre. The participants were overwhelmed with the professionalism they received from the officials. The following extract expressed this view:

“The psychological professionalism I received when I arrived here. Dr Manabe is very much professional. The people she works with are not barbaric. They don’t label us. They make us feel comfortable and take us like brothers. They give us hope that tomorrow there is also life out there. We study here, we attend psychological programmes, and they tell us to study...”(Participant 3, KSCC)

The study discovered that offenders had good living conditions at the correctional centre. The study findings revealed that there was no overcrowding in the cells. The correctional centre did not accommodate more offenders than the required number at KSCC. Overcrowding in prisons is a common problem that affects many countries (Garcia-Guerero & Marco, 2012). Furthermore, the offenders also revealed that they had good interpersonal relationships with correctional officers. Findings in literature indicate that the prison population often lives under very poor conditions, and that

when prisoners are released, they are often confronted with major difficulties such as housing, money and work (Olaya, Gomez-Quintere & Navarette, 2018).

4.4.2 Theme 2: Poor living conditions in correctional facilities at DCS

Almost all the offenders who were interviewed at the Thohoyandou correctional centre expressed their dissatisfaction on the living conditions that they have to contend with. They indicated that they are living in unhuman conditions that a normal human being cannot live in. Their concerns were that, ever since they were convicted, the situation in the correctional centre has not changed.

Sub-theme 1: Overcrowding in the cells

Overcrowding is one of the main concerns in correctional centres worldwide. Most offenders who were interviewed in Thohoyandou correctional centre indicated that there is too much overcrowding in the cells. They stated that they are housed in a cell that holds 40 people and yet they are more than the required number. The cells are so congested that some offenders are forced to sleep on the floor due to lack of beds. This is how they expressed their concerns:

“They do but we are overcrowded. A cell that holds 40 inmates has more than 70 inside it” (Participant 1, TCC)

“Some sleep on the floor. When you wake up in the middle of the night, you need to make sure that you don’t step on other offenders because we have many who sleep on the floor” (Participant 5, TCC)

“A place of 40 people hosts 70 people. When we came from Kutama we were 30; the cell already had 40 inmates now we are 70 inside that small place. So, even if we are that number, we only use one toilet and there is no running water” (Participant 6, TCC)

“Hmmm. In my view, neh, the situation is that , hmmm, the cell that I’m in, holds 42 people but there are so many, sometimes we are 46 or 47” (Participant 7, TCC)

Some of the offenders were worried about the overcrowding because of the dangers and risks it exposes them to. Participants indicated that overcrowding inside the cells made them vulnerable to diseases such as TB, especially if one of the offenders is infected with TB. When interviewed this is how they expressed their frustrations:

“Eeeh, we are at great risk because we are overcrowded. I’ll give you an example about a person who has TB. If an offender has TB and he coughs nonstop, it also affects us who are sharing the cell with him or sleeping next to him. Inmates who are smoking as well, when they smoke, it also affects some of us who do not smoke at all. Going to the shower, some inmates just spit sputum on the floor and we are expected to share one shower, stepping on those sputum. It exposes us to some great risk of infections. Management is supposed to take that person or people who are infected with such diseases and put them in isolation not with other inmates who are not infected. This would make everyone else safe. They should also provide us with chemicals that we can use to disinfect the showers and toilets. If an inmate is taking a shower and he leaves his dirt there inside the shower, when I come, I step on that dirt and its exposes me to risks of infection. Furthermore, there are inmates who are using electricity inside the cells. The wires are crossing the walls and beds” (Participant 8, TCC)

The study revealed that there is too much overcrowding in the correctional centre at DCS. The centre accommodates more offenders than the required number due to lack of accommodation. Some of the offenders were reported to be sleeping on the floor due to lack of beds and the fact that the centre accommodates more than the required number in communal cells. The findings of the study were consistent with those of other studies on offenders and overcrowding. According to Wits University (2017), statistics show that overcrowding levels were 149% in South African correctional centres. The CBT argues that the process of adaptation is determined by the environment one lives in, and thus a major factor for behavioural determination is primarily based on the environment. Furthermore, a report by the Obioha (2011) shows that, in the last few decades, the population of inmates in Nigerian prisons has grown substantially that it has led to overcrowding. Overcrowding is one major problem especially in African correctional centres because they also accommodate offenders

who commit “less” serious crimes together with offenders who have committed serious crimes such as rape or murder.

A similar study done by Pete (2014) contends that much of the chronic overcrowding in South Africa’s prisons was due to the fact that the prisons were being used to enforce ideologically driven policies of “social control”. This means that, in addition to accommodating a large number of convicted criminals, South African prisons were forced to accommodate thousands of ordinary citizens whose only “crime” was to have fallen foul of one or other of the social-control measures (such as the notorious “pass laws”) put in place by the apartheid regime. The prison population has also been steadily increasing and staffing levels reducing, and this has resulted in overcrowding in many prisons. This is supported by Benatar (2014) who argues that SA's overcrowded, poorly ventilated prisons house 40 000 more inmates than they should, and that at least ten prisons have over 200% occupancy. These findings are further supported by a study that was done by Ginneken, Sutherland and Mollemen (2017) which indicates that prisons in England are technically considered overcrowded when they have more prisoners than their certified normal capacity; that is, more prisoners share a cell than it was designed for.

Sub-theme 2: Toilet and bathrooms in deplorable conditions

All the participants in the Thohoyandou correctional centre that were interviewed highlighted the issue of more than 70 inmates using one toilet for as being unhygienic. The toilets were said not to be in good working condition. Participants indicated that the toilets do not flush and they use buckets to flush the toilet when they use it. Participants highlighted that toilets were in a disgraceful condition. The following quotations demonstrate some of the offenders’ frustrations regarding the issue of hygiene:

“We use the bucket system. There are dustbins inside. When water comes back, we fill up the bins to use later. Sometimes we use the toilet the whole day and the toilet bucket will be full of human waste and there is no water. When it is lunch time, we are supposed to eat and the toilet is full there. How do you eat in such a situation? Hmmm? After eating we go back to fill up the toilet” (Participant 6, TCC)

*“There is one toilet for more than 70 inmates. Sometimes the toilet does not flush”
(Participant 1, TCC)*

“There is no water, toilets do not flush. We are using the bucket system. Some of us we don’t not even have those buckets” (Participant 2, TCC)

Participants further indicated that there is no running water for bathing or flushing the toilet. When it comes to sanitation, their lives are compromised. Sometimes, participants are expected to stay for half a day or the whole day without running water. They further indicated that the one toilet they use for more than 70 offenders in a cell is sometimes blocked. The sewage system is also impassable. The following quotations demonstrate some of the offenders’ frustrations regarding sanitation.

“Things are very stagnant here. When it comes to issues of sanitation, there is no running water” (Participant 3, TCC)

“One other thing is that we have one shower with no running water. Sometimes you find there is no water the whole day and we use the same room for showering and toilet use. We use the bucket system and there is no running water. The toilets we are using are blocked. I’m sure you saw outside when you were going to the school that there is a blocked sewage ” (Participant 10, TCC)

The study revealed that there are poor living conditions at the DCS. Offenders are forced to live in conditions that are subhuman. Participants reported that the toilets were not in good condition. The toilets sometimes go for days without flushing and running water. Furthermore, 70 offenders in one communal cell are forced to use one bathroom because of overcrowding. The living conditions of offenders are deplorable. The findings of the study are consistent with a study that was done by Skarðhamar (2003) which revealed that the prison population lives under very poor conditions. The living conditions of offenders in incarceration are very poor and unacceptable. Simooya (2010) concurs that many prisons throughout the world are overcrowded and have poor living conditions. This is supported by Richter (2016) who argues that prisons in the USA were on shutdown as prisoners protested for better living conditions, basic human rights and the end of "prison slavery". Some of the offenders

even go to the extent of going on hunger strike or protests for better living conditions while being incarcerated.

In addition, the study further revealed that there is no personal space when using the toilet inside the cells and that the showers can be blocked for days. Inmates have to use the very same shower to bath every single day. There was an concern about personal space when using the toilet or taking a shower in a shower blocks that have no partitions. Some prisoners argue that using communal showers divides the population into the “clean” and the “dirty” (Sibley & Hoven, 2008). Alo, Ugah, Saidu and Alhassan (2015) contend, in their study, that offenders were living in a deplorable state of health in prison because of poor sanitation, inadequate water supply, unhealthy habits and lack of education are among other factors.

Sub-theme 3: There is poor Hygiene at TCC

The study discovered that, when it comes to the cleanliness and sanitation of the centre, the hygiene of offenders is compromised. Offenders’ hygiene was reported as one of the main concerns at the DCS correctional centre. Offenders felt that their health was at risk because of the poor hygiene conditions that they were subjected to. Some of the offenders were reported cut that some inmates cut their hair everywhere inside the cells, the place where they sleep and eat as well. When interviewed, some of the offenders shared their concerns by sharing the following fears:

“We use the bucket system. These people close water every day. Still on the toilet issue, when you are in your cell busy eating and your bed happens to be next to the toilet, you are busy eating and there is a person right next to you in the toilet relieving himself. So, my sister how do you eat in such an environment? Sometimes, you are busy eating the rotten food they give us, then the other inmate comes and spits sputum right next you. Sometimes the person doing that happens to have TB. So, there is no way you can be safe in such an environment. Furthermore, if you can go to the kitchen, (yhooo, shaking his head), you know the kitchen should smell nice but this one, no” (Participant 1, TCC)

“Eeh, inside (silent). There is no water. This place is filthy. People cut their hair everywhere. The place is full of hair on the floor” (Participant 2, TCC)

The findings of the study reveal that the hygiene of offenders who were serving their terms in DCS is compromised. Some offenders do not care about the health of other offenders when using the premises they live in. The study revealed that the DCS was overcrowded due to lack of accommodation for offenders who are being incarcerated daily and thus makes it difficult for the correctional centre to have basic environmental hygiene for offenders who live inside the cells. The findings were consistent with a study done which argues that prisons are overcrowded and lack basic hygiene and infection control and that the prison conditions are generally degrading and unhealthy and many respondents perceive that surviving prison is a miracle (Sarang, Platt, Vyshemirskava & Rhodes, 2016).

The unhealthy living conditions of offenders in DCS endangers their health due to an uncontrolled infectious environment. Offenders should be allowed to have a room where they can cut their hair so that this does not affect the health of other offenders. Guin (2015) maintained that people are imprisoned due to their criminal status, and that their lives are jeopardised further by the deplorable prison conditions characterised by overcrowding, poor hygiene and inadequate nutrition. Furthermore, the improvement of personal health among offenders may help to reduce the risks that offenders face during incarceration. The study findings were supported by a study done by (Subramanian, 2017) which indicated that improved personal hygiene may provide protection for inmates living in such a contaminated environment.

Sub-theme 4: Sexual assault by other offenders

“Prison life” makes one vulnerable to assault, especially sexual assault. Some of the offenders indicated that some offenders are sexually assaulted by other offenders. Offenders are drugged with depression pills that they get as a prescription when they are diagnosed with depression. Instead of drinking the pills themselves, they use those pills to drug other offenders without their knowledge, in order to sexually assault them in their sleep. The following extract was shared by of the offenders from KSCC:

“Some have pills that they don’t use when they are given by the doctor, the psychiatric drugs. Some have prescriptions. So they don’t drink those pills. They sell them to other offenders. They put those pills in your tea (overdose) and you fall asleep and you will only see in the morning that you were somebody’s wife last night. At DCS they do it live. Because there the gangs are strong and they do these things in a collective manner” (Participant 11, KSCC)

Furthermore, some offenders are serving life sentences. If one needs food or any other thing inside prison and one does not have money to purchase such things, one is forced to engage in sexual relations in exchange for any favours they might need during that time. Moreover, when one offender wants to join a gang that specialises in sexual assault, that offender is initiated before he can be part of the gang. Every offender in the gang is forced to have sexual relations with the offender who wants to join that gang. The following quotation validates some of the claims made the offenders.

“Some are doing it out of their own will. Some are forced by circumstances basically; some are literally forced because of wanting to partake in these gangsterism. One of the rituals is that you partake in sexual activity before you can be a member of the gang” (Participant 14, KSCC)

The findings of the study indicate that most of the offenders are subjected to sexual assault during their stay in the correctional centre. The study indicated that some offenders engage in sexual relations for material gain or for protection. However, most offenders were being sexually assaulted by dominant offenders inside the cells. The findings were consistent with a study done by Rowell-Cunsolo (2014) in the USA, who argued that, from an anonymous self-report questionnaire on prison sexual assault exposure that was administered to 134 randomly selected incarcerated Black men, forty-three percent reported hearing sexual assaults occurring within the facility and 16 % visually witnessed them. The CBT states that imitation and reinforcement plays a vital role in offenders’ behaviour. When offenders are sexually assaulted during their stay in incarceration, they later tend to imitate through reinforcement and start sexually assaulting other offenders (McLeod, 2007).

Moreover, the study further revealed that other offenders work in groups to drug some of the offenders in order to have sexual relations with them during their sleep. These findings were in line with a study done by Banbary, Lusher & Morgan (2016) who argued that sexual assaults may be common in US prisons and that in a study in which 43 inmates participated, all perpetrators had been coerced sexually within 12 months of their incarceration. Most perpetrators (81 %) worked in groups (multiple perpetrators).

Another study reported that most officers believed that an inmate had been raped when he was physically overpowered or threatened with bodily harm (Eingenberg, 2000). The findings of the study also resonates with those of a study done by Larsen and Hildeh (2016) who indicated that male prisoners were more likely to be psychologically distressed if they have ever been threatened with sexual assault in prison or physically assaulted in prison. Sexual assault was reported to be very common among offenders in incarceration. This findings were consistent with a study done by Brooker and Webster (2017) who argued that a history of sexual abuse or violence is common amongst prisoners reported to the police. Perpetrators who committed assaults for sexual gratification or intimacy were more likely to have had prior social interactions or interpersonal relationships with the victims (Greathouse, Saunders, Matthews, Keller & Miller, 2015).

Sub-theme 5: Physical assault by other offenders

It was not surprising that interviewed offenders expressed concern about offenders who like dominating other offenders inside the correctional centre. Most offenders who are newly convicted are said to be very vulnerable when entering “prison” since they do not know what they are faced with. Their vulnerability exposes them to gang members who take advantage of them. Almost all the participants indicated that gangs inside the correctional centre oppressed other offenders. The following quotations clearly demonstrates the offenders’ views on physical assault:

“You get beaten for a mere cigarette...” (Participant 13, TCC)

“They target the ones who are newly convicted, and also the ones who are scared or fearful and younger ones. You see this thing of gangs, some offenders work in correctional officers’ offices as cleaners; so they have their

eyes and ears opened. They know when the Police Vans arrive. They can see new offenders who are coming here for the first time. So, when they go back to the cells, they tell other gang members that there are new offenders who have come in now. This thing of gangs is not right. Other offenders are being oppressed inside and beaten and sometimes you find that other correctional officers are involved. Some offenders go to the extent of stabbing other offenders during fights” (Participant 4, TCC)

“Some offenders enjoy beating others and taking their belongings....They do it all the time. Especially these gang members” (Participant 11, TCC)

The present study found out that the correctional centre is a violent place for offenders who are incarcerated. Since offenders do not have their personal space, the correctional centre environment makes it difficult for offenders to cope with day to day pressures and they end up taking their frustrations on other offenders. The study discovered that some offenders were physically assaulted during their stay inside the correctional centres. The CBT maintains that violent behaviour is learned through interaction with the social environment. When offenders are deprived of their personal space, freedom and relations with family members, they tend to be violent toward other offenders (Mcleod, 2007). Furthermore, the CBT indicates that one of the factors that produces violence among offenders is a stressful environment, just like the one in the correctional centre. This finding is supported by study (Schneider, Richters, Butler, Richards, Grant, Smith & Donovan, 2011) which indicated that physical assault in prison was common as reported by 34% of the men and 24% of the women. This was also supported by a study by (Blitz, Wolff & Shi, 2008) that found out that male inmates experienced one or multiple forms of physical victimisation in prison.

The study revealed that newly convicted offenders were the easiest targets since they were still vulnerable and were not familiar with the correctional services lifestyle. The findings were further supported by a study which discovered that non-provoked assaults were more common among inmates with lifestyles that might have increased their vulnerability to victimisation (less time spent in structured activities, committed violent acts themselves, etc.), and in prisons with larger populations and officers who practice lax rule enforcement (Wooldredge & Steiner, 2013). Moreover, the findings of

the study show that gang members were most likely to physically assault other offenders than single individuals. These findings are consistent with a study done by Wolff and Shi (2009) who revealed that assaults between inmates are likely to involve gang-affiliated perpetrators who are at least casually acquainted with their victims, and that roughly, half of the time, the use of a weapon is involved in these incidents.

Sub-theme 6: Poor nutritional diet provided by the DCS

Participants at TCC also pointed out that, at the centre, there is poor nutritional diet. All the participants that were interviewed at this centre revealed that the food that is provided by the correctional centre is not suitable for human consumption. Furthermore, the portions that they are given are too small for adults. There was consensus among the participants that the food that is being provided is sometimes rotten. The findings revealed that all offenders were not happy with the kind of food that they are given at the centre. The following excerpts from offenders put the issue of poor nutritional diet into perspective:

“So, for one to survive in this place, you just need to keep quiet and cry inside. Accommodation is worse. We do not get enough food” (Participant 5, TCC)

“3024 offenders. Their food is nice. You eat till you drop. Here, since I’m here sitting here with you, if it is lunch time I might not even get food or even if the food is there, you cannot eat it. Even a small child won’t eat it” (Participant 1, TCC)

“When it comes to food, the food is rotten sometimes. I don’t know whether they cook it during the night or what because by the time they dish it up, its rotten. But what can we do? One has to eat or you’ll die of hunger here (Participant 12, TCC)

The findings further revealed that offenders who are diagnosed with HIV and TB also do not receive any special diet from the correctional centre. Most offenders who are taking treatment for their diseases indicated that they end up not taking the TB treatment anymore because the medication makes them hungrier and, unfortunately, they do not get enough food from the correctional centre. The offenders’ concerns can

be clearly seen in the following excerpts extracted from the interview with some of the offenders:

“My sister, I cannot hide my sickness. I’m one of the people taking ART treatment. Before, we used to be given special juices, but those juices were cancelled. The food we are given, even a baby cannot get full on. Now they have told us to come eat our breakfast at 10” (Participant 2, TCC)

“When you are taking TB treatment, it requires you to eat a lot, so where are you going to get the food? You end up not taking the treatment because you know very well that you won’t sleep during the night because of hunger. It’s like there is something that is scratching you inside the tummy because there is no food” (Participant 13, TCC)

The findings revealed that TCC provided a poor nutritional diet for offenders. The offenders reported that they are sometimes given rotten food. The food that the offenders were provided with threatened their physical health since they did not receive an adequate nutritional diet. The food itself, and the conditions under which inmates obtained, cooked, and consumed the food, humiliated the offenders by depriving them of the privacy and control afforded to adults in a free society (Smoyer & Lopes, 2017). Research on prisoners has shown that they often choose poor diets in prison and on the outside, despite the availability of healthy options (Eves & Gesch, 2003). Furthermore, the study discovered that some of the offenders who were diagnosed with TB, ended up defaulting in their treatment for TB because they are often hungry and unable to get nutritious or enough food. The treatment they were taking leaves them feeling hungry all the time. These findings resonate with Simmoya’s (2010) who argued that poor nutrition contributes greatly to the vulnerability of individuals exposed to infective agents. The findings concur with those of Richer and Cosgrove (2016) who found that prisoners in the USA demanded an improvement to "horrendous" meals during their stay in incarceration.

The offenders complained a lot about the food they were receiving and they even indicated that the food was not good enough for offenders who were HIV positive or those diagnosed with TB. The inadequate food at the correctional centre makes HIV positive offenders and those diagnosed with TB vulnerable to further deterioration in

their health and to loss of weight. Ferede and Kelemework (2017) and Adane (2017) argue that longer duration of incarceration is associated with a significantly increased risk of underweight. Participants described prison food and related activities as an unsavory and punishing dimension of prison life (Smoyer & Lopes, 2017). Furthermore, WHO (2014) argues that adequate nutrition should be considered a basic human right for prisoners, especially as many are in poor health. Healthy, nutritious meals will enable offenders to take their medication properly and prevent the development of life-threatening infections such as HIV/AIDS and tuberculosis. This study highlights the complexity of food provision in the prison environment and poses questions for population-level dietary guidance in delivering appropriate nutrients within energy limits (Hanna-Jones & Capra, 2016). Results showed that the meals are high in carbohydrate and protein content and insufficient in vegetable servings (Hopkins & Gunther, 2015).

Sub-theme 7: There is poor health care system provided by the correctional centre

Offenders from TCC had a different perspective of the health care service that is being provided to them. Offenders who were interviewed, especially those serving life sentences, shared their frustrations regarding health services that are rendered at the correctional centre. The findings reveal that being incarcerated has a devastating impact on the health of offenders. There was consensus among these offenders that the health care system of the correctional centre is depriving them of their rights as human beings. All participants who were interviewed at the TCC revealed that medication is not readily available for offenders when they become sick. Offenders further indicated that when one is supposed to go to hospital, it takes them forever to go there. In addition, when offenders are lucky enough to be taken to hospital, medication is still not readily available to them. The findings further revealed that HIV positive offenders go to the extent of asking for ARVs from other offenders when the clinic is not in a position to supply them with medication in order to adhere to their treatment. Some of the offenders had this to say about the lack medication at the clinic.

“My sister, when it comes to the issue of being sick, you tell the officials you want to see the doctor, they won’t call a doctor for you (shaking his head). You

can die in here. After a week or so when you are no longer sick, that is when they call a doctor for you. If you are supposed to go to the hospital, they take forever to take you there. People die inside here because of that. I remember once, one offender was sick in the evening. We called and called and called but the officials never responded. After a while one came and asked what was wrong? And when we told her that someone was sick, she just said give him water to drink and she left. So, you see my sister, one can die in here because of negligence. The guy was vomiting and sweating but they never opened the door. If you happen to see a doctor, then you are very lucky. (He said this while looking very sad and hopeless).” (Participant 1, TCC).

“My sister, yes there is a clinic but there is no medication. What’s the use of having a clinic without medication? The same applies to the hospital; you are lucky to go there. You won’t get any medication there too. It’s the same thing but at least you’ll have a chance for a doctor to see you” (Participant 1, TCC)

“Sometimes when you run out of pills and you go there, the clinic gives you three pills and tells you to come the next day. Sometimes if you know the people who use the same medication as you, you go and ask from them and replace that pill once you get your treatment” (Participant 2, TCC)

The findings revealed that when an offender is sick inside the cells, the centre takes a very long time before attending to the sick offender. This might result in the person becoming terminally sick. These delays put participants’ lives at risk because if one offender is terminally ill, the chances are that he might infect other offenders in the overcrowded cell. Most participants felt that this could be avoided if ill offenders were attended to on time. In addition, some of the participants who were interviewed stated that, when one offender is sick during the night, they are told to wait for the following morning before they can be attended to. The following extracts reveal the offenders’ perceptions on delays in the health care system:

“I remember once one offender was very sick in the evening, we called, and called, and called but the officials never responded. After a while one came and asked what was wrong? And when we told her someone was sick, she said we

should give him water to drink and she left. So, you see my sister, one can die here because of negligence. The guy was vomiting and sweating but they never opened the door. If you happen to see a doctor, then you are very lucky, hey. (He was saying this while looking very sad and hopeless). Many are sick inside here and they are dying. I remember last year, while we were inside the cell, the official just said drink water, and that day it was very cold. The offender was vomiting and sweating but they did not open until the next day. (Eeeh). We don't get medical treatment when we are supposed to get it. You can die inside here" (Participant 1, TCC)

"Ok let me tell you this, when we realise that someone is coughing, we suspect that he is sick because we are not medical practitioners. We will report to the unit manager and they will tell you they will come but they just ignore. When the person becomes terminally sick or lose weight they will then take it into consideration. Two weeks back I saw some people wearing red clothes. They came and tested the whole cell. But it was after a long time and we complained that such things could have been avoided. They don't take us seriously. There is not even one thing they take into consideration. I wrote letters to the Section Manager twice requesting for parole but nothing happened. Eish, when it comes to food, we just eat because we are supposed to eat". (Participant 5, TCC)

"Sometimes, but it is very rare. Sometimes a cell rep can call them informing them about an offender who is very sick but they will tell us that there are no nurses during the night. Whoever is sick will be expected to consult in the morning". (Participant 7, TCC)

Much attention was drawn to the health care system that offenders were exposed to. Most participants reported that the health care system of the correctional centre was very poor. Offenders were not given medical care as required by the Department of the Correctional Centre. The study discovered that, sometimes, offenders who are taking HIV medication go for days without medication and they have to rely on fellow offenders who are taking the same treatment in order not to default from their medication. The study further discovered that there is a clinic at the centre, but on

several occasions the clinic does not have any medication for any offenders who are sick.

Ahmed, Angel, Martel, and Keenan et al. (2016) argue that offenders face multiple barriers to accessing health services and this resulted in negative consequences to their health such as treatment interruption, health disempowerment, as well as poor mental and physical health. The findings were consistent with a study done by Cecere (2009) who found out that a substantial percentage of inmates have serious medical needs, yet many of them do not get even minimal care. These prisoners are denied their constitutionally guaranteed right to care. Netessine (2017) pointed out that the 2.3 million incarcerated Americans who currently depend on their jailers for health care continue to face limited access to medical examinations and prescription medication. Moreover, many inmates with serious chronic physical illnesses do not receive care while being incarcerated (Wipler, Woolhandler, Boyd, Lasser, McCormick, Bor, & Himmerlstein, 2009).

The study also revealed that, sometimes, offenders are left unattended for weeks until they become terminally ill. This inaction by correctional officers puts the offenders' health at risk particularly if the ill offender is diagnosed with TB which can easily spread. The study findings were similar to those of a study done by Hatwiinda (2017) who found that weak health care within the Zambian prison service currently undermines continuity of care, despite intensive TB screening and case finding interventions. The findings resonate with Simooya's (2010) observation that several research studies are of the view that poor quality health care in prisons is the norm throughout the world. Ajayi (2012) concurs that prisoner's move from a life of hell typified by overcrowded cells, poor feeding, poor healthcare, maltreatment by prison officers and life full of denials to another life outside the prison walls that is no different from what they had gone through in prison.

Moreover, the study revealed that during the night, when someone falls ill, correctional officers would not attend to the offender due to lack of nurses during the night. This means that the offender who is sick would have to wait for the next day before being attended to. The finding is consistent with a study done in Zambia which found out that

failure of the prison system to provide basic necessities (including adequate and appropriate forms of nutrition, or access to quality health care) contributed to high rates of inmate-led and officer-led coercion with direct implications for health and access to healthcare (Topp, Moonga, Luo, Kaingu, Chileshe, Magwende, Heymann, & Henostroza, 2016). In addition, prisoners around the world contend daily with treatment and living conditions that are often difficult, if not desperate (Weston, McCarthy, Meyering, Hampton, Mackinnon, 2018).

4.4.3 Theme 3: Gangsterism in correctional facilities

Gangsterism has always been viewed as a major challenge in correctional centres all over the world. Although the correctional centres in the world have always striven for a gang-free environment inside correctional centres, this has remained a serious problem. Gangs inside correctional centre have always made the lives of vulnerable offenders unbearable. Dominant offenders form gangs that oppress other offenders who are susceptible to abuse. Gangs bully other offenders and they make their lives a living hell. The following section discusses the types of gangs that are operating inside correctional centres.

Sub-theme 1: Different types of gangs

There are different types of gangs that operate inside the correctional centre. There are 26s that specialise on money and bullying others. When other offenders buy stuff from the shop, they bully them and take away the stuff for their own use. The 28s are said to be the gangs that sexually assault other offenders. When one offender wants to join the gang, he is first initiated by being forced to have sex with all the gang members. This is supported by the following extract:

“There are a variety of things. There are different gangs. Like the 26s would force you to do things against your will. When you go to the shop, they tell you that you must buy this and that. They even go to the extent of coming to your cell to ask you what you bought. And that’s bullying and there is many people who are affected by this. 28s specialise on sexual abuse. When you join them you have to do what they do but they have to start with you first and have sex with you. They initiate you” (Participant 14, KSCC).

Participants who were interviewed indicated that officials also help these gangs because they are the ones who bring knives and dangerous weapons to offenders. Officials are said to align themselves with different types of gangs that are operating inside the correctional centre. These remarks by some of the participants confirm this:

“It’s all over the country, even in America they do have gangs. Facilities like Sun City, Poolsmoor, Boksburg and Cape Town have gangs. Even correctional officers are part of these gangs. In Westville, for example, even wardens are also gangsters. They are the ones who bring knives and dangerous weapons to inmates. And they also fall within the same category” (Participant 3, TCC)

“26s are gangs that focus on money. Before coming to prison, I was working with money as well. When I arrived here I joined a gang that operates with money. We operate with money and cigarettes” (Participant 4, TCC)

The study findings revealed that, despite efforts by the correctional centre to eliminate the “prison gangs” inside the correctional centre, gangs were still rife in the centre. They still dominate other offenders inside the cells. There were different types of gangs that were operating in the correctional centre. The study found out that the most dominant “prison gangs” specialised in either “prison rape” or “money laundering”. These two gangs instil fear by violence and they use objects such as knives. Gang members instil fear on other offenders and threaten the latter if they report them to correctional officers. The dominance of prison gangs is related to increased incarceration and recidivism rates among Mexican Americans as well as declining economic opportunities for urban minorities. The increase in prison gang members can be attributed to the overall growth in street gangs and the increased use of prison as a sanctuary (Pyrooz & Decker, 2011; Winterdyk & Rudell, 2010). Furthermore, offenders who were gang members, were found to be more likely to be part of a gang before incarceration. When convicted, they continue with gangsterism inside the correctional centre and continue to dominate other offenders. Scholars argue that gang members can hinder the development of a prosocial identity upon release from prison (Schaefer, Bouchaard, Young, & Kreager, 2017).

Sub-theme 2: The gangs are identified by their tattoos and activities

Gangs are coded with numbers and group members are forced to tattoo this number on their bodies to show that they belong to a particular group. Gang members are easily identified by the tattoos that they have. Most offenders who were interviewed confirmed this:

“No, gangs are merely practiced by inmates from DCS. When you get here, they scan your body before you are allocated a cell. They check the type of tattoos you have. You know these tattoos mean something. It is easier to identify a gangster through tattoos. Even in your file, it is clearly written that extra precautions must be taken when it comes to identified gang members. The number 1s. They have ranks like policemen such as sergeants, generals,we have inmates who call themselves “umphakathi”. Umpakathi” is like a community. If they notice that you are doing gangsterism they will tell you that now you are in Kutama and that you should forget about gangsterism. (Participant 1, KSCC)

Furthermore, the study revealed that vulnerable offenders are helpless inside the correctional centre because they are threatened not to report their ill-treatment by gang members or else they will face consequences. Gang members go as far as instilling fear in other offenders so that they would not report their torment to officials. The following extracts clearly demonstrate the issue of being tormented by other offenders:

“Yes, the only thing that is being done now is rape. They just drug you and you go to sleep and they rape you.....Some have psychiatric pills that they don’t use when they are given by the doctor. Some have prescriptions. So they don’t drink those pills. Instead, they sell them to other offenders who put those pills in your tea (overdose) and you fall asleep and you will only see in the morning that you were somebody’s wife last night. So, at DCS they do it live. Because there the gangs are strong and they do this collectively” (Participant 11, KSCC)

“These offenders are being threatened. They tell them if you report this to the police, we will deal with you. They instil fear in their minds. So these offenders are scared to talk about the ordeal in the morning because of fear” (Participant 4, TCC)

“They specialise on tormenting other offenders. Some gangs take personal belongings from other offenders, for example, food, cigarette etc. Some are even forced to do sodomy against their will. And that takes me back to the first question you asked me about the challenges. People are very sick here. And one can be infected with HIV just like that (clicks the fingers). Gangs are real and they do exist inside here” (Participant 5, TCC)

The study findings revealed that there are different types of gangs and that these are identified by their tattoos and different activities. For example, offenders who operate with the “prison rape” gang would have the number 28 tattooed on their bodies, while the money laundering gang would have number 26 on their bodies. WHO (2014) argues that tattooing or piercing is highly prevalent in prisons and it is closely linked to the prison sub-culture. Gangs are reported to have different activities. Some gang members would go as far as drugging other offenders in order to rape them when they are asleep. The stronger an inmate’s belief in the street code, the more likely that the inmate would engage in violence while serving his sentence (Mears et al., 2013).

Prison gang members are typically more selective, secretive, criminally sophisticated, older, and violent than street gang members (Wooldredge & Smith, 2016; Pyrooz, Decker, Tapia, Sparks, & Miller, 2014; Fleisher, 2011). Their activities are mostly coded by what they specialise in while in prison and any activity that is associated with violence among gang members. The study is in line with Wood and Dennard’s (2017) study which revealed that street gang prisoners have higher levels of exposure to violence, symptoms of paranoia, PTSD, anxiety, and forced control of their behaviour in prison than non-gang members.

Sub-theme 3: Risk of being framed by angered offenders

The risk of being framed by other offenders inside the correctional centre was also identified as a major concern among offenders. Participants indicated that some can

conspire and frame others for something that they have not done just to have that person's sentence extended. The following excerpt highlights this observation:

“Prison is a different place. One of the hardest things I have seen in my life (smirk). The risk is very high. Fighting, conspiracies, poisoning..... framing you for something that you did not do. If they frame you and the officers come and find whatever they have planted it means you are going to be confined. And all these things happen because of gangsterism” (Participant 2, KSCC)

“There are so many things happening here. So many risks. Sometimes some offenders can frame you and say you have raped someone so that your sentence can be extended. They can ruin your file here. They can go to an official and say 1, 2, and 3 about someone who is very innocent just to ruin your file. They can frame you.... Ma'am, it's like that. Some other offenders speak badly of other offenders to officials. Ma'am, ma'am Mushwana, if you know that this is fire, can you touch fire with your own hands? No, you cannot” (Participant 4, TCC)

Sub-theme 4: Joining gangs for protection

The study findings reveal that several offenders join gangs to be protected from other violent members. Prison life has always been viewed as very unsafe as far as safety is concern. For one to survive inside the correctional centre, one has to be protected and the only way one can be protected is to belong to a gang. Most participants who were interviewed said they had joined gangs to be protected. The following excerpts from offenders put the issue of joining gangs for protection into perspective:

“In 2000 when I arrived here, I joined a gang because of the way the situation was. Eeeh, you find, eeeh, there are some offenders who bully other offenders. But for one to be able to survive in prison, one needs to be protected. Remember, some join gangs just because they love being a gang member. But I when I joined, I wanted protection. But remember, eeeh, when you are a gang member, you are being both protected and abused” (Participant 5, TCC)

“Eeeh, in DCS you would do anything to be under the umbrella of protection. You end up joining gangs and doing things that you don't believe in in order to

get that protection. Like I indicated, prison is prison. More things are happening inside prison, things that are even beyond your imagination” (Participant 10, KSCC)

Most of the offenders who were interviewed reported that they had joined gangs in order to be protected inside the correctional centre since it is a very violent environment. The correctional centre should be a place of rehabilitation for offenders. However, due to lack of personal space, heterosexual relationships, family relations, independency, etc, offenders tend to act violently towards other offenders because of the frustrations they have. most offenders had joined gangs for protection from offenders who are frustrated by prison conditions. The findings are consistent with those of a study conducted by Skarbek (2012) who contends that, when norms fail, inmates create organisations to protect themselves and provide governance. Once these groups have the power to deter predators, they prey on others. The CBT maintains that offenders learn through imitating others. Furthermore, to be protected inside the correctional centre, offenders join gangs for protection. Prison gangs may jeopardise the personal safety of inmates, but, paradoxically, they also offer some inmates the opportunity to establish a sense of safety and agency by avoiding random violence (Lingergaard & Gear, 2014; Decker & Pyrooz (2015).

Prison gang members can consist of both street gang members and individuals who were never involved in gangsterism prior to incarceration. Regardless of their prior history, inmates join prison gangs for a variety of reasons, mainly for protection and for economic gain. In contrast to this study, Delagado (2007) revealed that Texas had resolved its guard shortage problem in the early 1900s by allowing prisoners to serve in the capacity of guards to maintain order. Once the environment is made a "fear free" prison society, there will be no need for anyone to join a gang for protection.

Sub-theme 5: Gangs no longer rife as before

Even though it has been found out that offenders join gangs for protection and in order to bully other offenders, recent studies show that gangs are not as rife as they were before. Participants who were interviewed in KSCC indicated that the gangs were very prevalent at the time of its inception in 2002, but the centre has managed to terminate

all gangs that were operating inside the correctional centre. This change is attributed to the changes introduced by the psychological services that are offered at the centre. Some indicated that gangs do not exist anymore. The study revealed that offenders at KSCC have their personal space; There are no offenders who dominate others or stand in their way. These remarks by some of the participants confirm this:

“Gangs do not exist here in KSCC. If 15 inmates come from DCS, they will be split; 5 will be taken to the yellow block, 5 to the green block and the other 5 to the blue block” (Participant 1, KSCC)

“Here I would say no. People here have their personal space. It’s difficult for one to join gangs. The environment does not even allow that. We have so many activities that one can keep himself busy. I don’t think people still have time for such things” (Participant 10, KSCC)

Other offenders believe that gangs still do exist in correctional centres, but these are not operating openly. Joining a gang is no longer a requirement; it is optional for inmates. The study reveals that gangs have been abolished at KSCC. When interviewed, this is what one offender said:

“Yes, back then not now. Here they don’t do those things. They do exist but this is something that is done silently because they don’t want to be caught. It is not like it’s a must anymore; it’s optional. Nobody is forced anymore to join gangs. You just join out of your free will. Once you follow that option, it means that’s your own preference because people have their own preferences in life” (Participant 3, KSCC)

However, some offenders believe that gangsterism will never be completely eradicated in correctional centres. The study revealed that there are still groups of individuals who are participating in gangsterism. The findings indicate that if one of the offenders can stand in their way, he will face the consequences of intervening in their gang activities. Furthermore, there are gang members who still torment other offenders and take their personal belongings from them. The following extract illustrates the views of some offenders:

“Gangsterism will never end in prison no matter how much they try to end it. If you are not aware of those things, you cannot see them but now they are action.

All they do is gangsterism. And believe me when I say prison is one of the hardest places.... You know when you are talking about gangsterism, you are talking about a group of individuals that join forces to perform acts you understand. So, they perform their different acts but if you come or you stand in their way, then you'll face consequences. So, the only way to survive is let them do their own thing and you do your own thing. But to come to that level you must be able to understand how they operate psychologically. Why are they in that kind of space and how can you avoid being in their space” (Participant 2, KSCC)

“They specialise in tormenting other offenders. Some gangs take personal belongings from other offenders, for example, food, cigarettes etc. Some are even forced to do sodomy against their will. And that takes me back to the first question you asked me about the challenges. People are very sick here. And one can be infected with HIV just like that (clicks the fingers). Gangs are real and they do exist inside here” (Participant 1, TCC)

It was revealed in the study that gang members can go to the extent of stabbing officials to be promoted. Inside the gang, there are ranks that the offenders occupy. For one to become a leader, he might be requested to stab officials to show his bravery so that he can be promoted. The following extracts demonstrate this issue of ranks among gang members:

“Sometimes, other gang members will force you to go stab one of the officials, so that you can get medals. Among gangs there are ranks, such as gang leader, number 2 and so forth. For you to be a gang leader, you must work for it. So, if they send you to go and stab an official that's abuse” (Participant 5, TCC)

“Eeeh, that one is a problem because when these members are fighting during the night, stabbing each other, it affects everyone in that cell because it shows we are not safe here. Even though they might not be fighting me literally, it makes me to, to, to, to....to afraid and more vigilant because anything can happen. Say for instance if someone is being attacked and runs to where I'm sleeping and falls on top of me, it means that since I'd be waking up from my sleep, I must join the fight because I don't know whether I'm being attacked or if they have knives or what. So inside here you have to be always alert because

anything can happen anytime, whether it involves you or not” (Participant 6, TCC)

The study discovered that gangs in KSCC were not as rife as they were at its inception in 2002. Most of the offenders who were interviewed in KSCC reported that gangs no longer exist at the centre. A few reported that gangs still exist, but that they were operating underground or minimally because they were afraid of being caught by the correctional officials. The CBT maintains that aggressive skills or techniques are learned through observing other offenders who are gang members (McLeod, 2008).

4.4.4 Theme 4: Insensitive behaviour of officials towards offenders compounded by ethnic favouritism

Tribalism was cited as a major concern by offenders in TCC. The study indicated that offenders who do not speak TshiVenda and are from different tribes were treated unfairly compared to TshiVenda-speaking inmates. TshiVenda speaking offenders were much more favoured by officials at the centre. Foreign offenders and those who speak Sesotho, Sepedi and IsiZulu to mention a few, felt that they were unfairly treated by the centre. Insensitive behaviour of the officials towards offenders was further compounded by ethnic favouritism. Four sub-themes emerged from this theme of tribalism.

Sub-theme 1: Lack of response from officials to calls of help from offenders

Cultural ethnicity plays a major role in the lives of offenders. The study revealed that TshiVenda speakers possessed a strong feeling of identity since the correctional centre is situated in their home ground. The findings indicate that officials who speak the same language as the offenders give these offenders special treatment. TshiVenda-speaking offenders are said to be at an advantage more than offenders who do not speak TshiVenda. Offenders are not treated equally. When offenders from other ethnic groups were interviewed, this is what they had to say:

“We don’t get any respect here if you are not Venda. Tribalism is real inside here. When you need assistance from officials, sometimes they just look at you and you’ll end up going back to your cell without any help” (Participant 1, TCC)

“You just have to avoid it, so you don’t engage in conflict. Because even if you can report him nothing will change. Unless if you are Pedi and you beat up a Venda speaking person, that’s when they will take it seriously. Other than that, your complaints will be void. But if it is a Venda person being assaulted, the person who assaulted that Venda person will be further charged. They take it that “this prison is our prison” (Participant 11, TCC)

A major finding of this study is that most offenders complained of inequality in the way in which they are treated. The study revealed that offenders who were not TshiVenda speaking experienced tribalism during their stay in the correctional centre. They reported that they were unfairly treated by the correctional officers and offenders as well. Participants claimed that TshiVenda speaking offenders were treated fairly and with respect during their incarceration. The study findings are in line with those of a study which was conducted (Viotti, 2016) who reported that in many situations were described in which the COs experience a conflict, often caused by a lack of organizational resources, between how their job requires them to behave towards the prisoners and the affective response that the situation leads to “from a personal, humanitarian point of view

Furthermore, sometimes when offenders needed assistance in the correctional centre, they did not even get a response from the correctional officers. Similar findings were reported by Edgar (2011) who found that, out of 237 prisoners, 64% indicated that they had experienced discrimination at some point in prison, but had not complained or reported about it. This was supported by statistical evidence which indicated that race/ethnicity matters in prison especially when correctional officers are making disciplinary decisions pertaining to offenders (Amrstrong 2008; Laouenan, 2016; Yano & Shiraishi, 2015). In addition, offenders indicated that equal treatment from the correctional centre was essential. Haas and Spence (2017) argue that good interpersonal relationships are essential to establish a setting in which effective correctional interventions can take place. In this regard, high-quality staff–inmate relationships are characterised by openness, respect, and trust.

Sub-theme 2: Lack of respect for offenders

It is not surprising that participants who did not speak TshiVenda were not happy about the way other offenders were treating them. When non-TshiVenda offenders quarrelled with TshiVenda speakers, they were reminded about their ethnicity and that they were not protected. The study findings revealed that TshiVenda speaking offenders were well-protected when they fought with non-TshiVenda speakers. The following remarks by some of the participants confirm this:

“There’s nothing you can do around here. No one could ever cope in a place like this. I tell you about simple things; just to go get food, others will push you like we are cows going for sterilisation. They will push you until you feel like not dishing up anymore. You cannot cope. I’m not coping at all. If only I could get a transfer to Polokwane because I will be better off there than here.....” (Participant 1, TCC)

“Offenders who are serving lesser sentences disrespect us, especially those who are speak TshiVenda. If they know you are serving a life sentence and you are Pedi, they will push you to the corner just to see what you are going to do. And they know I won’t do anything because they know very well that they are protected” (Participant 13, TCC)

Sub-theme 3: Special treatment by officials of offenders of same ethnicity

Participants in this study reported that tribalism made it difficult for them to get any assistance from officials if they needed it. Tribalism was a major concern in the treatment of offenders. In this study, some participants did not like the way they were treated by some officials at the centre. Offenders from other tribes further indicated that they do not get any respect from officials. When offenders need assistance, they sometimes get silent treatment and end up not being assisted. The following excerpts clearly demonstrate the offenders’ frustrations on the issue of ill-treatment by some officials.

“Ya, too much. You see ma’am, you find that I’m Pedi, you are Tsonga, and that one is Venda, Zulu or Coloured. So, when a Pedi person goes to an official and complains about problems he is facing, you find that the matter is not taken into consideration by some of the officials; I won’t say all of them, ya. Some

officials are fine.... yes ma'am. It is a matter of language, what language you speak. We don't get the same treatment. It's like we are not living in the new South Africa" (Participant 4, TCC)

"We do "fokol" the whole day. Nothing at all. Furthermore, my sister, if you are a Venda speaking person inside here you get special treatment from officials. The rest of us don't get any services around here. They call this place "Ka-Shila..... I think the chief around this place is called "Shila" so my sister if you are from another tribe, they will make your life a living hell" (Participant 1, TCC)

The correctional centres are filled with different ethnic groups and races. Ethnicity was found to be a major factor in how inmates are treated in the TCC correctional centre. Offenders from other ethnic groups received special treatment from correctional officers while the rest were treated unfairly. Offenders claimed that they had been experiencing this for quite some time now and that their complaints go unattended. Phyllip (2012) argues that the interior world of the prison where ethnicity still shapes such research, the central discussion evolves from a frank dialogue about ethnic, faith, and a unique and outstanding voice to the challenging issues of discrimination, inequality, entitlement.

Furthermore, Thistlethwaite (2017) indicated that correctional administrators historically segregated inmates according to race, but inmates also preferred to remain racially separate from one another. Black inmates have always been part of more solidified groups compared to their white counterparts, due largely in part to their ideologies and efforts to maintain a unique cultural identity. This is not a new matter in correctional centres. In addition, the study that was conducted by (Reiner, Bailey & Sevellus, 2017; Inwood, Oxley & Roberts, 2015).reported that, among previously incarcerated respondents, 47.0% reported victimisation while being incarcerated. Black, Latina, and mixed race transgender offenders were more likely to report experiences of victimisation while being incarcerated.

4.5 OBJECTIVE TWO: TO EXPLORE THE RISK FACTORS ASSOCIATED WITH LONG-TERM INCARCERATION AMONG OFFENDERS

4.5.1 Theme 1: Health related Risks

Participants described health as a key element that should be prioritised by their correctional centres. There was fear of contracting infectious diseases within the centre either by being infected by some offenders who are sick or by the filthy environment they live in. The risk to one's health was a major concern among incarcerated offenders, especially those serving long sentences. Four sub-themes emerged from this theme.

Sub-theme 1: Risk of infection from offenders with communicable diseases because of overcrowding

The study revealed that offenders' lives were put at risk by delays of the centre in dealing with offenders who are infected with TB infections. Most of the offenders who were interviewed described the risk of being infected with communicable diseases at the correctional centre as a major one.. Most confirmed that some offenders are infected with TB infections. Participants expressed much concern about the communal cells they slept in which made them vulnerable to infections. They indicated that, due to overcrowding in the cells, there is a high risk of being infected with TB. The following extracts demonstrate their views:

“Hooo, risks!!!! Health, health in the sense that some people are not well. They have TB. Well, it depends on how you conduct yourself here for starters. Eeeh, there are people who get engaged in certain things because they have given up on life. They look at men as women and have sex with them and this is one of the risks. (Participant, 15, KSCC)

“You see (gaggle), we sleep in a cell of almost the same size as this office, ya. One of the risks is that a person can be infected with more contagious disease. Ya, more especially we are being locked up in here. Now especially during winter we close the windows because we feel cold. However, the management here try their best. If ever an inmate is found with such a disease, all the

occupants of that cell must go and consult a doctor to check if they are not infected. I don't know if I should say this, it's a bad story. I don't want to involve myself in the things of prison. Can I say this?" (Participant 13, KSCC)

"Prison is a different place. One of the hardest things I have seen in my life (smirk). The risk is very high. Fighting, conspiracies, poisoning" (Participant 2, KSCC)

"We use the bucket system. These people close water every day. Still on the toilet issue. When you are in your cell busy eating and your bed happens to be next to the toilet, you are busy eating and there is a person right next to you in the toilet relieving himself. So, my sister how does one eat in such an environment? Sometimes, you are busy eating the rotten food they give us, then another inmate comes and spits sputum right next to you. Sometimes the person doing that happens to have TB. So, there is no way you can be safe in such an environment. Furthermore, if you can go to the kitchen, (yhooo, shaking his head), you know the kitchen has to smell nice but this one, no" (Participant 1, TCC)

The risk of infections is not limited to TB infections only, but as also to HIV infections. Participants stated that most offenders are negative when they enter the correctional centre but when they leave they would HIV positive because of the sexual attacks they are subjected to inside the correctional centre. One of the participants indicated that offenders engage in sexual activities with persons who are obviously physically unwell not knowing whether they are HIV positive or not. Furthermore, the study reveals that some rituals done to initiate a new gang member also exposes inmates to infections. Gang members have sex with a person who wants to join the gang without using any protection. This is what he had to say:

"Very high. I think you can get the statistics from healthcare workers. A lot of people who come in here are negative but when they go out, they are positive because of the sexual activities here and rituals that are practiced here. These people will have sex with someone whom they see going to the healthcare every now and then. They can see that the person is sick yet they still continue having sex with that guy. It's a continuous thing" (Participant 14, KSCC)

However, some participants had a different view regarding HIV infections. They argued that the risk to one's health is not much. They stated that offenders get tested for TB and that they also have check-ups when the need arises. However, some offenders are infected with HIV infections because they engage in unprotected sexual activities. Some participants indicated that offenders voluntarily involve in sodomy in order to gain material things or favours inside the correctional centre.

"I would not say there are risks because we do get screened for TB; we are checked every now and then. Sometimes you can find that other offenders are doing sodomy and they get infected with HIV, and when they fight you, your chances of being infected with HIV if you bleed are very high. Because you will have an open wound, and then boom, a drop infects you" (Participant 17, KSCC)

"There is not much that is happening there. Some people get infected with HIV because they do not condomise. If you know you are a man, and you have to serve your sentence, why engage in a thing you don't believe in? Some people want to be fed by others, so they voluntarily offer themselves as "wives" in exchange for whatever material gains they need. It is only back them when they used to rape others but now people voluntarily offer themselves in exchange for material gains" (Participant 16, KSCC)

Health related risks are thus a major concern in the correctional centre. Participants described their health as being at risk because most of their cell mates had infectious illnesses such as HIV. Offenders reported that many people came into the correctional centre HIV negative, but when they left the centre, some were HIV positive due to the sexual rituals and sexual relations they indulged in during their incarceration. Some were diagnosed with TB yet they were sharing a small windowless cell with uninfected inmates. The TB virus is very contagious to other offenders who are not sick. The findings were consistent those of a study done by Beyene, Bemnet, Amare, Fanaye, Wogahta, Moges et al. (2012) who discovered that there was a high prevalence of TB in North Gondar Prison with a high possibility of active transmission of TB within the prison.

Another major finding of the study was the overcrowding of inmates inside the correctional centre. Participants identified overcrowding as a major factor which exposed to infectious diseases because of it is not easy to deal with. This was supported by a study done by (Johnson-Roberton, Lawn, Welle, Bekker & Wood, 2011) that found out that levels of overcrowding in communal cells and poor TB case finding resulted in the annual TB transmission risks of 90% per annum). TB transmission in a very overcrowded place of people suffering from TB is very high. The chances were high that if the TB transmission was not monitored, a lot of offenders would be infected with TB infections. In addition, communicable diseases pose serious public health threats among prisoners especially those who are HIV positive and/or are drug addicts (Bick, Culbert, Al-Darraj, Koh, Pillai et al., 2016). The health of offenders was often at high risk of infections since the living conditions were deplorable.

Sub-theme 2 Risk of infections from the dirty environment

Most participants at TCC were very concerned about the dirty environment they lived in. The offenders in the study believed that the risk of being infected with any communicable disease is very high since the environment they live in is filthy. The cells are not properly cleaned and most showers and toilets are in a state of disrepair. Most offenders described the living conditions of the centre as intolerable. The following extracts demonstrate their fear of being infected by a filthy environment:

“You are busy eating the rotten food they give us, then the another inmate comes and spits sputum right next you. Sometimes the person doing that happens to have TB. So, there is no way you can be safe in such an environment. Furthermore, if you can go to the kitchen, (yhooo, shaking his head), you know the kitchen has to smell nice but this one, no” (Participant 1, TCC)

“You go to the shower, there is water all over, with sputum from other inmates; there is also porridge there and the drain is blocked. ...” (Participant 2, TCC)

Participants also pointed out that some of the offenders cut their hair everywhere. They explained that some do not care about the well-being of other offenders. This is what one of the offenders said:

“If you can get inside, the place is dirty. Inmates cut their hair everywhere. Showers do not have doors. When you are busy eating, someone is helping himself in the loo. How do you behave in such situations, hmmm? How? The dining hall does not have chairs and tables, if it had, we would eat there and not take food to the cell because the smell there is terrible. You cannot cope here. My wish is that they allow you to go inside and see; you’ll be able to understand what I’m talking about” (Participant 6, TCC)

The study discovered that most offenders were not happy with the living conditions which exposed them to health-related risks. Their main concern was that of offenders who would spit sputum anywhere. This posed a great risk of infection to most offenders living in that cell. Offenders reported to have been living in a dirty environment that could exposed them to infectious diseases.

These findings concur with those of Alo, Ugah, Saidu and Alhassan (2015) who argue that the continuous attitude of abandoning prisons and lack of renovation of prison facilities, as well as the overcrowding of prisons further complicates the problem and increases the burden of infectious diseases among prison inmates. The findings were further supported by a study conducted by (Simooya, 2010) which showed that several factors, such as overcrowding, congestion and lack of public empathy for prisoners, contributed to the highly infectious environment in prisons Furthermore, Urrego et al. (2015) argued that prison environments promote high infection risks due to lack of ventilation inside prison cells. The findings further indicate that the toilets were not in working condition. Culbert, Craawford, Murni, Waluyo, and bazazi (2017) concur that HIV-associated opportunistic infections were the most common probable cause of death in prisons.

Sub-theme 3: Death risk

Participants were of the view that incarceration poses a great risk to one’s life. Offenders described prison life as a great threat to their lives. One of the participants indicated that sometimes offenders get beaten to death by the officials. He added that prison deaths are not only caused by beatings from the officials, but also from fights amongst inmates. When offenders fight for whatever reason inside the cells, the chances are high that one would be beaten to death. These findings are not surprising

because there are many fights amongst offenders. Moreover, the findings also revealed that the risk of death within the correctional centre does not only stem from fights among inmates. There are other risk factors, such as communicable diseases, that can cause death if not attended to. The following excerpts from illustrates this point:

“Sometimes when they fight with officials, the former are beaten to death. Some die because of fighting each other. Some die because of sickness. Some have TB, others pneumonia and/or flu. It’s not easy to survive here. It is by God’s grace that we are still here and don’t have those sicknesses or diseases”
(Participant 4, TCC)

Moreover, one participant indicated that the risk of death risk is very high when one is incarcerated. He stated that offenders die every day inside the correctional centre. The longer one stays in the correctional centre the more one would witness several deaths of inmates. This is what he said:

“... When you are sick, you die inside here.... Yes really. People die every day here. One just died, even last week one offender died. In some prisons, there are committees that represent offenders. Here we are not represented”
(Participant 2, TCC)

In addition, some offenders in the study also linked the risk of dying to fights that occur among offenders or to conspiracies among offenders as well as some inmates poisoning others.

“Prison is a different place. One of the hardest things I have ever seen in my life (smirk). The risk is very high. Fighting, conspiracies, poisoning” (Participant 2. KSCC)

The findings of the study revealed that one of the major risks offenders have to contend with during incarceration was death. Offenders reported that, sometimes, inmates are beaten to death by officials. *The Citizen*, for example, reported (2017) that correctional service officers at Section 16 of the prison beat inmate Ayanda Nasanda to death. However, the study discovered that most of the deaths that occurred among offenders were caused by sickness. The study findings were consistent with those of a study done by Acevedo (2017) who found that there were significantly more deaths in public

facilities overall. Furthermore, participants noted that one of the main risks during incarceration is dying of poison administered by other offenders. Thus, the death among offenders may be due to poisoning. This finding concurs with those of a study done by Ahler, Holmgren and Jones (2016) who discovered that , out of 3943 participants, 46% died of drug poisoning in prison. Accidental drug overdose was also a common cause of death in repeat offenders. This study is in line with Bukten, Stavseth, Sturtveit, Tverdal, Strang and Clausen's (2017) study which argued that the risk of overdose death was highest for those incarcerated for 3-12 months compared to those who have been incarcerated for longer periods; recidivism was also associated with overdose-related deaths. Moreover, both natural and unnatural deaths which happen under custody or in prison attract public attention. Suicidal deaths, for example, could be accompanied by claims of maltreatment or neglect of inmates (Unal, 2012).

4.5.2 Theme 2: Illegal connection of electricity

One risk that has been highlighted by incarcerated offenders is the illegal connection of electricity inside the cells. Illegal connection of electricity inside the cells exposes inmates to danger. The summary description of the sub-theme and categories regarding offenders' views on illegal connections are presented below:

Sub-theme 1: Fear of being electrocuted by illegally connected cables

Some participants in the study pointed out that inmates illegally connected electricity cables inside the cells because there are no plugs inside. The study revealed that offenders use wires to connect electricity to charge their phones and that these wires are left hanging in the cells. This is what they had to say about the issue:

"They connect the wire to the TV then their cell phone chargers to the TV to charge the phone battery" (Participant 13, TCC)

Furthermore, offenders indicated that they fear for their lives because of the illegal connections inside their cells. The illegally connected wires hang over their steel beds and this puts their lives in danger. When interviewed this is what they said:

“We use electricity in the cells. The plugs that we used are no longer in good condition. The electricity is just connected by whoever inside there, people who don’t even know how a plug should be connected. Anytime we can have a disaster here. One day we will be burned inside because for the doors to be open in the evening is very difficult. It can take approximately 40 minutes before doors can be open. So, you see that by the time they arrive, we will be burned beyond recognition” (Participant 7, TCC)

“When it comes to issues of sanitation, there is no running water, no hot water, and no plugs. We do not have plugs inside our respective cells. You see, eeeh.... it’s very frustrating because most DCS have been installing plasmas television around vho ma 2015 but here we are still using this old-fashioned TV. It takes the whole space in the room” (Participant 3, TCC)

The study also revealed that, because there is no hot water in the correctional centre, offenders use illegal connections to boil water to bath during winter. The following extract expresses their views:

“(laughs) I don’t know where they get this wire. We just see them inside. And officials do come and search but they won’t find them. In the evening, you’ll see them on the walls. These wires are dangerous because the beds we use are made of steel. So, if the wires hang over our beds, you will find that all the beds are electrified and you won’t even try to touch it or else you will be electrified. Sometimes when the officials search the cell, they find the wires and take them away but most of the time they don’t see them. It is a very small wire. One day they will find the whole cell dead. And this thing can be avoided. If they can install plugs inside the cell, inmates would not have to connect illegal wires inside the cells. It was going to be simple. Moreover, they take cans, you see cans for tinned fish and they put them together using these wires” (Participant 8, TCC)

The study discovered that offenders connect electricity wires inside the cells illegally. Participants revealed that offenders have wires that they use to heat up water for bathing during winter. They also charge their cell phones using these illegal connections since the cells do not have plugs. Most of the offenders were terrified that they were in danger of being electrocuted by these illegal electrical connections.

4.6 OBJECTIVE THREE: TO EXPLAIN THE EFFECTS OF LONG-TERM INCARCERATION ON MENTAL HEALTH OF OFFENDERS

4.6.1 Theme 1: Incarceration behavioural display

Behavioural display due to incarceration was identified as one of the themes that clearly explains the current mental condition of most offenders. When offenders are incarcerated for a longer period, they tend to display certain behavioural aspects that affect their day to day functioning inside the correctional centre. Most offenders are affected by incarceration and this is even more so for those incarcerated for a long time. Behavioural display due to incarceration generated five sub-themes.

Sub-theme 1: Insanity as a result of being incarcerated

Participants argued that incarceration has the potential to make one insane. Some of the offenders indicated that doing nothing the whole day, while serving a life sentence, can lead to insanity. A negative environment and social influence in the correctional centre forces offenders their offending behaviours. The following extracts demonstrate their frustrations:

“Yhooo, here you are locked down; the only thing you see are walls and the person next to you. This place shuts down your mind” (Participant 10, TCC)

“Prison is a different place. One of the hardest things I have seen in my life (smirk)” (Participant 2, KSCC)

Furthermore, participants claimed that some offenders were afraid of being re-integrated back into the community. They indicated that despite spending most of their lives inside the correctional centre and despite the torturous conditions that they have to endure during incarceration, they did not think that they were ready to be reintegrated into the because of the state of their minds. The following extracts express their views:

“Yes, remember, for one to be re-integrated in the community, I might be surrounded by fears because I have spent a long time in prison. This place

affects everything that is in you. For instance, if I am released and go out and come across other people out there, I might be very scared. But what I am saying is that we should be assessed first before we are released to check if we are mentally fit to be re-integrated into the community. I have been in prison for 17 years, wearing this uniform (show of a hand). Mentally, we are affected but let them assess us first. Let them hire many psychologists to assess us before we can get out of this place” (Participant 5, TCC)

In addition, some of the offenders in this study also linked the level of maintaining insanity while incarcerated with studying. Participants recommended education as an antidote for the preservation of the sanity of offenders. One offender had this to say:

“Because if you are not being educated and you will not make sense of things; you are more like to subject yourself to prison life, just going to distract your mind even more. You won’t have any hope so to speak. Ya, education is Important; that’s what works for me, to try and keep myself sane because this place has the potential to make you go crazy you know” (Participant 10, KSCC)

Offenders reported that incarceration has the potential of making one go “crazy” because of the way things are structured inside the correctional centre. The findings indicate that some offenders spend most of their time sitting and looking at the walls day in day out while serving their sentences since they have nothing to do. The findings revealed that most offenders who come into the correctional centre mentally stable leave the centre mentally unstable because of the way things are designed in the correctional centre.

The findings resonate with those of a study done by Goomany and Dickinson (2015) who argued that prisoners perceive the prison climate as having a negative influence on their mental health. Another study done by De Viggiani (2007) revealed that prison can have a major impact on the health of inmates, particularly their mental and emotional wellbeing. In addition, Andrade et al, (2014) argues that there are factors in many prisons that have negative effects on the mental health of prisoners, for example, overcrowding, various forms of violence, enforced solitude, isolation from social networks, insecurity about the future prospects (work, relationships) and inadequate health services. This is supported by a study done by (Rich, Dumont, &

Allen, 2012) which also found that the prison environment may have adverse effects on the mental health of prisoners. Moreover, various research studies indicate that most offenders suffer from mental health illnesses. Incarcerated populations also have disproportionately higher levels of various mental health issues such as depression and antisocial personality disorders (Fazel & Danesh 2002). Many inmates who have been released from prison also show a high rate of psychiatric disorders that may have gone undiagnosed (Mallik-Kane & Visser 2008).

Sub-theme 2: Feeling of self-resentment because of anger and aggression towards self

The study findings revealed that offenders' mental health is affected by incarceration and that they are left with feelings of confusion. Participants believe that, being convicted for a long period makes it difficult for them to differentiate between reality and fiction. Their behaviour is mostly characterised by feelings of fear and anxiety that comes with incarceration. Almost all participants indicated that they would like to see a psychologist in order to minimise such feelings during incarceration. Most of the offenders affirmed that they are very aggressive. They indicated that they had this deep-seated anger inside them that was uncontrollable. This is what one offender said:

"Eeeh...I was ...let me tell you this about myself. I was very aggressive. I had this deep-seated anger inside me because eeeh...maybe I can say because of failed expectations. Anyway, let me just say I was very much aggressive. I don't think we would have sat like this and had this kind of conversation the way I was" (Participant 2, KSCC)

Furthermore, some of the offenders claimed that they thought their lives were over when they were convicted. Some even thought of killing everyone around them due their conviction. However, the family support that they received during their conviction helped to keep them sane. The following excerpts express these views:

"I thought of taking a gun and shooting all the police men after I was convicted. When I was put in the court cell, I did not know what to do or feel. All I wanted was a gun to shoot them all, including the magistrate (laughing). I was very

angry, yooooo (laughing). The only person who managed to keep me sane was my sister because she was there, but I was very angry” (Participant 3, KSCC)

“Yes, I was full of anger and I was aggressive. Nobody could stand me before and I did not want to be told anything or to be corrected. I would fight you for standing in my way....” (Participant 4, TCC)

“Then...I end up thinking a lot, being stressed all the time because of this thing. The ulcers are so bad. When they start, then you know that I won’t sleep that night. And there is nothing I can do. I don’t have visitors here who can give me money to buy extra food because I’m from Tzaneen...you see; its far. My family cannot come here to visit me. It’s bad” (Participant 9, TCC)

The study revealed that most of the offenders were suffering from depression and anxiety during their stay in the correctional centre. The anxieties may have been brought by the extremely violent environment they were exposed to during incarceration. Most of the offenders reported that they were overwhelmed by fear sometimes. Gonzalez and Connell (2014) also found that about one fourth of the inmates in their study received a mental health diagnosis during their lifetime. The findings were consistent with a study done by Dabi (2016) and Smith (2015) who argued that the anxiety was prevalent among prisoners in North West Ethiopia. It appears that some situations in prison promote anxiety (Steyn & Hall (2015).

Previous findings indicate that imprisonment is independently associated with emotional reactions such as anxiety and that multiple incarcerations seem to elicit even stronger detrimental emotional reactions (Blanc et al., 2001; Schnittker et al., 2012). Offenders also said that they suffer from depression and that they believed seeing a psychologist would help to ease their behavioural display in prison. The study is supported by a study which found out that perceived as a lack of personal strength or an inability to endure the situation, was acknowledged by participants who had self-described experiences of depression (Shrestha et al., 2017; Perkins, Kelly & Lasiter, 2014). Participants said that failure to get professional help from the TCC made them feel hopeless and helpless. Their condition was worsened by the fact that they did not receive help from a professional psychologist. These findings are consistent with those

of a study done by Picken (2012) who observed that “inmates exhibit higher levels of anxiety and depression than the general population along with lower levels of self-esteem”.

Sub-theme 3: Engagement in substance abuse

The study revealed that most of the offenders who quit smoking while they were at KSCC stated smoking again when they were transferred to TCC due to the environment they live in. Substance abuse is used as a coping strategy by offenders who are incarcerated. When interviewed, this is what one offender had to say:

“The way we lifers are being treated here, we will end up relapsing. Most offenders who stopped smoking when they were still in Kutama have relapsed because the situation here is forcing them to go back to their old ways. And we can’t blame them. It’s tough inside the cell. It’s not easy at all. You just see us outside here being clean like this but back there is not ok. We tried to create a good conducive environment for all offenders in order to survive but it’s no use”
(Participant 5, TCC)

Furthermore, because TCC does not have a smoking area just like KSCC, offenders smoke anywhere. This results in those who do not smoke becoming passive smokers and it also makes them vulnerable to substance use. The following extract expresses the views one of the offenders:

“When I was in Kutama I stopped smoking but when I got here, I was under a great deal of stress because of the environment and things that are happening here. I ended up going back to smoking. Offenders smoke everywhere. In Kutama, there is a smoking area and smoking time. If they find you smoking in the cell you are punished. But here, everyone who smokes can smoke anywhere, anytime” (Participant 10, TCC)

The findings of the study reveal that incarceration is associated with substance use among offenders. They use substances to cope with “prison life”. The study discovered that most offenders at TCC who stopped smoking while they were at KSCC, started using substances again because of the deplorable conditions they were living in. There is a high rate of substance abuse among prisoners especially among those diagnosed with mental illnesses (Hoke, 2015). Due to the pressure and frustrations that inmates are subjected to because of the living conditions in the TCC, many offenders are prone

to substance abuse. The study findings are consistent with a study done by Davis and Schlafer (2017) who found that incarceration was significantly associated with use of alcohol, tobacco, marijuana, and prescription drugs, as well as substance abuse and dependence. Two studies concur that illegal drugs contribute to most of the prison violence among inmates (Dolan, Castle & McGregor, 2012; Fazel, Gulati, Linsell, Geddes & Grann, 2009). In a studies that was conducted recently, it was found that most participants reportedly had a history of illicit drug use, participants who had been incarcerated for more than a year were less likely than those incarcerated for longer than a year to report using drugs (Rowell-Cunsolo et al., 2016; Rowell, Wu, Hart, Haile, & El-Bassel, 2012). The findings were further supported by Proctor (2012) and Wright (2008) who indicated that 70.0% of the inmates they studied were dependent on at least one substance during their stay of incarceration. Belenko, Hiller and Hamilton (2013) and Simpler and Rohling (2016) further concur that drug use disorders and related problems are quite common among offenders throughout the period of incarceration. The study revealed that most offenders have smoked during their stay in the correctional centre and that they are bound to relapse because of the unfriendly environment they live in. The CBT maintains that stimulus, such as substance use, can be triggered by a stressful environment.

Sub-them 4: Family Relations

Family relations were perceived to be a major aspect that gives offenders hope. However, most family relations are not maintained due long distances, financial constraints and transfers of offenders to other centres. This study revealed that family relations tend to suffer and that this affects the well-being of the offenders. The following extracts demonstrate their views:

“Other challenges are eeh....family relations, especially some of us who are from far. I’m from Gauteng. East of Joburg. So, family relations tend to suffocate because of the distance and so on” (Participant 10, KSCC)

“.... They don’t transfer people. Being away from a family for 5 or 6 years, not everybody is fortunate enough to have his family come and visit. And Correctional services are always emphasising that family relations are a must. But they are the ones who take you away from your family. My people have to

travel 450kms to come and see me. And the costs for my family to come here, are over R13 000.00. So, imagine, I could have used that money to acquire a degree or something. They don't understand the cost implications. If you have done 5 years then they should send you back where you come from. Why send me to Matatshe, its an additional 100kms. Who would spend R13 000.00 to see a person for 35 minutes? I mean really. Its not all bad but there are bad elements that need to be corrected" (Participant 14, KSCC)

Moreover, when close family members of offenders pass on, they are unable to attend the funeral. It further affects their mental state. This is what one offender had to say:

"I have spent most of my life in prison. Even my mother passed away two years back and I could not attend her funeral because I was here. I wish she could have seen how much I have changed" (Participant 4, TCC)

In addition, the study revealed that being rejected by family members due to the crimes they have committed contributes to the poor mental health of the offenders. They indicated that there is a high number of recidivism due to rejection by family members. Healthy family relations are recommended by the DCS in order to maintain the well-being of offenders. The study revealed that incarceration has a very negative impact on offender's well-being, whose family is within reach due to many factor such as distance and financial resources. When offenders do not have family relations, their mental health tends to suffer because they lack the support they need during incarceration. The findings were consistent with a study that found out that the possibility of family relations with and marriage to an incarcerated member continuing were unsurprisingly low (Delgado, 2011; Western, 2006). The situation is worsened by the passing on of a family member who is close to the offender because he does not even get to attend the funeral. The CBT indicated that the offenders' feelings about their loved ones play a very vital role in their behaviour during incarceration. Chui (2016) observed that families generally lack the appropriate rules of transformation to deal with the incarceration of a father (Chui, 2016; Danielle, Anne & Laura, 2012).

Offenders are concern when family members are unable to visit due to many factors, such as long distances and financial constraints. Lack of visitation from family

members affects their mental. Two research studies that support these findings argue that visitation policies should be more flexible and accommodating, to make it easy for family members to visit. Several studies have revealed that prison visitation systems are not family-friendly (Chui, 2010; Galardi et al., 2015). Researchers suggest that male inmates might not have a strong connection to their children while under incarceration because, prior to imprisonment, they might not have had close contact with them (Booker-Loper et al., 2009; Glaze & Maruschak, 2008).

4.6.2 Theme 2: Life sentence pronouncement by the Judge produces feelings of resentment towards self, the officials and society

Sub-theme 1: Ideation of killing self

The suicide rate is believed to be very high among offenders, especially those who are serving long-term sentences. It is the highest cause of death among most offenders. This could be due to stress-related issues and offenders being unable to cope in the correctional centre. Poor living conditions in the correctional centre also contribute to ideation of killing one self. The study findings show that, almost all offenders who were interviewed, at one time, thought of committing suicide while they were serving their sentence in the correctional centre. Most offenders had sad faces when they narrated how they thought about ending their lives. Most offenders, especially those serving life sentences, indicated that they thought about killing themselves. in prison. They further indicated that once they were convicted, they lost all hope. Offenders stated that they had suicidal thoughts but did not have the courage to end their lives. The following excerpts demonstrate this point:

*“any person who is given a life sentence has had one or two thoughts about that. The minute one is sentenced and hears “life Imprisonment” you kind of lose all hope in the world. Suicidal thoughts kicked in, maybe one does not have the guts to do it but you would definitely have such thoughts if you feel hopeless
“(Participant 10, KSCC).*

“I thought about it a lot. No no no I was like this thing is a loss” (Participant 1, KSCC)

“...but after being sentenced you are so hopeless. You don’t know what you’ll come across. You are going to prison. Thoughts such as what if I die in prison come but its only after you have attended the programmes that you realise that these were suicide tendencies. Ya but you don’t see it when it happens to you. So, I would say ya, those suicidal thoughts came” (Participant 4, KSCC)

However, most offenders who used to have suicidal thoughts no longer have them due to psychological programmes that they attend at the correctional centre. Offenders who once had such suicidal thoughts find themselves in a better position mentally because of the psychological services. They realise that, in spite of the crimes they have committed, they are still extra ordinary; they now understand how precious life is and that there is still life after conviction. When one offender narrated his story, he looked hopeful and had a smile on his face. This is what he had to say:

“I used to, back then, but now I’m spiritually mature. Even God can be very angry. Now I understand how nice life is, where I’m heading. I cannot even think of committing suicide now. I’m extra ordinary” (Participant 8, KSCC)

Suicide ideation was found to be very common among offenders during their time of sentencing and during the first year of incarceration. The study revealed that almost all offenders had thought of taking their lives after the pronouncement of the sentence by the judge. The findings were consistent with a study done in Europe which revealed that many countries in northern and western Europe have prison suicide rates of more than 100 per 100 000 prisoners per year (Fazel, Ramesh & Hawton, 2017; Sacherz, Feam & Vaughn, 2017). The study revealed that offenders had suicidal thoughts because they could not cope with being incarcerated. Kimbrel (2014) argued that violence, suicidality, and suicide attempts were predicted by the distress factor.

These findings resonate with those of Favril, Vander-Laenen, Vandeviver and Audenaert (2017) who found out that, approximately a quarter of all prisoners (23.7%) reported past-year suicidal ideation during their current incarceration, and this was significantly associated with both imported vulnerabilities (psychiatric diagnoses and a history of attempted suicide) and variables unique to the prison experience (lack of working activity, exposure to suicidal behaviour by peers, and low levels of perceived autonomy, safety and social support). In addition, a cross-sectional survey using a representative sample of 1,326 prisoners randomly selected from 15 Flemish prisons

revealed that during their lifetime, an estimated 44.4% of prisoners in Flanders reported suicidal ideation, 30.2% made a suicide plan, and one-fifth (21.8%) attempted suicide at least once. Past-year suicidal ideation in prison was endorsed by one-fourth (24.9%) of all prisoners, and 14.3% made a recent suicidal plan during their current incarceration (Favril, Vander-Laenen & Audenaert, 2017). However, research done by Ayhan, (2017) revealed that the suicide risk was lower than in mainland France.

Sub-theme 2: Ideation of killing police officers

The study also revealed that the mental state of the participants was affected to the extent that they had thought of killing people who had put them behind bars. One participant jocularly narrated his feelings without any regret stating that he had thought of killing every official who had worked on his case because he thought the judgement was not fair to him. Anger overwhelmed his thoughts and he wanted revenge for what he perceived to be an unfair sentence. Participants argued that, under these circumstances, family support is critical to help most offenders come to terms with whatever feelings they had. One of the offenders had this to say;

“I had a thought of taking a gun and shooting all the police men after I was convicted. When I was put in the court cell, I did not know what to do or feel. All I wanted was a gun to shoot them all, including the magistrate (laughing). I was very angry, yooooo (laughing). The only person who managed to keep me sane was my sister because she was there but I was very angry” (Participant 3, KSCC)

The findings also revealed that some of the offenders had ideation of killing the everyone involved in their sentences because they felt they were unfairly convicted. These findings were consistent with a report published in Crime (2015) which claimed that a corrections officer escorting an inmate to his cell was beaten to death at a far northeast Texas prison. The *Daily Mail* (2016) also claimed that a female corrections officer was killed by a male inmate at a prison in west central Texas. Konda, Tiesman, Reichard and Hartley (2013), in their study, found that the leading events for work-related injuries were assaults and violent acts.

4.7 OBJECTIVE FOUR: TO EXPLORE THE AVAILABILITY OF PSYCHOLOGICAL SERVICES AMONG OFFENDERS IN LONG-TERM INCARCERATION

4.7.1 Theme 1: Lack of psychological services at DCS

The correctional centre is believed to be a centre that is strategically designed to rehabilitate offenders who have offended others. Most offenders lack basic educational skills to survive in the real world, thus, they try to get easy money to survive by involving themselves in crime. Some offenders were raised on the streets and, therefore, had no parental guidance to help them know wrong from right. Offenders mentioned the painful experience of not having psychological services or of poorly implemented psychological services.

Sub-theme 1: No accessibility to psychological services (PAROLE BOARD)

Psychological services often help offenders to realise the seriousness of their behaviour and to come to terms with the sentences that they would have been given by the judge. All offenders who were interviewed at the TCC indicated that they do not have access to psychological services at the correctional centre. Most offenders who asked to be transferred to correctional centres nearer their homes, claimed that officials ignored their requests. Participants serving long sentences who applied for parole also claimed that they had not received any communication from officials and do not know whether their requests were submitted or not. They also indicated that having access to psychological services or any matters related to psychological services was very difficult. The following extract illustrates this claim:

“My sister, I have been asking to be transferred to Polokwane Correctional Centre but this has not materialised. I wrote my request last year at the beginning of the year but I have not gotten any response. I have been here for 17 years now and when you make a request to the parole board and they don’t respond, I’m not even sure if my request has been submitted or not” (Participant 2, TCC)

“Actually since I came back from Kutama in 2012, the psychologist that they have here commenced her work here last year 2016 They told us that they are going to schedule us to see her, especially we lifers. But I have never seen her,” (Participant 7, TCC)

Furthermore, all participants indicated that they do not have access to a psychologist when they need one. The offenders narrated their frustrations with sadness on their faces. When the offenders make a request to see a psychologist, they are told to wait and ever since they came to the centre, they have not had access to a psychologist. Participants stated that it was difficult to see a psychologist or even to see her face. The following extracts express their views:

“(laughs) ...Ma’am Mushwana, to see a psychologist here is difficult, just to see her face to face (sitting just like you and I, pointing using his fingers) can take weeks or even a month. When you want to see one, they say she is not available” (Participant 4, TCC)

“But here, since I arrived in 2015 I have never seen her. I remember I once wrote a letter requesting the CMC to compile a report so that they can forward the report to the parole board, then to the minister. They told me to wait until the psychologist comes to me” (Participant 5, TCC)

Participants also complained about the duration of the programmes that were offered at the correctional centre. They indicated that, at TCC, they could do a programme for three days and yet they would not be given any pamphlets. However, at KSCC they could do a single programme for six months. The following statement by one participant illustrates this point:

“Eeeh, it is very difficult, to see her is tough. She is the one who is supposed to write a report. In Kutama we used to do one programme for six months, but here it’s being done for three days. In that three days, we don’t even have a pamphlet that one can refer to or read, or something like a test to find out whether we understood whatever we were taught. (Silent).... eeeh, our mind is no longer sane because of the way we are treated here, it is very difficult. It is more difficult because the services that we were supposed to get, we don’t get” (Participant 6, KSCC)

The study findings revealed that offenders who are serving life sentences do not have access to psychological services at TCC particularly when they want to make their appeal, whereas offenders at KSCC have full access to the psychologist anytime of

the day. Participants also stated that they could not easily access the psychologist whenever they felt like seeing one and that meeting the psychologist face to face was very rare. The findings were consistent with a study done by Heidari, Wangamo, Galli, Shaw and Elder (2017) who identified three barriers to accessing health services in prison, for example, psychological obstacles, negative consequences of healthcare utilisation, and environmental hurdles.

However, the DCS Retrieved (2018) maintains that sentenced offenders, probationers and persons under correctional supervision have equal access to needs based psychological services, despite the limited number of psychologists in the DCS. Psychologists are supposed to maintain the emotional well-being of offenders, promote effective functioning and improve their quality of life. This is further supported by a study that was done which found that the prison mental health in-reach service worked well in assessing and prioritising those who required specialist mental health care (Samele, Forrester, Urquaiia & Hopkin, 2016).

Sub-theme 2: Lack of psychological programmes at the correctional centre

The study discovered that there are no psychological programmes at TCC. Some offenders indicated that the psychological programmes they once attended were at KSCC when they were still serving their sentences there. The following extracts express their views:

“I started my sentence in Sun City, then was taken to Barberton, from Barberton I came here in 2009. What I can say is that there is a difference between all the centres I have been in and this one. At DCS I have never attended any programme there, be it social or psychological. Even if they are there I have never been introduced to any” (Participant 6, KSCC)

“amah, here there are no psychological programmes, the ones I attended was at Kutama CC” (Participant, 09, TCC)

Furthermore, some participants indicated that they spent their days doing nothing. One participant further stated that they were treated like animals. This is what he said:

“eeeh, is to sit here and do nothing every day, every month, every year. Look at the wall (pointing with his finger), look how dirty it is. If we could be given paint and they keep us busy painting the dirty walls, it’s something than just siting and do nothing the whole day. The more they treat us like animals is the more offenders become animals but the more we are treated like human beings, the more we become human” (Participant 4, TCC)

However, some offenders confirmed having done at least one programme at TCC while at KSCC they used to do one programme every six months. They stated that attending the programme for one day was not very beneficial. This is what one participant said with sadness in his face:

“There are no programmes here unlike Kutama-Sinthumule Correctional Centre. My sister, my sister here there is no such. Ever since I have been transferred to this facility 5 years back, we only did one programme and the programme was done for one day only. Eeeh ...You see, in Kutama my sister, you do one psychological programme for six months. Here they say one day. What is it that you are going to gain in one day? Nix, fokol. We don’t have programme here. There are no programmes here. We sit here the whole day doing nothing, (silent....eeeh). At least I have wood work. When I get out of this place, I’ll try to make a living out of that but what about other offenders who have nothing. They will come back here because when they are out there no one would want to employ them and they will be judged by the society”.
(Participant 1, TCC)

In addition, the study further found out that offenders felt like they needed to be kept busy all the time after the completion of psychological programme especially those who are serving life sentences. Offenders pointed out that sitting all day long with nothing do resulted in thinking a lot of negative things. The following extract express one of the offender’s view:

“there are so many things that needs to be changed here. I want to be kept busy and nothing else. I don’t care which facility I’m taken to. I just want to be kept busy. When you sit here and do nothing you start thinking negatively, you think of hurting people when you get out of prison. You think of so many things

you have lost. And you think you know what, because of certain people when I get out I'm going to finish them off. Such thoughts come when we are not kept busy. This is when you are not kept busy. But if you are kept busy, you will never have such thoughts. People come here being sweet but when they go out they are hardened criminals. They sit and discuss things and take advice from people who have killed others outside. I'm not saying everything is negative". (Participant 14, KSCC)

The study further discovered that there was no rehabilitation offered to offenders in order to have behavioural change. In order for offenders to have behavioural change, they need to be rehabilitated through psychological programmes that are aimed at changing their way of thinking, the way they view things and the way they relate to other people. Almost all the offenders who were interviewed at TCC indicated that there were no psychological programmes offered at the correctional centre. The participants further stated that they called "prison" a correctional centre but nothing was being corrected. Some of the offenders indicated that they have spent most of their lives behind bars and they have seen more people leave the centre but still came back more than three times. That suggests that no rehabilitation takes place but offenders leave the correctional centre worse mentally than when they first entered the place. The following extracts express their views:

"amah, here there are no psychological programmes, the ones I attended was at Kutama CC". (Participant 9, TCC)

"Eish my sister, this place is not good. They call it a correctional centre but there are no corrections here. You see Kutama neh, Kutama is not prison that is a correctional centre. They don't host more than the required number.....my sister, (shaking his head) ... like I indicated there is no correction here. That's why for the past 17 years I have been in prison you see people leave this place but after few months they are back here. One person can be released three times but he comes back here knowing exactly that this place is junk. You go out of this place worse than when you came here". (Participant 1, TCC)

The study also discovered that participants felt that rehabilitation should not be more than ten years behind bars. They believed that being incarcerated for more than ten years negatively affects a person's mind and the person becomes "abnormal". This is what one offender said:

"Anyone can find himself inside here. You see, Vo-Jub-Jub found themselves inside. Within a wink of an eye you can find yourself inside here. You can hit a person with your own car, you'll find yourself here. It happens like it happened to me you see. Maybe through this report you are going to write it will help. It's just that our government is arrogant, so to speak. They don't consider inmates and they know very well that if a person stays in prison for more than 10 years, according to our school of thought that person is starting to be abnormal. Ten years should be a maximum. It should not just go beyond. If all DCS could adopt Kutama system, just that it's expensive, it would be much better. This facility there is no rehabilitation. You guys were going to see change among offender".
(Participant 3, TCC)

Additionally, the study found out that offenders felt they were passive recipients of rehabilitation programmes since they were not actively involved. They indicated that to avoid recidivism, they need to be actively involved in the rehabilitation programmes since they are the clients. The professionals have to conduct need analysis from the offenders themselves in order to know the kind of rehabilitation needs to address. The following statement by one of respondent indicates this need:

"ya ... as for somebody who is coming back for the second time I don't know whether is the whole system or it's me. At the same time, I also think more can be done to rehabilitate offenders to avoid recidivism. Because I think most offenders are just passive recipients of the rehabilitation programmes. They are not actively involved in the whole thing you know. And from my own perspective, eeh, most of the programmes have been designed by people from your position, professionals you know. They have not really experienced the things that they are trying to address. If they can have a meeting kind of thing with offenders who want to take responsibility for their action and rehabilitation because they realized that it will come back to them, to rehabilitate themselves. Then I think it might become a bit more effective. If you just sit throughout the

whole thing and you get your certificate so you can be released. By the way you get released to the very same community with sub-cultural, peer pressure, negative influences. So it's sort of like kills off the whole effort that has been invested in the whole rehabilitation, it's just my view. I think more could be done, that's my view, yay a. It is just that different facilitators have different approaches". (Participant 10, KSCC)

Due to the fact that offenders sit the whole day and do nothing, they expressed concern about having a lot of time to think about bad things such as hurting people when they leave the correctional centre. The study findings revealed that they are no psychological programmes rendered nor facilitated at the centre. The findings further revealed that offenders need to be kept busy with meaningful activities rather than just sitting around the whole day. They further indicated that the more they are treated like animals is the more they behave like animals. However, if they are treated like human beings, they would also behave like decently. The following quotations demonstrate their frustrations:

"There are so many things that need to be changed here. I want to be kept busy and nothing else. I don't care which facility I'm taken to. I just want to be kept busy. When you sit here and do nothing you start thinking negatively, you think of hurting people when you get out of prison. You think of so many things you have lost. And you think you know what, because of certain people when I get out I'm going to finish them off. Such thoughts come when we are not kept busy. This is when you are not kept busy. But if you are kept busy, you will never have such thoughts. People come here being sweet but when they go out they are hardened criminals. They sit and discuss things and take advice from people who have killed others outside. I'm not saying everything is negative. You know we need to give credit where credit is due. But they are certain elements that need to be corrected. It's like sending your child to a private school in primary but public school in secondary". (Participant 14, KSCC)

"Eeeh, is to sit here and do nothing every day, every month, every year. Look at the wall (pointing with his finger), look how dirty it is. If we could be given paint and they keep us busy painting the dirty walls, it's something than just

sitting and do nothing the whole day. The more they treat us like animals is the more offenders become animals but the more we are treated like human beings, the more we become human". (Participant 4, TCC)

The study revealed that there were no psychological programmes or rehabilitation programmes at TCC to help offenders cope with incarceration and to prepare them for re-integration back to the communities. Furthermore, some offenders from KSCC confirmed that they had been attending psychological programmes elsewhere during their incarceration. The findings were consistent with a study that found out that inmates need education programmes that not only teach them to read and write but also provide them with the necessary skills that promote a positive transition to society when they are released. (Mohammed & Mohamed, 2015). Moreover, the study also revealed that offenders from KSCC had a serious concern about programmes that were offered after an inmate had already stayed a long time in the correctional centre. They indicated that long term prisoners should be offered continuous psychological support programmes during their stay in prison for any rehabilitation to take place. In 2016, the Prisons and Probation Ombudsman found that 70% of prisoners who had committed suicide between 2012 and 2014 had mental health needs. This is supported by Yusuf and Mundui (2014) who suggested that the quality of counselling needed to be improved among incarcerated offenders. Lack of rehabilitation for offenders during their incarceration increases the risk for recidivism. Someda (2009) argues that the rehabilitation of offenders contributes to the reduction of recidivism. The successful rehabilitation of offenders depends in large part upon the effectiveness of the community-based treatment given to offenders based on an appropriate assessment of multidimensional risk factors and a multidisciplinary approach.

Moreover, the study found out that the mental health support and rehabilitation at TCC was very poor and ineffective. These findings were consistent with a study conducted by Jordan (2011) who observed that the mental health of the prison population is poor, and mental health services in the prison setting need some improvement. These findings were supported by Morgan Steffen, Shaw and Wilson (2007) who maintained that results of this study provide an overarching conceptualization of barriers hindering inmates' willingness to seek services, as well as the types of problems for which they are likely to seek services. Custody admissions provide a rare opportunity to provide

mental health (and other services) to marginalized individuals who often slip through the cracks (Olley, Nicholls & Brink, 2009). Additionally, most offenders leave the correctional centre without being rehabilitated and they are taken back to the community where they are expected to live with community members (Gaum, Hoffman, and Venter, 2006). The analysis suggests that prison behaviour is not an indicator of successful rehabilitation and that rehabilitation interventions are often provided too late. Learning to trust is important for rehabilitation, as it is a shift from external to internal locus of control and learning to control emotions. Drug abuse is a bad indicator for rehabilitation and many rehabilitation programmes still focus on the process rather than results.

Sub-theme 3: Insufficient clinical psychologists

The findings of the study indicated that clinical psychologists at both correctional centres were inadequate. The KSCC had one clinical psychologist for 3024 offenders and the whole of TCC had only one clinical psychologist for more than 3000 offenders. The participants who once served their sentenced at KSCC showed their concern that there was one clinical psychologist who was expected to handle 3024 offenders while at TCC there did not get any assistance at all when they needed it. Almost all the participants who were interviewed in TCC indicated that they had not consulted with a psychologist since they became inmates at the correctional centre. The following extracts demonstrate their understandings:

“Dr Manabe is the only one but she manages all of us 3024 offenders inside here”. (Participant 13, KSCC)

“Hey my sister, you don’t get assistance when it comes to that. Ever since I asked to see a psychologist last year, still today, I have not seen any. Don’t know whether it’s a he or she”. (Participant 1, TCC)

“Eeeh, it is very difficult, to see her is tough. She is the one who is supposed to write a report. In Kutama we used to do one programme for six months, but here it’s being done for three days. In that three days, we don’t even have a pamphlet that one can refer or read, or something like test to test whether I have understood whatever I was taught. (Silent) ... eeeh, our mind is no

longer sane because of the way we are treated here, it is very difficult. More difficult because the services that we were supposed to get, we don't get. Sometimes you find that a lifer is fighting with someone who is serving a lesser sentence, the one serving a lesser sentence will be helped, only to find that he is the one who provoked me, just because I'm serving life, we are treated differently. You will just hear, "we will come and help you" but nothing happens. Those who are doing six months sentences, they provoke others, fights others and you will see officials running to assist that person but after two months of his release he is back inside here". (Participant 6, TCC)

"I once asked some inmates about seeing a psychologist, and they told me I will never see one because they themselves have asked to see a psychologist but they have not seen any since they enlisted their names". (Participant 2, TCC)

"Actually, since I came back from Kutama 2012, the psychologist that they have here commenced her work here last year 2016. Since they told us, they are going to schedule us to see her, especially we lifers. But I have never seen her ever since they promised". (Participant 7, TCC)

"(laughs) ...ma'am Mushwana, to see a psychologist here is difficult, just to see her face to face (sitting just like you and I, pointing using his fingers) can take weeks or even a month. When you want to see one, they say she is not available". (Participant 4, TCC)

"Ever since I was transferred here from Kutama in 2015 I have not seen any psychologist. But in Kutama I did many psychological programmes there but here, I don't want to lie, I have not seen any ... yes, I wanted to enlist my name but I was told she does not work with a list, she works according to her schedule". (Participant 8, TCC)

"I have never heard of any. Maybe they do have but I don't know any. I just heard there is a psychologist but I have not seen her". (Participant 10, TCC)

“... And when we come to the issue of our psychologist here, we just hear she is around, or we see her passing in the corridors but I have never seen her in person face to face for even one session...”. (Participant 5, TCC)

Furthermore, some participants were very miserable to learn about the passing away of their loved ones and their main worry was that they did not have a single session with a social worker or psychologist to help them cope with grief. This is what one participant narrated with sorrow in his face:

“I have spent most of my life in prison. Even my mother passed away two years back and I could not attend her funeral because I was here. I wish she could have seen how much I have changed. I have so many certificates of all the psychological programmes that I have attended. Since my mom passed away two years back, hmmm ma’am Mushwana, I want to show you something, I did not see any social worker, I did not see a psychologist, I want to show you something ... there is a gap there or failure by the government or CC because ever since I lost her I never saw anyone”. (Participant 4, TCC)

On the other hand, participants at KSCC had a different perspective. This is what they indicated:

“You should read the black book, the bible. I lost my parents while I was still here in prison. Fortunately, I was facilitating emotional intelligence, I could relate to my story. And I read the bible, it was easy for me”. (Participant 16, KSCC)

“So I was just called at the office, they ask me if I know Risana (not the real name) and I said yes Risana (not the real name) is my daughter so they told me and I just stood up and left because I could not take it (smirk). If it was a joke it was going to be a bad joke anyway. Went to the unit manager and asked for a phone and phoned my wife and asked her what had actually happened. She was my spit imagine (his face glows when he said this). The way you see me you see her”. (Participant 2, KSCC)

The study discovered that there were inadequate or insufficient professionals working with mental health at both centres. There was only one psychologist per centre. The lack of mental health professionals make it difficult to scale up the effectiveness of the

the psychological programmes at the correctional centres. The findings of the study were consistent with research done by Hammell (2016) who contended that the shortage of health professionals was among the top revelations during an eight-hour public hearing by a special committee of lawmakers studying the woes, and the progress in addressing those woes, within the Nebraska Department of Correctional Services in the United States of America. These findings were also supported by Simpson, McMaster and Cohen (2013) who argued that although mental treatment in prison is effective, it is often unavailable or refused. The study further discovered that more mental health professionals were needed in order to scale up the effectiveness of rehabilitation programmes in correctional centres. These findings were also supported by research which found out that a larger well-trained mental health workforce is needed at all levels to meet the ever-increasing demand of Saudi society (Qureshi, Al-Habeeb & Koenig, 2013). Gregory and Sawisky (2006) also concurred that the workforce crisis in mental health services is serious in that there is a shortage of well-trained workers.

Sub-theme 4: Lack of well-trained custodial officers on rendering psychological services

The study findings indicated that custodial officers who work directly with offenders on psychological programmes and services lacked knowledge. Some participants indicated that the custodial officers do not even understand psychological programmes themselves and therefore could not work with offenders if they do not understand psychological concepts and programmes. The following extract demonstrate their views:

“Yes because most officers do not even know what bullying is? You will find that most officers bully offenders on a day to day basis. They are not aware of what they are doing because they lack the knowledge that we as offenders did not have when we were still outside or before we even attended the services. They don’t know anything these officers. You see, but you are doing it. But if they can enrol in these programmes or have workshops as officers, they will know how to behave before offenders. They will know that this is not right. The other issue, which is a serious issue. I do social, psychological programmes, vocational, and I go to school. They seem like they are useless”. (Participant 12, KCSS)

“How do you rehabilitate offenders if you don’t even understand what the programmes are all about? Almost all of the custodial officers here they don’t know even a single programme that are offenders here. They don’t have a single background knowledge about rehabilitation yet we are placed in their hands to be rehabilitated”. (Participant 2, KSCC)

“Officials just take you and charge you with further charges. They don’t go deeper. The officials lack skills. They need to talk to people like us and interview us about what is happening inside cells. We will tell them the truth. We have nothing to hide”. (Participant 4, TCC)

“Officials don’t even understand what the programmes are all about. They don’t know at all. If you can go ask just one, what rehabilitation is all about or what emotional intelligence is all about, none of them will tell you anything. Only Dr Manabe knows and understands these things”. (Participant 9, KCSS)

One of the captivating findings the study was the lack of well-trained correctional officers. Offenders indicated that the correctional officers lack basic psychological background as far as rehabilitation was concerned. Since there were insufficient mental health professionals, basic mental health services are also be performed by correctional officers working closely with offenders. These findings are supported by Hoke (2015); Lazzarette-Gree et al (2011); Parker (2009); Dvoskin and Spiers (2004) who asserted that many roles and duties traditionally attributed to clinicians can and often should be performed not only by mental health professionals, but by line staff such as correctional officers and nurses. Moreover, the optimal climate for effective treatment is one in which mental health professionals and line staff work collaboratively, since line staff are in contact with inmates for 24 hours per day. These findings demonstrate that this prison's structures and values enable officers' discretion with mentally ill inmates, rather than solely fostering custodial responses to these inmates' behaviours.

Sub-theme 5: No centre number for higher institutions to further studies

One of the principles of rehabilitation includes educating the offenders so they can acquire necessary skills that would help them get a job once released from prison. However, the study findings revealed that at TCC there is no UNISA centre number for offenders who wish to further their studies. Although some offenders were studying at KSCC, the absence of UNISA centre number could hinder them from completing or furthering their studies. The findings further revealed that offenders who are studying at Matatshe technical college have difficulties when it comes to reading during the night because the lights are switched off. Below is what offenders had to say:

“No, there is no UNISA centre number here. But I have enrolled for Public Management with Matatshe Technical. So I read a lot of books to stay away from conflicts, fights and so forth. And hmmm, another challenge, in the cells, there are no lights. You cannot read in the evening. I have to go next to the TV so I can be able to read. Like now we are facing Mid-Year exam we have to begin to study hard. We are suffering. Now the mother of my baby moved on, she has another baby as well”. (Participant 11, TCC)

“... Offenders have a privilege of enrolling him one wants to further his studies but here there is no such things...”. (Participant 2, TCC)

“(yhooo), looking at you makes me realize that I should have completed my Master’s degree. But looking at this facility is not as conducive as compared to Kutama Correctional Centre. With other facility, (DCS) they apply every policy of DCS, as far as the constitution is concerned. According to the policy/act 1996, in chapter 9. It covers general aspects as far as human rights are concerned. So we should have been given access to the internet. If we talk about rehabilitation, we cannot say Sam (not his real name) is consuming breakfast lunch and supper of this facility. If ever I arrived here being unable to speak or write and now I’m able to do those things, that’s what we call rehabilitation. It means there is a shift from point A to B. That’s what we call rehabilitation. Here there is no such. Myheart was very hurt because two weeks back in Barberton Correctional centre, there was graduation, and offenders were graduating there. One guy who was assisting in terms of NFSAS funds

was also graduating there. Not so long we will be going out of this facility but I'm still left behind". (Participant 3, TCC)

The findings discovered that offenders could not further their studies with higher institutions at TCC since they do not have access to higher education. When offenders who were studying were transferred from KSCC to TCC, their studies were put on hold since the TCC has no access to higher institutions. Their hope was attaining education was shattered. Harlow (2003) reports that half of state prison inmates reported they had participated in an educational program since their most recent admission to prison. Custer (2017) argued that according to the most robust meta-analysis of prison higher education research from 1980 to 2011, inmates who participated in correctional education programs had a 43 percent lower odds of recidivating than inmates who did not. Furthermore, the TCC denies offenders of their right to education while other correctional centres are offering offenders rights to further their education. This was very frustrating to offenders who wanted to see change in their lives. Fourways Review (2014) reports that Leeuwkop prison celebrated the achievements of 177 inmates from around Gauteng who graduated with tertiary certificates, diplomas and degrees from Unisa, University of Johannesburg and other institutions. The 14th annual graduation ceremony held at the prison, reinforced the Department of Correctional Services' commitment to empowering, rehabilitating and reintegrating offenders through education and skills development.

4.7.2 Theme 2: Behavioural change due to psychological intervention programmes

Offenders' participation in the organized psychological intervention programmes produces a self-motivated positive change in the behaviour of the offender. There are about fourteen psychological programmes that are rendered at KSCC. The TCC did not specify how many or which programmes were rendered. The continuous attendance of programmes during incarcerations had a positive effect on offenders. Offenders believed that psychological programmes have helped them change the way they view things in life. Two sub-themes emerged from this theme.

Sub-theme 1: Change of perception towards self

Behavioural change towards one self was expressed through the change in perceptions of things towards self. Most offenders who attended the psychological programmes felt that there was change towards self. They perceived themselves as better human beings that changed from being full of anger and aggression to persons that appreciated their lives and themselves. They narrated their behaviour prior to attending psychological programmes as very aggressive and anti-social. These feelings were expressed in the following statements:

“Yes, I was full of anger and aggressive. Nobody could stand me before and I did not want to be told or corrected. I would fight you for standing on my way. Those programmes helped me a lot because the time I was convicted I did not have a matric certificate but after I spent most of my sentence in Kutama CC, I passed my matric, I also have a certificate in woodwork, textile and Diploma in Entrepreneurship. Now I even read the bible and things like that. I am a changed person”. (Participant 4, TCC)

Another participant further stated that it would have been impossible for the researcher to have a conversation with him prior to attending psychological programmes. This is what he said:

“eeeh ... I was ... let me tell you this about myself. I was very aggressive. I had this deep seated anger inside me because eeeh ... maybe I can say because of failed expectations. Anyway, let me just say I was very much aggressive. I don't think we would sit like this and have this kind of conversations the way I was” (Participant 2, KSCC)

Another participant also attributed his changed personality to being empowered by the programmes. He indicated that the programmes are structured in such a way that they help all the offenders come into terms with their incarceration. The participant explained that he is now able to cope with his prison sentence. Anger is seen normative way by offenders of protecting one's space. However, offenders who have attended the programmes indicated that they are now able to control their anger. This is what one participant said when interviewed:

“With the empowerment I got from attending the programmes I think now I’m 100% feel that I can go back to the community. Some of the things I did not know about living a reality life up until I attended this programme. I managed to read the manuals and go through them and I found out there is deep knowledge. The programmes are structured in such a way that they don’t only help you with rehabilitation, how to cope in prison, how to accept your sentence but also helps you to have that broader understanding that suppose if one day I have my own family...(mmmmh) I’m very deep now in managing my anger because I’m able to cope now since I have attended the programmes. If I’m sitting like this, no one knows what is going on in my mind. I no longer get angry. Even if I have to talk, I just look at him in a different way. Back then I would fight him but now I look at him and feel sorry for him. I think the psychological programmes they are very very important in changing one’s mind. Even though after rehabilitation, when we are integrated back to the community, the community rejects us. We are labelled and a person is not given a second chance.”

(Participant 3, KSCC)

The study found out that due to psychological services at the correctional centre, offenders developed self-realization and self-awareness that resulted in behavioural change. The CBT sustains that offender’s ability to accept their social cues, accept blame, and result in moral reasoning and behavioural change. The study was consistent with a study done by Kearney (2013) who indicated that an improved self behaviour towards oneself was associated with psychological services which were received during incarceration, indicating improved behaviour whilst in prison had increased. Another study conducted by Hanby and Serin & Vuong (2009) & Gill (2016) concurred by indicating that receiving of mental health services during incarceration allows inmates the opportunity to improve their behaviour and their interaction with others.

These findings were consistent with a study done by Rothbard (2009) who indicated that the results of the regression analysis from his study showed that a higher number of treatment sessions in the jail program was significant in reducing the rate of re-incarceration. Offenders tend to have low recidivism rate if they attended mental health services during incarceration. Moreover, a study conducted by Mak and Chan (2017)

suggested that self-perceived strengths showed a significant reduction in psychological distress and enhancement in psychological well-being after each intervention. The findings of the study revealed that offenders improve their thinking and behaviour towards crime. Offenders have improved capacity for victim empathy and understand the impact of their crime. Offenders also have improved moral reasoning and feel in control of their choices and actions. Finally, offenders recognise opportunities to change.

Sub-theme 2: Change in offenders' perception of relationship with others

Offenders who attended and who were attending psychological programmes had good relations with their loved ones and other offenders because they viewed things differently. Good relations with loved ones and other people kept offenders to be hopeful. Family relations were one of the most important aspect of rehabilitation. Without healthy family relations, rehabilitation is not fully complete. The study found out that the programmes that participants attended helped them to develop good relations with other people. Below are some of their sentiments about the matter:

“I will be able to relate to them without any problems, be able to raise my family without any difficulty. If there are some challenges within my family, I would know how to react because most people are here because they killed their spouses, raping their child and domestic violence. But ever since I attended now I know I can interact with my family, community and at the same time have a nice family. Fighting is not a solution to any problems”. (Participant 3, KSCC)

Another participant indicated that when he called his loved ones they could sense a changed person in him by the way he was relating to them on the phone. This is what he said:

“When I call her, she asked me what have they done to you? Because she could sense the new person in me. I used to shout at her when she promised to send me money and not send but now if she says she does not have money I just accept and she noticed that I no longer shout at her”. (Participant 2, KSCC)

The findings of the study were consistent with a study conducted by Benning and Lahn (2014) who found out that incarcerated men who were receiving mental health service

during were actively interacting and involved in the lives of their families and are more aware of how their actions affect their loved ones and, as a result, are less likely to engage in negative behaviors. This supports the notion that the bond between a parent and a child may serve as a strong motivator for improved behavior among incarcerated men. Benning (2016) further indicated that male inmates who have a spouse on the outside, as opposed to single males, may also experience better relationships with their children because of the mental health service in the correctional centre. These findings are further supported by Brunton–Smith and McCathy (2016) who found out that the 'visitation effect' assumes that visits improve prisoner relations with family, which in turn results in positive outcomes such as reduced reoffending risks which was associated with mental health services. However, Ward's (2013) research indicated that social disconnection and relationship ruptures related to empathy failures often trigger offending, and also because it is hard for people to grasp how individuals can inflict severe harm on others without lacking empathic capacities. This was associated with not attending to mental health services during incarceration.

4.7.3 Theme 3: Stigmatization and name labelling of ex-convicts

Stigmatization and name labelling of the ex-convicts among community members can lead an offender to relapse to old ways of life or living. The behavioural change of offenders does not solely depend on themselves but also on how they are viewed by the community members. Ex-convicts have always been surrounded by stigma and discrimination because of community members who failed to accept them and failing to accept that that they can really change. This stigmatisation affects their way of behaving. This theme generated three sub-themes:

Sub-theme 1: Rejection by community members

Lack of acceptance of the ex-convicts by the community leads to feelings of rejection. There is often a stigma that surrounds offenders everywhere they go. The study found out that the offenders are stigmatised for their previous crimes. When integrated back to the community, the attitude they receive from the community reinforces the kind of behaviour the community rejects. The participants felt that the community re-integration was attached to stigma because ex-convicts were expected to do community work within the community that was not interlinked to interaction with

community members. The study found out that participants felt unsatisfied with the community re-integration that is attached to stigma due to being labelled as ex-convict. The participants felt that community re-integration should be about interaction with the community in order to be accepted by its members. Below are the views of one participant about this matter:

“Eeeh ... I don’t know whether this is a coincidence or an irony. I have tried to developed. But it’s not gaining a whole lot of attraction at the moment. And some the concerns when one was growing up, community reintegration, they are elaborated on because if for instance, let’s say, a person is re-integrated back to the community, and has to do community service, but the community service is the person not working with people, he has to wash cars, cut grass and all those kind of things whereas that person offended the community, you know what I mean. So as soon as the person gets release, you get that stigma of saying he is from prison. There is just pressure, it’s just starting off on a bad footing. So at the same time the person gets subjected to menial kind of jobs, it reinforces the stigma that is attached to it. You know, and if people are moving like in the townships, and you are the three doing community service and the child asks “why is that guy doing this and that?”, they will be like the person just came out of prison you know, it also reinforces that kind of stigma. Community service should be more community based, eeeh ya community, something that involves him interacting with the community”. (Participant 10)

“I will feel rejected, I can relapse. That is why you see people breaking their parole is because of being rejected by the families and the community. Then they re-offend and end up coming here. Too much pressure make people to come back here. They are discriminated, labelled and rejected. If you get a girlfriend, people will ruin your relationship and tell her you are an ex-convict. It’s not a nice feeling I’m telling you”. (Participant 3, KSCC)

Furthermore, the participants expressed that community rejection could be minimised by instilling knowledge to community members about the psychological services in order to change their mind-set. This could be done by in every community to eliminate the stereotyped mind-set. The following extract demonstrates one of the participant’s concerns:

“Yes, exactly, like running such psychological programmes in order to change the mind-set of people. You also see the community bearing the responsibility of embracing that person and helping that person to acclimatise themselves but that stigma already prevents that from happening. And the person is essentially left to his own devices to see how he can come back into the society. It does not help the person anti-social tendencies if he has gone back. Maybe he sees like people are better than he is. You know, already he has that inferiority complex and he thinks it’s better not to engage with the community. Its counter production the re-integration thing you know”. (Participant 10, KSCC)

Additionally, some participants felt that people should be informed about the whole process of rehabilitation in order to prevent ex-convicts from recidivism. They indicated that relapse among ex-convicts was caused by not being accommodated by community members. They further indicated that all these could be avoided by offering the psychological programmes at schools and within the communities in order to bring into light the knowledge surrounding such services. One participant confirmed this when interviewed:

“When you go out of this place, a lot of people they don’t know what is going on in this place, they just do their job and dump you out there. Somebody does not know anything about crime prevention at all. The first thing when they see you out there, stigma surrounds you and you are being labelled. So you see if people are not familiarized with this thing of rehabilitation programmes, you know it will also have an effect on an offender. That’s why you see most offenders relapse because in the community they are not accommodated because the communities they don’t have any knowledge about this. I think if they can begin at school level, communities, I think we will have a better society”. (Participant 9. KSCC)

Violent behaviour among offenders abounds within their environment. It is something they grow up. Most offenders have witnessed violent behaviour in the home setting and it is something that they have been taught from an early age. When offenders are reintegrated back to the communities, community members tend to reject them and keep labelling them as “bad” people. Once the offenders realise that they are not

welcome and accepted by the community, they manifest violent behaviour again. The following extracts express the participants' views:

"We do have offenders who are released today, and next week they are back here. It clearly shows that rehabilitation in that person did not take place. There are offenders who have been coming back here for the fifth time since I was here. That shows that person did not change at all. He is not thinking of his future. He does not even have a plan for his future. So if he comes back here, he will be smoking every day and has nothing to worry about. Such offenders do not care about their future that is why you find that they are coming back here many times" (Participant 6, TCC)

"I arrived here 2015, since then there are more than 80 something inmates who have been released and they still come back to do the same thing to me since I'm serving life. They do the same thing over and over again. They go out and come back still do what they used to do. This kind of things hurts me to the core. If it was me, was given a chance to go out, I would not come back here. Even the head of prison once called us and said I can see that those inmates are provoking you. But there is nothing we can do". (Participant 11, TCC)

The other participants indicated that they had served time in prison and had been released but had reoffended and were now serving life sentences. The following extracts capture their responses:

"When I first came here I was somehow confused. You need to know that here you are talking to someone who relapsed. I first served 15 years here and now I was given 3 life sentences. I was one of the offenders during the Kutama 2002 inception. Spent years here, then I was transferred to Matatshe, then Pretoria and back to Tzaneen. When I was rearrested". (Participant 5, KSCC)

"For instance, my cell mate once served 15 years. You know if you are given 15 years you do not serve the whole 15 years but half. He was released and spent one year outside now he is back serving a life sentence. Why?" (Participant 1. KSCC)

The study revealed that offenders were afraid of being stigmatised by the community members when released from the correctional centre. Offenders reported that they

fear re-integration because of the anticipated rejection by community members. The findings are supported by Moore, Stuewwig & Tangney (2016) who argue that stigma toward criminals negatively impacts on the offenders' ability to function in the community via the expectation of personally experiencing discrimination from community members. The study further revealed that most ex-offenders who experienced rejection from community members were more likely to re-offend when they felt unaccommodated by the community members. The fact that during their incarceration would not have been well-equipped with psychological intervention or rehabilitation prevents them from coping with rejection after their release. Research has shown that perceived stigma predicts negative outcomes through social withdrawal or avoidance (Perlick et al. 2001). Stigma discourages people from trying to integrate in society (Corrigan et al. 2010).

Lack of rehabilitation at the correctional centre makes offenders to relapse once released. Perceived stigma prior to release can have serious implications for offenders' functioning once released from prison. This study shows that jail inmates perceived a fairly high level of public stigma, replicating findings from other studies of offenders' perceived stigma (Winnick & Bodkin, 2008; Lebel, 2012). Moore, Stuewwig & Tangney (2016) argued that higher perceptions of stigma toward criminals prior to release predicted poorer adjustment in the community (e.g., community functioning, employment) indirectly through anticipated stigma. Offenders are perceived by community members as dangerous and when they are not rehabilitated they tend to relapse when their communities fail to accept them. These findings were consistent with a study which reported that community members generally perceive offenders as dangerous and dishonest, among other undesirable descriptors (Edwards & Mottarella, 2014; Hirschfield & Piquero, 2010). Furthermore, research shows that such responses to stigma can interfere with functioning, and lead to maladaptive behaviors, poor mental health, and difficulty participating in the community (Inzlicht, Tullett, & Gutsell 2011). However, two studies indicated that most offenders do not feel as though they would be stigmatized as a result of their convictions. Most expect to be reintegrated when they re-enter the community (Benson, Alarid, Burton and Cullen, 2011; Visher & O'Connell, 2012).

Sub-theme 2: Relapse due to lack of rehabilitation

The study found out that most offenders tend to relapse due to lack of rehabilitation. Most of the offenders who were serving their second sentences indicated that they relapsed after their release from the correctional centre because they were not rehabilitated during their first stay there. Most offenders may have attended the programme to satisfy the demands of the parole board report and not for a genuine need of behavioural change. Some offenders did not take the psychological programmes seriously due to the fact that they would be released after spending half of their sentence in the correctional centre. This is how one of the participants put it:

“For instance, my cell mate once served 15 years. You know if you are given 15 years you do not serve the whole 15 years but half. He was released and spent one year outside now he is back serving a life sentence. Why? When I ask him why he came back? He said these things of programmes were not important he was busy with gangsters but now he is promising that if he can get out he won’t come back here”. (Participant 1, KSCC)

Furthermore, one participant indicated that some of the offenders left the correctional centre but still committed crimes and incarcerated due to the fact because they believe there is no rehabilitation taking place. The comments below capture these views:

“My sister, (shaking his head) ... like I indicated there is no correction here. That’s why for the past 17 years I have been in prison you see people leave this place but after a few months they are back here. One person can be released three times but he comes back here knowing exactly that this place is junk. You go out of this place worse than when you came here”. (Participant 1, TCC)

“hmmm, when it comes to rehabilitation, it all depends on what you have been taught as an offender. We do have offenders who are released today, and next week they are back here. It clearly shows that rehabilitation in that person did not take place. There are offenders who have been coming back here for the fifth time since I was here. That shows you that person did not change at all”. (Participant 6, TCC)

In addition, lack of rehabilitation from correctional centres causes offenders to relapse once released. The study revealed that some of the offenders would come back to the

correctional centre more than three times. The following extracts express captures these views:

“The thing that hurts me most is that I arrived here 2015, since then there are more than 80 something inmates who have been released and they still come back to do the same thing to me since I’m serving life. They do the same thing over and over again. They go out and come back still do what they use to do. These kind of things hurt me to the core. If it was me, was given a chance to go out, I would not come back here. Even the head of prison once called us and said I can see that those inmates are provoking you. But there is nothing we can do”. (Participant 11, TCC)

The study findings revealed that most offenders who released from the correctional centre come back two or three times. When offenders leave the centre without rehabilitation having taken place, they are bound to relapse due to their failure to differentiate wrong from right. The findings were consistent with recent national evidence which indicates that within 3 years of release, about 68% of offenders are rearrested for a new crime and about 50% are incarcerated (Cooper, Durose, & Snyder, 2014). The CBT indicates that if offenders are not rewarded for the good behaviour, they are bound to relapse. However, prisoners are much more likely to be successful if staff helps connect them to community resources such as housing, jobs, or public benefits after release (Seiter & Kadela, 2003). Correctional staff can implement this dimension of CCP by adequately leveraging the resources available in the community to promote the successful reintegration of offenders into society.

4.7.4 Theme 4: Psychological programmes should be infused into community and school programmes to prevent crimes

If charity begins at home, so is crime prevention. The study reveals that a lot could have been avoided if the psychological programmes were infused into the school curriculum and within the communities. Most participants felt that if they had had the knowledge they have now, they would not have committed the crimes they committed. If psychological programmes are infused into the school curriculum, a lot of people would grow up being able to distinguish between right and wrong and how to handle conflict situations. Lack of knowledge of psychological aspects among offenders was

seen as one of the reasons why they are serving sentences in prison. This theme generated one sub-theme:

Sub-theme 1: Psychological programme should be included in the school curriculum

The study indicated that there were no psychological programmes within the communities or at schools. Participants recommended that psychological programmes be extended to schools and communities. Lack of knowledge was mentioned as the major reasons why many are behind bars serving life sentences. Most offenders who have served time at the DCS also felt that the programmes should be extended to all the DCS in the country based on the knowledge they have received and the change in behaviour they see in themselves. They further stated that the issue of personnel should not be stumbling block for scaling up psychological services within correctional centres. The following extract express some of the participants' views:

“Rehabilitation programmes should just be extended to DCS. Because somehow DCS is not doing things the right way. The way I see it they are influencing this place to do things the DCS way you know. They were supposed to bring those (DCS) here and learn from it. The DCS is supposed to be improving from it. The issue of personnel should not be an issue or excuse. How the one psychologist that is here is managing to deal with 3024 offenders alone. The issue of personnel should not be an issue. They need to look at their conditions because even the staff they have keep on jumping ship, going to other departments. Maybe is the conditions or overcrowding. And that is where they are going to put us when we leave here. So what they did, the rehabilitation with us, is going to go back to zero. Here no one is allowed to smoke next to you and there people will be smoking next to you. Here we were taught to understand the feelings of others, also understand your own feelings and know what your feelings mean to you and be able to live with other people”.

(Participant 4, KSCC)

Participants indicated that if the psychological programmes are infused into the school curriculum in order to equip children with knowledge they would help them deal with the drug abuse issue that the country is facing now. Some participants indicated that

these psychological programmes should be taught from an early age not when people have already committed crimes. Some participants felt that parents should also take a responsibility of familiarising their children with prison life so they can be spared from such kind of life. This is what one participants said:

“They must be offered in schools. Parents should take their kids sometimes to prison, and familiarize them with how prison life is all about. We are going to tell them that crime does not pay. Look at where we are now. If kids are using drugs and alcohol, it’s easier for you to commit crime. So if kids are taught from the younger age they will understand and they will benefit. Especially at primary school not secondary school because those ones won’t be easy to change
(Participant 1, KSCC)

The study found out that offenders reported that the psychological programmes should be infused into the school curriculum in order for reduce offending among community members. When school children are taught about how the programmes operate, a lot of people will never offend or commit crimes. If school children are taught about bullying, drug abuse, gambling and violence, most of the offenders would not be held in incarceration centres. A lot of people would be saved from crime and offending behaviour. However, no literature was found which supports the above findings.

4.7.5 Theme 5: Active involvement of offenders in psychological programmes

The correctional service was blamed for rendering services that were designed for literate people instead of also rendering services that would serve both literate and illiterate offenders. The study findings revealed that psychological programmes should be designed in such a way that even offenders who do not have educational backgrounds are catered for in the services in order to improve and enhance rehabilitation. Moreover, participants stated that they need to be actively involved in designing the psychological programmes since they are the recipients of the services. They said they do not want to be passive recipients of the services but should be actively involved in the whole rehabilitation programmes from the point of design. This theme generated two sub-themes:

Sub-theme 1: Psychological programme should not target only literate offenders

The psychological programmes that were rendered during the course of the study were only meant for offenders who are literate. Some participants indicated that they were just passive recipients of the programmes. They indicated that they needed to be part of the “need analysis” for the whole rehabilitation programme. Thus, some participants stated that the whole effectiveness of the psychological programmes is compromised since offenders were not part of the designing of the rehabilitation programmes. The following extracts indicate their concern:

“At the same time I also think more can be done to rehabilitate offenders to avoid rehabilitation programmes. They are not actively involved in the whole thing you know. And from my own perspective, eeh, most of them programmes have been designed by people from your position, professionals you know. They have not really experienced the things that they are trying to address. If they can have a meeting kind of thing with offenders who want to take responsibility for their action and rehabilitation because they realized that it will come back to them, to rehabilitate themselves. Then I think it might come a bit more effective. If you just sit throughout the whole thing and you get your certificate so you can be released. By the way you get released to the very same community with sub-cultural, peer pressure, negative influences. So it’s sort of like kills off the whole effort that has been invested in the whole rehabilitation, it’s just my view. I think more could be done, that’s my view, yay a. it is just that different facilitators have different approach. (Participant 10, KSCC)

Participant 10 further indicated that manuals are in English only making it difficult for illiterate offenders to read and understand the main concepts of rehabilitation. This is what he said:

“...from my view, the manuals themselves, they have been done in English. Eeh, some of the offenders are still illiterate. Some of the concepts, eeh ... it also places a question mark on the effectiveness eeh of the concepts you

know whether they understand them or not you know ...” (Participant 10, KSCC)

Another participant added that programmes were only designed for educated offenders only. Offenders who did not have any formal education could not be enrolled in any of the psychological programmes due to the fact that they would not comprehend the given information. Participant 10 stated:

“I did stress management. And also though stress management is not that broad but ... you know the problem that I have realized is that the programmes are structured for people who are learned. So someone who does not have any formal education cannot fully understand what the programmes are all about. So for me ... like I said I did stress management, I would go to the library and read what this stress management is all about. So I I I ... manage to get information about what stress management is. So when I was doing the programmes it was getting easier for me, whatever I learnt in class I would go to the library after class to find out what are they talking about. (silent) so after experiencing this kind of ... should I say tragedies, (silent) it was hard especially after my wife passed on, it was hard (said this with a said face, looking down). I even requested counselling because I could not handle it (with a smirk)” (Participant 2, KSCC)

Some participants had different views to the programmes. The study found out that there was a time where programmes were offered to everyone, but now the correctional centre is only offering the psychological programmes to offenders who have at least ABET qualifications and who can read. One participant pointed out:

“All the programmes, by the time I arrived here, they were offered to everyone but now the programmes are offered to offenders who have ABET level 4. Because at least they can read, they can use the library and they can understand some of the terms that are used there” (Participant 1, KSCC).

On the other hand, another participant indicated that illiterate offenders should be enrolled on the psychological programmes because that would encourage and motivate them to acquire basic or formal education. The study also found out that most

of the offenders do not have basic education and they found it difficult to comprehend any given psychological services. This is was captured by one participant who said:

“No, those offenders are grouped together and do group therapy. They use these programmes to encourage offenders to go back to school register for ABET that will enable them to read and write. After they have completed their ABET, is then that they can be enrolled in the psychological programmes because they are facilitated in English. But when you arrive in prison they give you a sentence plan. Say for instance you have been convicted for rape, so your sentence plan will recommend that you do a programme that is related to your crime such a sexual offence in addition to other programmes that you would have done. If you committed murder then it means you must also do mind renewal. Personally what I have seen since I have been here, I think they do work. People who were here left this place changed people”. (Participant 4, KSCC)

The study discovered that most offenders felt programmes should be for everyone and should be streamlined with ABET in order for offenders to be rehabilitated once released from the centre. Some participants confirmed that most crimes are committed by people who are not educated. Thus, the participants felt that all psychological programmes should be simplified in order to accommodate all offenders in the correctional centre. Below is what one participant said:

“Offenders need to attend these programmes coupled with school because once they are released from these premises they will still lack skills that are needed out there. If they don’t have qualifications, the chances of them relapsing is very high. They won’t be employable. If there have something tangible they will have something that can bring bread back at home. Most crimes are committed by people who are not educated. They are so reckless. And they don’t care because they engage themselves in things like drugs” (Participant 7, KSCC)

Furthermore, the study also revealed that some participants were in agreement that the psychological programmes be offered as part of the educational curriculum as well as rehabilitation. They indicated that it is not very helpful to enrol people who cannot

read into psychological programmes. Therefore, programmes should be offered as part of the education curriculum at the correctional centre. The following statement demonstrates some of the participants' concerns:

“Yes, I also raised this issue in one of our workshops. I said why can't these programmes be offered as part of the education curriculum and rehabilitation as well because if a person is going to class, why can't you start offering those psychological programmes especially to people who are learning to read and write. They must know what is stress? What is anger management? What is emotional intelligence? You know things like that so that when they are progressing with their classes those psychological programmes are also developing in their minds because for someone who is doing 4 life sentences to only do a psychological programme for three months, what about the rest of the years that he will be inside? So time elapses, memory again decay information but it's not up to us, we are just facilitators”. (Participant 2, KSCC)

Furthermore, the participants indicated that no one should be left un-rehabilitated due to the fact that they are not educated. They indicated that policies concerning the enrolling of offenders to the psychological programmes should be changed in order to accommodate all offenders. Recidivism was pointed as one of the main common factor why offenders come back to the centre and this is because offenders left the centre without being rehabilitated. Recidivism will remain high if policies are not changed. The following extract shows one of the participants' view:

“All of us we are the same, we are offenders and we can be able to relate much better. You know there is this common denominator, unlike if it's facilitated by somebody else. I think there is so much that a facilitator can do to help rehabilitate offenders. Either there needs to be some paradigm shift as far as policies are concerned. Or just adding a different kind of dimension to this rehabilitation thing. Because if they don't do something, the way I see it, recidivism is just going to continue. And the fact that almost 90% are re-offending so it puts a question mark on that are they really beyond rehabilitation or is there something that rehabilitation is not addressing? So that question should be looked at more closely not only from the professional kind of view but

also try to get offenders on board you know. So they can customize these things according to the experiences the offenders are bring to the table". (Participant 10, KSCC)

The study found out that psychological programmes that were offered at the KSCC were only targeting offenders who were able to read and write. Illiterate offenders were excluded from the psychological programmes because the programmes were only structured in such a way that only offenders who are able to read and write comprehend the information given during sessions. The study results were consistent with those by Mohammed, Azlinda and Mohamed (2015). They reported that inmates who had enrolled in most of the educational programmes had lower recidivism rates than those who did not attend. Inmates need education programmes that not only teach them to read and write but also which provides them with the necessary skills that promote a positive transition to society when they are released. The study discovered that most offenders who were illiterate were excluded from the psychological programmes in order to encourage them to enroll for basic education to capacitate them with basic skills before they could be enrolled in psychological programmes. The findings were consistent with previous research which indicated that efforts in this direction would help promote better participation of inmates in all prison education programmes and will go along way to help the prisoner rehabilitation processes (Lois, 2013; Salekin & Dullard, 2010).

This is further supported by research which indicate that while low educational standards are of great concern what is particularly worrying is the fact that many offenders lack even the basic fundamentals of education such as literacy skills. Moreover, the study revealed that offenders who participate in these programmes have better chances to function once released from the correctional centre and have a lower risk of recidivism. The study results were consistent with those of previous studies which indicated that offenders who participate in vocational training and education have lower recidivism rates than offenders who do not participate. Some studies show that offenders who participated in prison education programme had recidivism rate at four percent. This is contrast to 65 percent recidivism rate for those who did not participate in prison education programmes. Offenders benefit from

training and education from improvement in cognitive functioning and job prospects (Mohammed & Mohamed, 2014).

4.8 OBJECTIVE FIVE: TO DESCRIBE THE COPING STRATEGIES USED BY OFFENDERS WHILE INCARCERATED IN CORRECTIONAL SERVICE

4.8.1 Theme 1: Utilization of the support from family members and knowledge from the psychological programme and self-generated activities to keep the mind active

The study findings revealed that incarcerated offenders used different coping mechanism. Most of the offenders reported to have made use of family support as a way of coping and surviving inside the correctional centre. However, some indicated that going back to school to further their studies was a way to keep them sane and it gave them hope even though some were serving more than one life sentences. The theme generated three sub-themes:

Sub-theme 1: Keeping of the memories of the family visits

Keeping the memories of family members and family visits were discovered to have helped a lot of incarcerated offenders to cope with their situation. The correctional centre could be a very difficult place to be in. The study discovered that family support was a powerful coping device most offenders utilised. When interviewed, offenders spoke about looking forward to their release to be with their families and how they still remember their family members. The following extracts capture their views:

“it’s not good at all. On the 21st my first born was birthdaying. I bought her a laptop. She is in matric now. Tall like me (smiling). I try by all means to speak to them to go to school, don’t engage in relationships”. (Participant 17, KSCC)

“She was my split imagine (his face glows when he told about his daughter). The way you see me you see her”. (Participant 2, KSCC)

The study also revealed that family members had to travel a lot of kilometres to come and visit offenders. Offenders raised an important concern that correctional centres highlighted that they should have family relations. However, if they are taken far away

from their family members then their coping mechanism is compromised. This is what one participant said:

“They don’t transfer people. Being away from a family for 5 or 6 years, not everybody is fortunate enough to have his family come and visit. And Correctional Services are always emphasizing that family relations it’s a must. But they are the one who take you away from your family. My people have to travel 450ks to come and see me. And the costs for my family to come here, stretches over R13 000.00. So imagine, I could have used that money to acquire a degree or something. They don’t understand the cost implications. If you have done 5 years and then they should send you back where you come from. Why send me to Matatshe, its more 100 ks more. Who would spend R13 000.00 to see a person for 35 minutes, I mean really. It’s not all bad but they are bad elements that needs to be corrected”. (Participant 14, KSCC)

Moreover, some offenders were looking forward to spending time with their children once released. The following extract put the issue of looking forward to spending time with the children into perspective:

“Nothing beats telling the truth. I’m not going to have time. I will be taking care of my kids (his face lights up when talking about his children). I had kids when I was still young, one thing about prison it teaches you to look at things in a different way”. (Participant 15, KSCC)

The study found out that family support was highlighted as one of the coping strategies used by offenders during incarceration. Participants indicated that family visits during their stay in the correctional centre was vital and since it gave them hope. The study findings were consistent with those by Fournelle & Hofferber (2008) who reported that family support had a significant effect on incarcerated inmates. Moreover, family support for incarcerated individuals was an important issue that receives a lot of consideration from offenders for combating recidivism rates. The study found out that offenders were looking forward to spending their time after release with their children. Most offenders smiled when they spoke about their children. This helps them cope with long prison sentences and gave them hope to look forward to their release after completing their sentences. These findings are supported by a studies which report that maintaining family contact during incarceration can be beneficial to both children

and their parents, through personal visits which is very important for their well-being and increases the likelihood of successful reunification after release (Turney, 2016). Some offenders indicated that they were looking forward to seeing their children after being released.

Sub-theme 2: Participation in school activities

Most offenders were eager to further their studies in order to equip themselves with necessary skills that will make them marketable after release. The majority of the participants indicated that they were furthering their studies with UNISA. When some of the offenders were interviewed, they indicated that education was the only thing that keeps them sane in the prison environment because the place has a potential of making one “crazy”. Some indicated that they became religious converts and this helped them cope with their incarceration. The following sentiments express their views:

“But this place is incapacitating in so many ways. Eeeh, education is important in keeping you sane. Because if you are not being educated and you can’t make sense of things, then you are more like to subject yourself to prison life, just going to distract your mind even more. You won’t have any hope so to speak. Ya, education is important that’s what works for me, trying to keep myself sane because this place has the potential to make you go crazy you know ... I’m doing a law degree with UNISA. This is my third year”. (Participant 10, KSCC)

“Now we are ok. You know the type of people we were the time we were sentenced; this interview would not take place. You would not even talk to me since you are an outsider like you. Coming here it changed us. Just like we feel like changing other people as well. Like in my case, when I came here I had matric certificate only but now I’m a Masters student with UNISA. Ya after coming here, I started studying. Did my junior degree here, completed my honors. These programmes worked”. (Participant 4, KSCC)

“I got born again here. I do preach to other offenders while I’m here. Like now I’m studying safety management with UNISA. I’m left with one module. Even if

I'm released, I will have something. The vocational training, I've got welding, and I'm very much equipped". (Participant 7, KSCC)

Some point out that they prefer to stay alone and study so they do not engage themselves into "prison life". This is what two participants said:

"I prefer to stay alone because I read a lot". (Participant 3, KSCC)

"I keep myself busy with reading, as I said earlier that I don't want to engage myself with a lot of people. So I avoid that by reading?". (Participant 14, KSCC)

The study found out that the only way to cope for some of the offenders was through studying. They indicated that the only way to make sense out of things during incarceration was furthering their studies in order to keep themselves busy. Most offenders indicated that furthering their studies through higher institutions gave them self-respect and hope for the future after release. The findings were consistent with a study by Hawley, Murphy and Soute-Otero (2013) who concurred that whilst in prison, education can provide a source of hope and aspirations for the future, as well as a purposeful way of utilising the prisoner's sentence. These findings were also similar to those by The Guardian (2011) which indicated that like many students, Malcolm Sang, who is working towards a law degree, spends hours poring over his books. But when it comes to some aspects of his studies, the reality of what he is working on is very close to home because he is in jail, serving a life sentence for murder. Offenders who were serving life sentences channeled their energy and frustrations to furthering their studies.

Sub-theme 3: Ignoring negative precipitating factors from other offenders

Ignoring other offenders while inside the cells was regarded as one of the coping mechanism. Participants stated that they were not interested in fights or any other conflict stirred by other offenders in order to avoid conflict and clashes inside the cells. This helped them successfully cope with incarceration since they rarely engage in such conflicts. The following statements capture their sentiments:

"You know me, I have been here for some time, I have been facilitating. I have my own way of dealing with things. I just ignore so I can have peace. If you entertain your anger, you will end up fighting and end up in segregation for 40

days, alone. Where there are human beings conflict will always arise”.
(Participant 12, KSCC)

Furthermore, some offenders regarded conflicts and fights as an indication of lack of wisdom on the part of the offenders and behaviour that should be avoided in order to cope and achieve tolerance. This was confirmed by one participant who said:

“But now since I was re-arrested and started taking these programmes seriously, now I just ignore such instances. I just tell myself maybe they are laughing at something they just saw on TV. If they are laughing at something that need me, it means they will tell me, I no longer have a problem. I cannot be angry at them. I remember the other time we were told by another facilitator at blue prison, saying that here in prison we like to intimidate each other. Sometimes you will find yourself doing something right and someone tells you what you are doing is stupidity, only to find that that person is talking from a perspective of gangster. Because if you are not a gang member they believe you are stupid. And they are the ones who are stupid”. (Participant 5, KSCC)

Avoiding conflict during incarceration was used by most of the offenders to cope with “prison life”. Prison inmates have a tendency of each. The study further found out that in order for prison inmates to cope during conflicts and violent environment is through ignoring all such situations. The findings were consistent with those by Sibley and Hoven (2008) which indicated that staying safe and avoiding trouble in the dormitory requires sending the right signals to others. Moreover, inmates suggest that it is important to create a personal space, making use of minimum artefacts and ignoring negative behaviour from other offenders. Offenders create their own personal space during incarceration in order to avoid conflict.

SECTION B: PRESENTATION OF RESULTS FROM THE PSYCHOLOGIST

4.9 OBJECTIVE SIX: TO ASSESS THE EFFECTIVENESS OF PSYCHOLOGICAL SERVICES PROVIDED TO OFFENDERS IN LONG-TERM INCARCERATION.

Table 4.3: Summary of qualitative results from the psychologist

OBJECTIVE	THEMES	SUB-THEMES
To assess the effectiveness of psychological services provided to offenders in long-term incarceration	<ul style="list-style-type: none"> • Benefits of psychological programmes 	<ul style="list-style-type: none"> • Ability to understand oneself • Ability to understand the behaviour of others. • Provides healing for the offenders and the family members
	<ul style="list-style-type: none"> • Factors affecting the effectiveness of psychological programmes 	<ul style="list-style-type: none"> • Lack of continuation of psychological programmes • Shortage of mental health professionals • Timely response from psychologist to visit prisoners • Unavailability of psychological programmes in correctional centres
	<ul style="list-style-type: none"> • Sustaining the effect of psychological programmes among offenders 	<ul style="list-style-type: none"> • Prevention of idleness of prisoners will prevent relapse • Organizations of follow-up sessions. • Inclusion of psychological programmes in school curriculums • Prevention of stigmatization from community members

4.9.1 Theme 1: Benefits of psychological programmes

The psychological programmes have been viewed as a way of helping offenders cope with their sentences. They have been regarded as very effective to offenders who attend the psychological programmes and complete the course. The effectiveness of the psychological programmes helped a lot of offenders change their behaviour and their relations towards other people. There were fourteen psychological programmes offered to offenders during the time of data collections. The study generated three sub-themes.

Sub-theme 1: Ability to understand oneself

The study findings revealed that all the psychological programmes were found to be equally important since offenders were presented with a case summary that is conscripted when one was sentenced. The study discovered that one of the advantages of the psychological programmes was for one to fully understand oneself and also be able to reflect back on what he has done and try to mirror on people he had offended. When offenders enrol in the programmes, they are given a chance to introspect on their own deeds and their own thoughts. The programmes make one to have an ability to understand oneself since offenders have different personalities. The following extract demonstrates one of the *advantages of enrolling in psychological programmes*:

“Ok, according to my own understanding and knowledge and training, all the psychological interventions are all equally important. And it depends also on person individual because we deal with different personalities. Some they relate well to educational programmes; they can relate well to that. They can express their emotions and how they feel through the educational programmes ... But if you go through all these interventions sometimes people can be able to fill in the gaps and start to behave differently, start to face the challenges they have been facing all along, they start to express how they feel, and also to start thinking rationally about life. Because all these are people skills because if you don’t have people skills you are nothing no matter how you try. If you don’t have people skills you won’t understand yourself”. (Participant 1, KSCC)

The one mental health professional who was interviewed indicated that being in psychological programmes, offenders were able to gain understanding of their own behaviour and should be corrected from their behaviour. Without these programmes, most of the offenders would not understand themselves and would find it hard to forgive themselves for the crimes they have committed and would be left traumatised by their crimes. While they attend these programmes to full completion, their attendance increase their capability to change to be better people even during their incarceration. The findings were consistent with those of Saralah, Madya, and Noor (2014) who revealed that the intervention was effective in increasing the level of ability to change. The study further revealed that offenders who were attending the programmes had changed from negative to positive thinking. The CBT argues that deviant behaviour correction entails behavioural change. Furthermore, Foster, et al, (2004) found out that improved mental health services among offenders increased their level of understanding and reduced juvenile delinquency outcomes. These findings were further corroborated by Mak and Chan (2017) who indicated that receiving both CBT and PPI treatment yielded significantly more improvement than either intervention alone in reducing depressive thoughts and enhancing global judgement of life satisfaction, self-perceived strengths and hopeful thinking style. There are consistent findings from research that indicate that structured programmes which adhere to the risk, need and responsivity principles (RNR) produce the greatest benefits in reduced reoffending (Harvey & Smedley, 2012). The programmes had an effect of reducing re-offending among offenders who were actively and continuously attending the psychological programmes.

Sub-theme 2: Ability to understand the behaviour of others

Furthermore, the effectiveness of the programmes were structured in such a way that the offenders were able to gain the ability to understand their own behaviour and the behaviour of others as well. With the trauma and psychological challenges offenders faced, the programmes were designed with elements that equip them with skills that will help them understand the behaviour of other offenders since they had different cultural backgrounds and different personalities. Participants reported that once the offenders start enrolling in these programmes, they have a better knowledge and understanding

about how they should behave around other people and how people behave in a certain situations. The following statement captures the psychologist's view:

“But if you go through all these interventions sometimes people can be able to fill in the gaps and start to behave differently, start to face the challenges they have been facing all along, they start to express how they feel, and also to start thinking rationally about life. Because all these are people skills because if you don't have people skills you are nothing no matter how you try. If you don't have people skills you won't understand yourself. You even understand the behaviour of other people”. (Participant 1, KSCC)

The psychological programmes equip offenders with people skills which help them to better understand other people. In order to understand the behaviour of others and fellow inmates, offenders who attended psychological programmes were seen to be very accommodative to other people around them. If offenders are deprived of these psychological programmes, they would not understand their behaviour and that of fellow inmates. Who (2001) indicated that addressing mental health needs will improve the health and quality of life of both prisoners and the prison population as a whole. There is a need for all offenders to enroll for these programmes in correctional settings. Behavioural change starts from within self and then projected to the people around you. When offenders lack compassion within themselves, they would not be able to develop behavioural change when interacting with others. The study found that these programmes help offenders deal with their issues well. This later helps them relate well with other people and understand their behaviour even better. The study findings were consistent with those of Wood, Hassan and Breslin (2017) who indicated that increased psychological well-being enabled the development of new and improved ways of communicating with other people.

Sub-theme 3: Provides healing for the offenders and the family members

The findings of the study indicated that the psychological programmes aid in providing healing for the offenders and the family members. It was discovered that when family relations were not cared for by both the offenders and family members, the offenders start

harassing and victimising other offenders because they lack family support. Moreover, family relations are not maintained for some offenders due to distance, financial constraints and families who were offended. When family relations are not maintained, some offenders will never be able to find healing and hope. The following statement expresses the psychologist's view on offenders and their family relations:

“We do have offenders coming from Cape Town, KZN, and families become a challenge for them to come visit them because of financial issues. Some cannot afford to put a meal in the table for their families. What more now if they were to board a bus, take a train or taxi to come here. They don't have to come here with nothing, they also have to come and enjoy with the person they are coming to see. Like family days, we give them a chance that they should socialize and bond with their loved ones and catch up you know. So if the family does not come because of money it becomes frustrating to offenders. And it's where now they start to bullying other offenders. (Participant 1, KSCC)

The study further discovered that family relations are stifled when offenders are taken away from their families. However, when offenders are receiving psychological services at the correctional centre, they were able to cope with prison frustration and find healing for their situation. The development of social skills and the forging of better relationships through psychological programmes were described as key to improving psychological well-being. The opportunities for new or improved relationships existed between offenders, prison staff and prisoners, external facilitators and the community. These findings reflect and extend the views of prisoners reporting improved relationships and communication skills through programmes within prison (Meek & Lewis, 2014; Gallant et al., 2014; Dubberley et al., 2011; Leberman, 2007) Most offenders were reported to have found healing through psychological programmes and were able to relate much better with their families during incarceration.

4.9.2 Theme 2: Factors affecting the effectiveness of psychological programmes

There were factors that were reported that were affecting the effectiveness of the psychological service in the correctional centre. Most of the hindrances were highlighted

that affected the delivering of effective psychological services among offenders. The implementation of the psychological services was compromised by barriers and challenges that are faced by correctional centres. The following sub-themes emerged from the study that highlighted factors that affected the effectiveness of psychological programmes:

Sub-Theme 1: Lack of continuation of psychological programmes

The study further discovered that the lack of continuation of psychological programmes due to offenders being transferred from one correctional centre to another affects the effectiveness of the delivery of the programmes among offenders. When offenders were transferred to another centre from KSCC, there might be interruptions in the effective delivery of psychological programmes. Some offenders do not finish the session plans that were draw up for them because of these transfers. Furthermore, the study also found out that a lack of continuous active participation of offenders in psychological programmes tend to jeopardise its effectiveness. When offenders discontinue with the programmes, their usefulness is compromised. About this matter, the psychologist said:

“And then you design a programme that will run for 6 to 7 sessions with the offender. But sometimes you cannot finish individual sessions due to transfers because they move around a lot. You find they are transferred from this prison to another prison. For instance, they might be taken to Matatshe prison only to find that there is no psychologists there. The offender now is stuck and does not know how to move on. There may also be offenders who stop attending the programmes due to lack of interest or whatever reason known to them”. (Participant 1, KSCC)

The effectiveness of psychological programmes in correctional settings was vulnerable due to the fact that most of the offenders who were attending the programmes were transferred to other correctional centres. Some of the correctional centres where the offenders were transferred to had no clinical psychologist and any other mental health professional to help continue with these programmes. Once the effectiveness of the programmes are conceded offenders are bound to deteriorate. Offenders who are transferred are affected by the Department of Correctional Centres policies which

stipulate that offenders who are no longer in maximum should be transferred to medium correctional centres. As a result, rehabilitation of offenders is endangered. The CBT emphasises on the reinforcement of psychological services among offenders. The offenders learn from duplicating the behaviour they observe from others. The study findings were consistent with those by Phillips (2008) who stated that the reasons for failing to continue treatment among preexisting cases primarily involved structural barriers to treatment, while reasons for failing to seek treatment among new cases primarily involved low perceived need for treatment. Furthermore, the study discovered that some offenders discontinue with these programmes due to reasons known to them, without the completion of the full programme. These findings are supported by Siedler (2014) who indicated that treatment is a challenging process for offenders and can take up to two years to complete. Therefore, not everyone gets through the treatment. However, Blitz, Wolff and Paap (2006) argue that prison did not disrupt the type of behavioural health treatment that inmates had previously received. Ex-offenders who re-enter programmes were followed up by their mental health professionals in order for them to have access and adhere to mental health services during their release from the correctional centre.

Sub-Theme 2: Shortage of mental health professionals

One of the major challenge that was discovered was the shortage of psychologists in correctional centres. The centres were reported to have at least one psychologists for more than 3000 offenders per centre. These shortages affect the delivery of effective psychological services within correctional centres. The study reported that the correctional centres have good mental health intervention in place but do not have adequate mental health professionals. This is what one psychologist said:

“We need to have after care session like I’m saying but like I indicated we have challenges in terms of professionals. You find that we don’t have enough social workers in the facility, we don’t have even a single psychologist in that facility. So to take it to the next level it’s a challenge because we don’t have somebody that will hold them by the hand you know. You end up here and no one to say let’s move on up until they close the chapter. So that’s a big challenge that we are having because with all this good intervention, with all these good programmes but

at the end of the day if we don't have a person who nurture it further it comes back it zero because what we have started has been lost along the line. It goes back to zero. (Participant 1, KSCC)

The study found out that there was lack of mental health professionals in both correctional centres. At the TCC offenders went for months without seeing any psychologist. The shortage of professionals makes it difficult for psychological intervention to be implemented and executed. Human resources for mental health in countries of low and middle income show a serious shortfall that is likely to grow unless effective steps are taken (Hoeft, 2018; Costa 2016; Chan et al, 2016; Kakuma 2011). Furthermore, Mendenhall (2014) says that there should be an increased number of mental health professionals and better access to medications. The shortage of mental health professionals calls for an immediate attention by the Department of Correctional Services before it becomes uncontrollable. Eaton et al (2011) stated that the large number of programmes identified suggested that successful strategies can be adopted to overcome barriers to scaling up, such as the low priority accorded to mental health, scarcity of human and financial resources, and difficulties in changing poorly organised services. Moreover, Acharya et al (2016) also concur with the findings of the study when they say most people with mental illness go untreated largely because of a severe shortage of mental health professionals.

Sub-Theme 3: Timely response from psychologists in correctional centres

The study further revealed there was a set time within which a psychologist had to attend to in case he or she had a request from offenders. It was indicated that the psychologist was given at least seven days to attend to the offenders who need attention at that particular time. The seven-day period should not lapse without attending to the offenders:

"We have a dead line of seven days. If I receive an inmate request today, within seven days you should have already consulted with the inmate. It should not exceed 7 days". (Participant 1, KSCC)

However, offenders in TCC reported that they had been waiting to see a psychologist for over a year. There is clearly a substantial gap between the implementation of

psychological services within the centre. Bulman (2017) also states that children in custody face a “significant shortfall” in mental health provision, with some given no access to psychology services and having to wait more than half a year for treatment. However, it was noted that KSCC prioritised their offenders by attending to calls within seven days.

Sub-Theme 3: Lack of psychological services at correctional centres

Furthermore, another factor that was discovered affecting the effectiveness of psychological interventions was the unavailability of psychological programmes in correctional centres. It was stated that offenders who were in the process of being rehabilitated were affected by lack of programmes in some of the DCS centres when they were transferred from KSCC. The following statement confirms what the psychologists indicated:

“This is not a prison, this is a correctional facility. Where we try to help offenders where they are lacking in order for them to go back in fit in a society or accepted by the society. But let’s say we have 20 offenders moving from this facility to the next facility, where we don’t have professionals that can take where we started to cascade it further, the possibility of those people that we thought we cleansed, they can relapse. Remember in the correctional centre, offenders come from different places with different cultures, different norms and values and the gangsterism that is happening in prison, they will go back to their ways if they are not actively participating in any programme”. (Participant 1, KSCC)

The study findings indicate that some of the correctional centres did not have psychological services. Due to lack of psychological services, offenders who have been attending the services at the KSCC could have a relapse. Offenders have a right to access psychological services. The findings were consistent with those by Byng (2012) who stated that mental health services should be accessible to prisoners, appropriate to their needs, as are available to the general population. This is supported by a study which indicated that effective programmes reduce recidivism rates by up to 25% (Lipsey, 1995; Lösel, 1995). Furthermore, research indicates that access to psychological services by incarcerated inmates reduces recidivism. Keyes (1996) found that behavioural programs

were more effective than non-behavioural programs in reducing misconduct, and that higher quality studies and younger sample populations produced larger effects sizes. French & Gendreau, (2006) and Morgan & Flora (2002) did not produce a separate effect size for prison misconducts but also found that behavioural approaches were most effective. Moreover, other research concluded that there is evidence that individual trauma-focused psychological intervention delivered alongside SUD intervention can reduce PTSD severity and drug or alcohol use (Neil et al 2015). Thus, failure to access psychological services by offenders make them more vulnerable to mental health frustrations and tend to develop mental health illness in the long run. Offenders are left unfulfilled when deprived of mental health service at the correctional centres. When mental health services are not implemented, then their effectiveness will never be seen. Thus, scaling up of psychological services in correctional services is an urgent matter which will give faith to the offenders who have lost hope.

4.9.3 Theme 3: Sustaining the effect of psychological programmes in offenders

The study discovered that the sustainability of psychological services among offenders was difficult since there were a lot of offenders that were transferred from one centre to another centre. The effectiveness of the psychological programmes were compromised or affected by this movement offenders. The study revealed that prevention of idleness among offenders was very difficult and had a potential of causing a relapse. This theme generated four sub-themes.

Sub-Theme 1: Keeping prisoners occupied will prevent relapse

The offender's inactivity in the psychological programmes affects the effective sustainability of correctional centres. Participants indicated that when offenders regress from attending the programmes, it affects the whole implementation process. The interviewed psychologist pointed out that offenders' inactivity affects the sustainability of psychological services. The following extract captures her views:

“Once an individual regresses in one stage, he messes up the whole thing. Sometimes you find that there are challenges they encounter in prison “(Participant 1, KSCC)

The study findings were consistent with those by Saraceno (2007) who indicated that offenders tend to relapse when they are inactive regarding the psychological services at the correctional centre. When they are no activities offenders tend to relapse. The centralisation of resources must be overcome in order to address issue of idleness especially in many mental health professionals. Mental health investments in primary care are important but are unlikely to be sustained unless they are preceded or accompanied by the development of community mental health services to allow for training, supervision, and continuous support for offenders. Moreover, half of all inmates with a known mental health need had at least one interruption in care (Chase, 2018; Roberst, 2017)

Sub-Theme 2: Organizations of follow-up sessions

Furthermore, a collaboration between organizations and institutions on follow-up sessions among offenders who were moved from one centre to the next is needed in order to look at the holistic approach of a human being. The study further indicated that offenders were going to behave differently if they were given a chance to attend all the sessions that were designed for them. Incorporation of psychological programmes with different institutions were reported to be very crucial for offenders' well-being and for sustainability of such services. The psychologist stated:

“So it is very important to incorporate all the psychological programmes because we don't look at one problem as the entity. We look at the holistic approach because we deal with the human being as a whole. So all these programmes I think for me is very imperative for the government, for different institutions private entities should also buy in in terms of tapping in in all these programmes because they make who the human being is. Without these programmes sometimes there is a missing link in a human being. But if you go through all these interventions sometimes people can be able to fill in the gaps and start to behave differently, start to face the challenges they have been facing all along, they start to express how they feel, and also to start thinking rationally about life”. (Participant 1, KSCC)

The findings of the study were consistent with those by Mendenhall (2014) who found out that ongoing structured supportive mental health services were adequate for the

offenders' well-being. Furthermore, Zeola, Guina & Nahhas (2017); Morgan, et al (2012) and Wolff et al (2005) reported that follow up sessions for mental health is very essential to maintain and increase the effectiveness of the intervention in place.

Sub-Theme 3: Inclusion of psychological programmes in school curriculum

Moreover, inclusion of psychological programmes in school curriculums as well as communities, institutions and organizations was reported to be very vital for people to be capacitated about behavioural aspects in order to sustain the psychological services. The study revealed that psychologists should not be found at correctional centres only where people have already committed crimes but should be everywhere where people are living their daily lives in order to prevent people from committing crime. Some crimes were committed because of peer pressure, and others because of learned behaviour from one's surroundings. The following quotation captures the psychologist's views:

“Psychologists should not be housed in prisons only. I think the base should, the base of this should have psychologists from schools. Because some of the criminal offences are because of genetic, some are because of peer pressure, some are because of learned behaviour. They have to have psychologists in different organizations. They should have psychologists in companies and institutions. It's necessary for us to have psychologists in prisons. It should not focus on one department, if it's on one department it's not going to embrace everybody. If it's going to focus on one organization, one prison, you know, how about other structures who need the services of psychologists? Our communities should be more educated about what entails or what psychologists are doing and what is their scope of practice. What differences do they make in the community? They will add meaning into peoples' lives. It's only that most people especially in the rural areas they do not understand what is the role of the psychologist”. (Participant 1, KSCC)

The findings of the study were consistent with those by Elliot & Witt (2017) who indicated that schools provide an ideal setting for the delivery of psychological services. Schools are relatively predictable environment where children spend hours during formative years

interacting with significant adults and peers. Hanlon et al, (2014) also observes that community mental health literacy was low and an awareness of mental health services is a crucial matter. Coloney and Gutkin (2017) & Woods and Dennard (2017) agree that the role and significance of service delivery has received only scant attention in the school psychology literature. In addition, Kratochwill et al (2017) revealed that the effectiveness of school psychological services continues to be a major concern in the field of psychology and education. Determining which types of services and which service delivery models are most effective in our schools should be a major focus of future research.

Sub-Theme 4: Prevention of stigmatization from community members

Stigmatization from community members was reported to be one of the major aspects in offender recidivism. The study indicated that when ex-convicts were released from correctional centres and were not accepted by the community, they were bound to commit crimes again in order to go back to the correctional centre where they are accepted. Recidivism was reported to have a great impact on the sustainability of psychological services. The participant stated:

“You find now we have a challenge of recidivism, they come back to prison because now it’s a vicious circle. There is also another challenge you find that they leave this facility, some are lucky they get parole and they go back to the community but the community is not ready to accept them. They discriminate them, they don’t give them a second chance, they don’t employ them, and they don’t trust them. It’s a vicious cycle for an inmate to earn a living. He is not participating in anything. He is not part of the community. He is being seen as the “other individual”. Then he will start that game again of stealing, of robbing people and killing others and all sort of criminal activities in order to make amends of living”.

(Participant 1, KSCC)

Petersen (2011) advocates promoting mental health literacy; (v) adoption of a social inclusion and developmental model of disability in caring for people with chronic mental illness; and (vi) embracing a multisectoral community collaborative approach. WHO (2005) argues that prison mental health cannot be addressed in isolation from the health

of the general population since there is a constant inter-change between the prison and the broader community. Addressing the mental health needs of prisoners can decrease incidents of re-offending, reduce the number of people who return to prison. Prisoners and their families should receive information and education on mental health issues with a view of reducing stigma and discrimination. Information can help prisoners and their families better understand emotional responses to imprisonment and provide practical strategies on how to minimise the negative effects on their mental health. Baur 2017 and young 2015 observe that ex-offenders comprise a significant percentage of the labour force but frequently face stigmatization at work. Moore et al (2015) & Furst (2015) showed that perceived stigma predicted worse community adjustment through anticipated stigma.

4.10 SUMMARY

This chapter gave a presentation of the data collected and the discussion of the findings. All six objectives of the study were presented and discussed. Each objective presented its own themes and sub-themes. The next chapter present the concept identified and it is discussed in detailed.

CHAPTER FIVE

CONCEPT ANALYSIS

5.1 INTRODUCTION

Chapter four focused on the results, the interpretation thereof and an integrated discussion of the results which emanated from the semi-structured interviews conducted with offenders and unstructured interview conducted with one psychologist. The findings were discussed according to the themes and sub-themes which emerged from the data as well as an attempt to re-contextualize with the literature control. Concluding statements were formulated based on the horizontal themes which cut across the participant responses. This chapter presents the concept analysis of facilitation and its implications in psychology. Within the psychology community, the concept facilitation has become a widely used concept that is incorporated into the discussed mental healthcare systems. The focus of this chapter is concept identification. Concept identification includes the identification of main and related concepts (step 1), identifying all the uses of the concept (step 2), characteristics of the concept (step 3), identification of the model case (step 4), identification of contrary case (step 5) and antecedents and consequences (step 6).

5.2 CONCEPT ANALYSIS

A concept analysis is an exercise designed to make the researcher familiar with a concept. A concept is usually one or two words that convey meaning, understanding or feelings between or among individuals within a same discipline. Concept analysis is described by Waker and Avante (2005) as a process of operationalizing a phenomenon so that it can be useful for theory development and/or research measurement. According to Rodgers (1989), a concept is considered as an “abstraction that is expressed in some form”. In other words, the concepts are formed by identification of characteristics common to a class of objects or phenomena and the abstraction and clustering of these characteristics (Rodgers, 1989). Concepts are important in determining how to refer or discuss certain situations, events or phenomena and how the different category may be related to each other (Rodgers & Knafi, 1993). Significantly, concepts can be used to

characterise phenomena of interest, to describe situations and to communicate effectively (Rodgers & Knafelz, 1993). When concepts are clearly defined, it is possible to classify or characterise phenomena more adequately and in turn to evaluate the strengths and limitations of the concepts. The process of defining, evaluation and refinement of the concepts is important in the development of knowledge (Rodgers & Knafelz, 1993). This study made use of this process to identify the meaningfulness of the concept “facilitation”. The objective of analysing and clarifying the concept in this study was done so that it would be possible to develop a model to facilitate effective psychological services among offenders in Vhembe District, Limpopo Province. The method of Walker and Avant (1995) was used as the framework for the concept analysis. The method presented in this study includes the following steps:

- (a) Select a concept,
- (b) Definition of the concept,
- (c) Identify all uses of the concept,
- (d) Determine the defining attributes,
- (e) Identify a model case,
- (f) Identify additional cases,
- (g) Identify antecedents and consequences, and
- (h) Define empirical referents

5.2.1 Step 1- Identification of the main concept

The identification of concepts was guided by the purpose of the study and also expressed the values related to the purpose (Chinn & Kramer, 2004). Guided by the purpose of the study, concepts were identified by the ‘searching out’ of words and groups of words that represent the phenomena and their related actions (Chinn & Kramer, 2004) in the seven concluding statements. The central theme and main concept that will be discussed here is “facilitation” of effective psychological services among offenders in long term incarceration. Facilitation these days is one of those trendy words that is vague enough

to be able to cover almost anything. Quite simply, a facilitator's job is to make it easier for the group to do its work. By providing non-directive leadership, the facilitator helps the group arrive at the decisions that are its task. The role is one of assistance and guidance not control. Facilitation approach is appropriate when the organization is concerned not only with the decision that is made, but also with the way the decision is made. *Facilitation* refers to the repeated passage of an excitation along the same pathway. This brings about a gradual and permanent decrease in resistance to this progression, and thus this channel develops into the preferred pathway for future excitations.

This term was used very early by Sigmund Freud (1888r, 1892g, 1893k). In the first article, Freud contrasts "facilitation and inhibition" to "reflex" and, in the two other articles, he separates "facilitation" and "inhibition" as the two modes of reflex transmission. The maximal usage of the term, as defined above, is found in Freud's 1895 "Project for a Scientific Psychology," with its neurological model of mental functioning.

Josef Breuer, in the *Studies on Hysteria* (1895), mentions the "attentional facilitation" invoked by Sigmund Exner (1894), who was dealing with the problem of energy and considered attentional facilitation to be pathological. In the "Project for a Scientific Psychology," Freud reworked the same notion differently to describe learning operations at the level of the "neurons" and the memory, which tends to establish a type of operations similar to those of the ψ system governed by the principle of inertia. In this text, facilitation is conceived as a sort of double of the process of cathexis, the other important element in the management of bound energy.

Subsequently, Freud all but abandoned the term *facilitation*, which he uses only three times in *The Interpretation of Dreams* (1900a), where he opposes it to "resistance," and a final time in "Beyond the Pleasure Principle" (1920g), where facilitation is defined as a "permanent trace of the excitation" (p. 26) obtained through a decrease in the resistance against the progression of excitation (Encyclopedia, 2017)

The concept facilitation is used in many different contexts. Importantly, it has been applied to human behaviour as well as sport activities. It is used to describe facilitating a certain process in helping or changing behaviour of others. When facilitation is used in psychology, it is often linked to stimulus and neurons in a human body to solicit responses. It is also used in sport context to characterize actions taking place in sport activities.

5.2.2 Step Two: Definition of the main concept facilitation

Each of the essential concepts of the main concept will be defined with reference to dictionary definitions and theoretical definitions (Chin & Kramer, 2008) and there after a “**facilitation**” of effective psychological services among offenders in long-term incarceration will be considered. Facilitation is a process in which the parties (usually a group), with the assistance of a neutral third party (the facilitator), identify problems to be solved, tasks to be accomplished or disputed issues to be resolved. Facilitation may conclude there, or it may continue to assist the parties to develop options, consider alternatives and endeavor to reach an agreement. The facilitator has no advisory or determinative role on the content of the matters discussed or the outcome of the process, but may advise on or determine the process of facilitation. **Facilitation is the art of facilitating, and when it comes to meetings and events** - it really relates to everything. Creative Contingencies facilitates meetings, events and information flows. The Cambridge Advance Learners Dictionary (2010) defines facilitation as “**to make possible or easier to help or to alleviate**”. The American Heritage Stedman’s medical Dictionary (2002) defines *facilitation* as **the enhancement or reinforcement of a reflex or other nerve activity by the arrival of other excitatory impulses at the reflex centre**”. The Collins English Dictionary (2010) defines facilitation as “**the act of assisting or making easier the progress or improvement of something**”.

On the other hand, The University of Johannesburg (2009) defines “facilitation” as a dynamic interactive process, through the creation of a positive environment and mobilization of resources, as well as the identification and bringing of obstacles in the promotion of health. This is associated with Pgggenpoel’s (1999) perspective that

facilitation is enabling or empowering, expansion, assistance and setting in motion in order to promote, maintain and repair wholeness of a person. Neil (2004) defines facilitation as helping a process along. The word derives from “facile” which is French for “easy”. To facilitate is literally to make something easier. Through facilitation, the instructor provides subtle boosts to help participants through a series of experiences which combine to create a desired effect. Facilitation does not mean solving a problem or doing it for someone. It means doing something that makes a process run a little better. When a situation is too difficult, a facilitator is there to help. Facilitation is everything that an instructor does, thus it includes intentional, unintentional, subtle and obvious behaviors. Facilitation is a collaborative process in which a neutral person seeks to assist a group of individuals or other parties to discuss constructively a number of complex, potentially controversial issues. The neutral person in a facilitation process (the “facilitator”) plays a less active role than a mediator and, unlike a mediator, does not see “resolution” of a conflict as a goal of his or her work.

5.2.3 Subject definition for the concept facilitation

The concept facilitation is also used across the disciplines and it is also important to understand how it is used in these disciplines.

- **Facilitation in Psychology**

Facilitation is defined as the change or difference in the strength of a stimulus which follows a potentially weaker stimulus at a neuron. These increases in strength are typically the result of environmental factors. Some stimuli in the human body are simply too weak to solicit a response. Facilitation is the process of increasing the severity of the stimuli in order to elicit a response (Psychology Dictionary, retrieved on the 10th March 2107).

- **Facilitation in business, organizational development**

In other contexts, “facilitation” refers to the process of designing and running a successful meeting. Facilitation concerns itself with all the tasks needed to run a productive and impartial meeting. It serves the needs of any group that is meeting with a common purpose, whether it be making a decision, solving a problem or simply exchanging ideas

and information (Heron, 1999). From these definitions, facilitation means providing a mutual understanding between groups of individuals in order to reach consensus in an effective meeting. This is related to the facilitation as defined in this study that offer similar explanations which tends to reach a certain communal understanding between two individuals.

- **Facilitation in Physiology**

Facilitation is defined as the lowering of resistance in a neural pathway to an impulse, resulting from previous or simultaneous stimulation (Oxford Dictionary, 2009; Collins Dictionary, 2012). A phenomenon that occurs when two or more neural impulses that alone are not enough to trigger a response in a neuron combine to trigger a potential action (Jackman & Regehr, 2017). From this definition, offenders should be assisted in lowering resistance from attending psychological services in correctional centres.

- **Facilitation in Medical Science**

Facilitation as a lowering of the threshold for reflex conduction along a particular neural pathway especially from repeated use of that pathway or an increasing of the ease or intensity of a response by repeated stimulation (Webster, 2010) Medical facilitators believe that communication is a basic principle in health care. It is most relevant in the clinical encounter between doctors and patients or any health care professional-client relationship. It is also at the core of the consumer's perception of the various health care systems. All encounters in health care need to be recognized as a communicative relationship (Gawande, 2002). Thus, Medical facilitation includes factual knowledge of communication and relationship signals (e.g. rank signals) and conceptual and cultural metaphors people live by. It allows for a process awareness and interpersonal understanding. It helps to tolerate the uncertainty and negotiate meaning with the client or patient.

- **Facilitation in Sociology**

Facilitation is a theory that helps to understand why people are motivated to do certain tasks and are less motivated for others. It is the idea that one will likely do better on a simple task when other people are watching you (Tolich, 2015). It is the tendency for people to perform differently when in the presence of others than when alone. Compared

to their performance when alone, when in the presence of others, they tend to perform better on simple or well-rehearsed tasks and worse on complex or new ones. Social facilitation has occasionally been attributed to the fact that certain people are more susceptible to social influence, with the argument that personality factors can make these people more aware of evaluation (Strauss, 2002). Studies on social facilitation concern the extent to which an individual's behaviour is affected by the real, imagined or implied presence of others.

- **Facilitation in Education**

In education, facilitation is defined as a process whereby a teacher leads a group of students in acquiring new skills, knowledge, or understanding (Hogan, 2002). Facilitation is further defined as to help the learner move forward, to manage a learner to focus on the education process in an outcome based education model. It can also mean assisting someone to make something easier. In this context, the 'something' done by others is learning, or more precisely, changing through and by learning. Facilitating learning groups, therefore, means enabling learning to occur in the individuals and the group. From this definition, those instilling knowledge and skills among offenders should be knowledgeable about the knowledge they are transferring to offenders.

5.2.4 Step Three: Identifying all uses of the concept

Defining attributes, similar to signs and symptoms, are critical characteristics that help to differentiate one concept from another related concept and clarify its meaning (Walker & Avant, 2005). Walker and Avant (1995) define attributes as a cluster of attributes most frequently associated with the concept from other similar or related to it. The defining attributes of facilitation explicit in the literature include heightened action (helping, assisting, mediating, intervening, and supporting, aiding, reinforcement). Facilitation enables effective and innovative thinking, individual and team performance and agile leadership, especially in changing environment. The Latin word "facilis" means easy, and therefore, facilitation can be described as the act of making something easier. Facilitation is one of the key processes in driving learning by harvesting and activating wisdom, skills and energy for optimal generative results.

Table 5.1 attributes of the concept “Facilitation”

Assistance	Creating a positive environment	Accomplish chosen goals	Self-Awareness
Aiding	Mobilise Resources	Improve mental health	Empathy
Backing	Activating support	Coping strategies	Able to connect
Helping	Stimulates interaction	Self-awareness	Flexible
Enhance Reinforcement	Identify barriers	Eliminate stressors	Moral integrity
Support	Competent skills	Coping strategies	Stimulate interaction
Acceleration	Make possible	Reach full Potential	Respect for others, dignity and worth
Guidance	Instil wisdom	Reach full potential	Active listener
Expansion	Active Listening	Responsiveness	Change Agent
Active listener	Active listener	Active listener	Active listener

Surrogate terms have been defined by Rodgers and Knalf (1993) as a philosophical way of expressing a concept in different ways. In this study, the surrogates of the concept facilitation are assistance, aiding, backing, helping, reinforcement, support, accelerate, guidance, expansion and active listener (Oxford, 2009). These concepts are often used

as substitutes for the term support. This conclusion was reached after the search of different sources.

- **Assistance**

According to the Wordnet (nd) assist refers to the following: To give help or assistance, be of service.

- **Aiding**

According to the Accurate and Relief Dictionary (nd), aid means to support either by furnishing strength or means in cooperation to effect a purpose or to prevent or to remove evil, to help and to assist.

- **Backing**

Something that forms the back or is placed at or attached to the back of anything to support, strengthen, or protect it.

- **Helping**

Make it easier or possible for (someone) to do something by offering one's services or resources. To do something that makes it easier for someone to do a job, to deal with a problem, etc.: to aid or assist someone. To make something less severe or to make something more pleasant or easier to deal with (Merriam-Webster, nd)

- **Enhance Reinforcement**

In behavioural psychology, reinforcement is a consequence that will strengthen an organism's future behaviour whenever that behaviour is preceded by a specific antecedent stimulus. Merriam Webster (nd) defines reinforcement as the action of strengthening or encouraging something. Responses from the environment that increase

the probability of a behavior being repeated. Reinforcement can be either positive or negative (McLeod, 2015).

- **Support**

The Oxford Dictionary (2009) describes support as holding up, being capable of fulfilling a role adequately, to tolerate and to endure. It is also described as a thing that bears the weight of something to keep or keeps it upright.

- **Acceleration**

Crew (2016) states that this is a vector quantity that is defined as the rate at which an object changes its velocity.

- **Guidance**

To help or advice about how to do something or about how to deal with problems connected with work, education or personal relationships (Cambridge Dictionary, 2010).

- **Expansion**

The American Heritage (2002) defines expansion as a thing formed by the enlargement or broadening of something.

- **Active Listener**

Active listening is a way of listening and responding to another person that improves mutual understanding. Active listening is the practice of listening to a speaker while providing feedback indicating that the listener both hears and understands what the speaker is saying. Therapists and other mental health professionals regularly practice active listening, but active listening is not exclusive to therapy (Rothwell, 2010).

5.2.5 Step 4: Determine the defining attributes

The concept of the model is classified based on the survey list of Dickoff et al (1968). The concept is discussed below. The dictionary definition of “facilitation” can be stated as an act of assisting or making easy or easier by smoothing, alleviating, enhancing, and reinforcing. The subject definition of facilitation is described as an act of assisting a person, group or community towards chosen goals. The aim of the study was to develop a model to facilitate effective psychological services among offenders in long term incarceration. The facilitation process entails:

- Act of assistance
- Creating a positive environment
- Identifying and bridging obstacles
- Mobilising internal and external resources
- Promoting psychological services

The facilitator as a change agent, utilises competencies such as providing structure, creating safety, encouraging interaction, guiding and listening in this process he/she demonstrates the personal qualities of self-awareness, empathy and integrity. Table 5.2 lists the essential attributes of the concept of facilitation.

Table 5.2 Essential concept and criteria labelled in the model case

Essential Criteria	Related Criteria
Act of assistance	Make easy or easier for possible Set in motion Enhance and enforces Empowers Relieves Smoothens Improves

	<p>Frees</p> <p>Guides</p> <p>Listens</p>
Creating a positive environment	<p>Competencies of the facilitator: respect for others, empathy, moral integrity, able to connect, authentic</p> <p>Creates a safe environment</p> <p>Does no harm</p> <p>No discrimination</p> <p>No tribalism</p>
Identifying and bridging resources	<p>Obstacles in the offenders internal and external environment</p>
Mobilising resources	<p>Internal resources</p> <p>External resources</p>
Promoting psychological services	<p>Assist the offender to reach full potential</p>

5.2.6 Step five- Identification of the model case - my ideal model case

The construction of a model case which is a “pure” illustration of the use of the concept that includes all of its critical attributes (Walker & Avant, 2011). A model case was constructed to demonstrate all the defining characteristics of facilitation, so as to provide insight into the internal structure of the concept and allow clarification of its meaning and the context (Walker & Avant, 2005). The model case is a common part of concept analysis. The purpose of a model case is to provide an example of the concept that clearly demonstrates its attributes, antecedents and consequences (Rogers & Knaf, 1995). The model case also provides additional clarity regarding the concept of interest. Walker and

Avant (1995) describe the model case as a real life example of the use of concept including all critical attributes.

Lethabo is a good a psychologist who enjoys working with offenders who have committed serious crimes such a murder, rape and substance abuse. Lethabo sees different kind of offenders for various crimes with diverse needs for countless psychological interventions. Furthermore, Lethabo is always excited about assisting offenders by giving them knowledge about crime prevention strategies and collaborating with various psychologists on mental health related interventions. Lethabo is always constantly prepared and excited about her work activities and always welcomes her clients with a welcoming smile. She even works during weekends in order to be seen as much by offenders as possible since she works alone. Every time she meets with offenders, she makes it a point that she has flyers for them and gives them aspects for further reading at the library during their spare time.

This example illustrates the five critical attributes of facilitation previously described in this analysis. The psychologist emerged in a work environment with a group of offenders who spoke to her about their substance abuse and their acts of violence. After constant visits from offenders, the same psychologist develops a decreased awareness of the offender's situational presence and started being therapist centred than client centred. Eventually, Lethabo is unaware of significant obstacles which in turn hinder the effectiveness of delivering of the psychological intervention among offenders. The scenario in the preceding paragraphs indicate some of the experiences of offenders who have been incarcerated for a long time in correctional services. In other words, the model case is a "real-world" extraction of the concept. Most of the offenders shared their incarceration experiences regarding the provision of psychological services.

*What they do when they are outside, they **behave** because they know about prison environment. They are so **patient** now. If someone was serving a life sentence and is released, I don't think it will be easy for him to commit a crime again.*

*I found it very **uplifting**. It is amazing on what make people behave in different ways. So ... it's about how ... because everything that happened and that is happening is psychological. So it's like eeh ... people tend to **behave in** different*

ways because of some ... eehh certain elements that trigger those kind of behaviours. That was the first programme that help me to start to see things in a different way.

*Eehh ... I was ... let me tell you this about myself. I was very **aggressive**. I had this deep seated anger inside me because eehh ... maybe I can say because of failed expectations. Anyway, let me just say I was very much aggressive. I don't think we would seat like this and have this kind of conversations the way I was.*

*Manage to get information about what stress management is. So when I was doing the programmes it was getting **easier** for me, whatever I learnt in class I would go to the library after class to find out what are they were talking about.*

*We do simplify the programmes, and we try to **simplify** the content of the programmes for the inmates to understand.*

*Because they said I was too **destructive** they even called the squad to come and remove me to be transferred to FS.*

*I **changed** when I arrived here.*

*You know the type of people we were the time we were sentenced; this interview would not take place. You would not even talk to me since you are an outsider like you. Coming here it **changed us**. Just like we feel like changing other people as well.*

*Is something that **teaches** people how to handle issues in a very polite manner and a very respectful manner.*

5.2.7 Step Six - identification of contrary case

Additionally, a contrary case is a clear example of what a concept is not (Walker & Avant, 2011). The scrutiny of other cases presented in a concept analysis helps to tease out defining attributes that have the “best fit” for facilitation (Walker & Avant, 2011).

Lethabo is a psychologist at a maximum prison where over 3000 offenders are incarcerated for long–terms. On average, Lethabo sees over 30 offenders regularly in the

correctional centre for psychological behavioural displays. It is difficult for Lethabo to concentrate on the competing daily demands and creating a positive environment for all the offenders at the correctional centre. Additionally, for the first several weeks of incarceration a group of offenders visited the correctional centre psychologist office every day. The group of offenders shared their frustrations of being incarcerated with Lethabo repeatedly during his visits. The group of offenders spoke to Lethabo about their substance dependency and how they ended up at the correctional centre because of domestic violence. One day, the group of offenders entered the office of Lethabo, and Lethabo did not make eye contact or acknowledge them verbally. Lethabo's cellphone rang and she picked it up and went to stand and look out through the window. Quite some time had elapsed and she heard a soft voice say "can we talk to you now ... we could not sleep last night". The psychologist started talking to the offenders for hours none stop. She kept on talking and talking until some of them could not listen anymore. The offenders waited because there was no other psychologist they could talk to regarding their frustrations.

This example describes none of the defining attributes of facilitation that were identified by the author. The psychologist is exposed to a variety of environments with multiple encounters as opposed to repeated excessive situational stimuli. Additionally, Lethabo is clearly motivated and attentive to her surroundings creating an increased work capacity which is contrary to the attributes of the concept of alarm fatigue presented in this analysis.

5.2.8 Step Seven – Identify Antecedents and consequences

Antecedents are events that must occur prior to the manifestation of a concept, and consequences are events that occur as a result of it. Identifying antecedents and consequences can shed light on the context where a concept is generally used (Walker & Avant, 2011).

- **Antecedents for Facilitation**

Walker and Avant (2005) define *antecedents* as events or attributes that must arise prior to a concept's occurrence. In other words, they precede the concept of facilitation. In the

process of facilitation, an individual must first identify the existence of and need to change a current behavior, situation, event, or problem. According to Bandura (1977), behavior change and maintenance are a function of one's expectations about the outcomes of engaging in a behavior and the expectation about one's ability to execute that new behavior. Thus, outcome and efficacy expectations include beliefs about whether or not the desired outcome will occur and the individual's perceived capacity to perform relevant tasks toward that aim (Bandura, 1977). The antecedents are the determinants or risk factors of the concept and they can either be positive or negative. The following positive antecedents were identified:

- Human rights
- Implementation of policies
- Resources-financial, manuals,
- Human resources
- Role identifications
- Production of mental health services

Furthermore, negative antecedents on the other hand will result in poor psychological services being rendered at the correctional centre, and poor coping mechanism, poor interpersonal trust, lack of empathy and lack of respect towards offenders.

Table 5.3: Antecedents

Positive Antecedents	Negative Antecedents
Human rights	Poor psychological services
Implementation of Policies	Poor coping mechanisms
Resources and financial manuals	Poor interpersonal trust
Human resources	Lack of empathy
The prison environment	Lack of respect
Role identification/clarification	
Production of mental health services	

- **Consequences for Facilitation**

Consequences are events or incidents that can occur as a result of the occurrence of a concept and that can stimulate new ideas or avenues for research pertaining to certain concepts (Walker & Avant, 2005). Consequences are considered events or incidents that occur as result of the occurrence of the concept (Walker & Avant, 1995). The consequences of facilitation can be described as those conditions that are preceded by the concept and are outcomes of the concept. This type of facilitation could either be positive or negative. A good facilitation of psychological services would lead to a development of good coping mechanisms such as ignoring violent behaviours inside the correctional centre, not joining prison gangs. Negative or bad facilitation of psychological services will lead to relapse among offenders who have quit abuse and or gangsterism. They might find themselves going back to substance abuse and joining gangs due to the negative facilitation of psychological services. Good coping skills will involve being able to have hope, good family relations, and good inmate relations and look forward to reintegration to the community.

Offenders who receive effective psychological services through facilitation will receive good behavioural change among themselves. They will relate well to other people such as fellow inmates, correctional officers as well as maintain good family relations. Furthermore, effective psychological services will lead to operative policy implementations within the correctional centres. There are policies that are in place regarding provision of mental health services that are not being implemented in some of the correctional centres. Well-coordinated facilitation of mental health policies will bring a positive change among offenders when reintegrated back to the community. They will handle stigmatization and discrimination which comes with having been incarcerated.

- Realisation of mistakes

Once psychological services are well facilitated at the correctional centre among offenders, it would help offenders to realise the mistakes they have made in life and the offending behaviour that put them in incarceration. Offenders would have self-realisation

and self-awareness and stop blaming others for their own actions and behaviour. They will own-up and take responsibility of their own actions.

- Eliminate irrational thoughts

Furthermore, facilitation of psychological services would help eradicate irrational thoughts that offenders may have had before and after being incarcerated. Offenders tend to have irrational thoughts such as the idea that someone is out to get them. Being enrolled in psychological services in correctional centres would help wipe out such thoughts from the offenders. Eliminating irrational behaviour should be more client centred than therapist centred. Offenders should be able to identify their own problems and come up with their own solution.

- Change of Behaviour

Moreover, change in behaviour among offenders involves instilling knowledge and coming up with suggestions to improve maladaptive behaviour. The CBT maintains that when one facilitates psychological services among offenders, one instils reinforcement which will later lead to behavioural change. Offenders would be given a chance to correct their behaviour and come up with alternative ways to change their negative behaviour towards the positive one. It would help offenders to consider alternative ways of dealing with their behaviour such as bullying other offenders when they are faced with frustrations.

Table 5.4: Summary of the Consequences

Consequences	Theme	Category
Realisation of mistakes	Self-awareness	Owning up and taking responsibility
Eliminate irrational thoughts	Activating more reasoning capacity	More logical reasoning
Change of Behaviour	Instil knowledge	Adopt adaptive behaviour

5.2.9 Step Eight: Empirical Referents

The empirical referents are categories of the actual phenomena that demonstrate the existence or presence of the concept in its contextual framework (Walker & Avant, 2011). They are useful in practice because they provide a way in which the concept can be observed and measured by a researcher. Empirical referents are measurable ways to demonstrate the occurrence of the concept (Walker & Avant, 2005). Walker and Avant (1995) identify referents as classes or categories to measure this concept or determine its existence in the real world. Furthermore, the empirical referents are the criteria used to measure and evaluate the presence or absence of the defining attributes (Meleis, 1997). Referents are observable, measurable, and testable and are used to assess the concept. Literature on facilitation suggests a multidimensional approach to phenomenon. The empirical referents for facilitation include the following:

- Raising Awareness among offenders about psychological programmes
- Empathy towards offenders
- Creating a conducive environment
- Simplifying psychological services
- Non discrimination

5.3 DEFINITION OF THE CONCEPT FACILITATION FROM CONCEPT ANALYSIS

From the concept analysis facilitation can be defined as follows:

A process of engaging with offenders in psychological services by using social constructivism whereby a psychologist interacts to gain deeper understanding of offenders' behaviour. Through interacting, a psychologist will identify gaps and cracks in the information offenders provide. Through facilitation, the facilitator should be the key guider of the whole process by allowing offenders to come up with solutions to their problems. Through constructive feedback, the facilitator should reinforce the information provided to the offenders in order to have behavioural change. Facilitation is more client

centred whereby they are given an opportunity to own the process of changed behavioural aspect. The psychologist is there as an overseer of the whole process.

5.4 SUMMARY

Facilitation involves the use of techniques to improve the flow of information in a meeting between parties to a dispute. It is procedural assistance provided to enable participants to communicate more effectively and move towards agreement. It can also be an act of assisting or making easier the progress or improvement of something. A process intended to make something easier. Facilitation requires many important interpersonal skills, most of which center on initiating, maintaining, monitoring, and concluding different forms of structured group activities. Furthermore, a collaborative process used to help parties discuss issues, identify and achieve goals and complete tasks in a mutually-satisfactory manner. This process uses an impartial third party, the facilitator, who focuses on the processes and procedures of dispute resolution and decision-making. The facilitator is impartial to the issues being discussed, rarely contributes substantive ideas and has no decision-making authority.

CHAPTER SIX

MODEL DEVELOPMENT

6.1 INTRODUCTION

The previous chapter focused on the concept “facilitation” that was analysed in order to draw a clear meaning of the concept in use. This chapter will focus on the model development. The process of model development in this study followed the process described in Chapter 3: according to Chinn & Kramer (2004), Walker & Avant (2005) and Dickoff et al (1968). Main concepts were identified from the concluding statements in order to create conceptual meaning. Conceptual meaning provided a foundation for developing a model to achieve the sixth objective of this study which was to: *Develop a model to facilitate effective psychological services among offenders in long-term incarceration in Vhembe District, Limpopo Province.*

Chapter objectives:

The objectives of the chapter are to:

- Apply a theoretical framework according to Dickoff, et al (1968).
- Develop a support model to facilitate effective psychological services among offenders in long term incarceration.

6.2 ANALYSIS OF A THEORETICAL FRAMEWORK

A theoretical framework is a structural plan or basis of a project (Collins English Dictionary, 1990). The six survey list was used to fit in concepts relevant in the development of a support model. Lederman (2015) defines a theoretical framework as a conceptual model that establishes a sense of structure that guides a research. It provides the background that supports one’s investigation and offers the reader a justification for one’s study of a particular research problem. The theoretical framework is one of the most important aspects in the research process (Grant, 2014). The study adopted six steps.

According to Walker and Avant (1995), a model is a schematic, graphical or mathematical representation of a theory. It represents something other than itself. It is regarded as

anything that represents a perceived reality and can be in the form of words or symbols that indicate complex abstractions in an interrelationship. A model that enhanced the facilitation of psychological services at Matatshe Correctional Service Centre was developed. Dickoff's (2009) framework was used in this study and the six (6) areas mentioned below were followed:

- Agent – an agent is a person or any other person who contributes towards the realization of a goal (Dickoff, et al 2008). In this study, the agents were people who provided support and psychological services among offenders at the correctional services centre (Psychologists)
- Recipients – these are persons who received action from an agent and this activity contributed to a certain goal (Dickoff et al, 2008:426). In this study, recipients were offenders.
- Context –Viewed from the aspect of the matrix of activity context is a framework where an activity takes place. In this study, the activity occurred within the legal psychological services framework of the Department of Correctional Services, community context and family context.
- Dynamics – these are the power sources for the activity which can be chemical, physical, biological and psychological for a person or thing to function as agent, framework in realizing the goal (Dickoff et al, 2008: 426). In this study, the following dynamics were identified, namely, mutual respect, non-judgmental, empathy, trustworthiness, power inequality, and role identification.
- Procedure – Techniques used to enhance facilitation of effective psychological services among offenders in long-term incarceration which include the following: teamwork, regular sessions, information giving, resources and training needs for staff members.
- Terminus – to treat the activity from an aspect of terminus is to view activity from perspective of the end point or accomplishment of activity (Dickoff et al, 2008: 426). In this study, the terminus includes: promotion of mental health well-being of offenders who are serving long-term sentences in incarceration, optimum

functioning of offenders in long-term incarceration, and maximising the optimum facilitation of mental health services in correctional services among offenders.

6.2.1 The Agent

Agents are people who provide facilitation and support and ensure that the recipients benefit from a service. In this study, the agent is the person responsible for the facilitation of effective psychological services among offenders. The agents are the Head of CC and clinical psychologists working with offenders in Thohoyandou Correctional Services and Kutama-Sintumule Maximum Correctional Centre. The Head of the CC is responsible for scheduling psychologists and making sure that the mental health policies are implemented effectively within the correctional centre. The Head of the CC should monitor whether or not the psychological programmes are being delivered to offenders through rehabilitation. Furthermore, the clinical psychologist is a professional who facilitates effective psychological services among offenders in long-term incarceration. Most of the offenders who are incarcerated are brought to the correctional centre with anger, frustrations, trauma, hopelessness, anxiety, guilt, and fear of the environment they are taken to.

It is imperative for agents to ensure that offenders are assessed and not discriminated/stigmatised or judged because of the crimes they have committed. For the agents to facilitate effective psychological services among offenders, some form of training and skills are essential to empower them to achieve their roles. This implies that the internal and external resources of the agents be taken into consideration. The internal resources include aspects such as skills, techniques, routines and policies. The external resources of an agent might include those resources other than the agent herself available for maintaining, supporting and developing, protecting or extending the agent's capacity, power or flexibility (Dickoff et al, 1968). Preparation of the providers should also involve psychological readiness, technical skills confidentiality and good communication skills. Preparedness for the service will be demonstrated by the ability of the service provider to facilitate the mental health services to deal with group dynamics, active

participation and effective interaction among offenders. The roles which are played by different agents are described in the following paragraphs:

- **The Head of Correctional Services**

The role of the HOD is to schedule the psychologist to implement mental health services among offenders in long-term incarceration. The HOD will have a schedule of psychologists every week to have sessions with offenders who have challenges due to incarceration and those failing to adjust to “prison life”. In most cases, offenders who are given longer sentences fail to accept and adjust during incarceration. The HOD provides information regarding how mental health services should be implemented within the CC. Furthermore, as agents, HODs should also identify the need of provision of personnel resources where there is a shortage of human resources within the CC. The appointment of clinical psychologists should receive serious attention since there is a shortage of clinical psychologists in CC across the country. In order for mental health services to be implemented effectively, the HOD should make it a point that the CC has adequate clinical psychologists. Scaling up of the mental health services requires more workload and offenders seek adequate attention in order for them to comprehend the information that is given by psychologists.

- **The Psychologist**

Psychologists address the mental state of the offender and help them in changing the beliefs and their ways of thinking through facilitation of the psychological services which deal with most the crimes that they have committed. The psychologist capacitates offenders with skills that help them cope with incarceration, helps them maintain family relations and also equip them with skills that will help them cope once re-integrated back into the community. The offenders receive both individual counselling which is offered over several sessions, and interventions that are administered in groups. The psychologist has a responsibility and obligation of administering the mental health services among offenders bearing in mind that the facilitation should be client-centred rather than therapy centred. Psychologists should exercise active listening skills and be there to provide guidance, direction and supervision among offenders in order to allow

them to discover their own mistakes and have self-awareness and later come up with solutions and mechanisms to cope with their incarceration.

- **Occupational Therapist**

The occupational therapist (OP) is one of the agents in the CC in scaling up the mental health services among offenders in order to provide assistance to clinical psychologists. The role of occupational therapists should be to help offenders improve and maintain skills for day-to-day activities and their well-being. OPs should help the offender adapt to their environment and improve participation in all areas of daily living. They can teach offenders how to conserve energy, how to reduce stress and learn relaxation techniques that could improve offenders sleeping habits. They could help offenders regain or enhance their daily lives.

- **Social workers**

The role of the social worker is to assess the social environment to ensure that social interaction and active participation are taking place in delivering mental health services among offenders. They could help in assisting in the facilitation of psychological services in order to relive the workload of the clinical psychologists.

- **Correctional Officers**

Correctional officers (COs) should address the issue of shortage of clinical psychologists that the CC are facing country wide. The COs should be agents that assist in facilitating the mental health services if they are capacitated and receive sufficient training in facilitating these programmes. The COs can only assist in facilitating mental health services but not provide individual counselling as stipulated by the HPCSA since they are trained as clinical psychologists and are not registered with the HPCSA. Their duty is to help facilitate and familiarise themselves with what psychological services entail. From the collected data, offenders reported that most correctional officers are not aware of mental health service that are rendered at the CC. If COs were capacitated with this kind of information, they would be able to assist offenders go through their rehabilitation by receiving adequate training about mental health services.

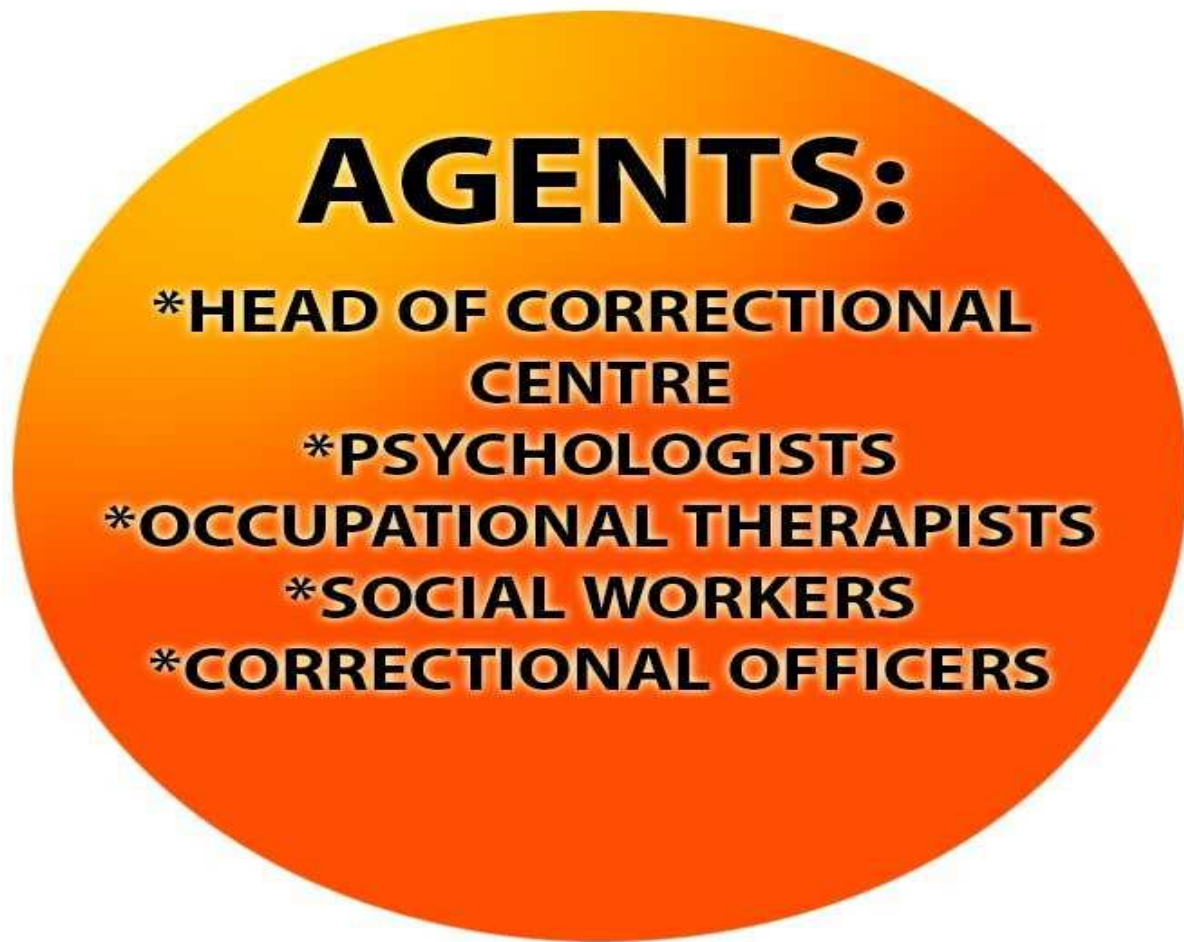


Figure 6.1: Agents

6.2.2 The recipient

Recipient refers to a person who receives the activities performed by the agents. The recipient is the person who will benefit from the facilitation of effective psychological services. The recipients in this model are the offenders who are serving long-term incarceration in correctional centres in Vhembe District. Active participation of offenders is very imperative and essential in implementing the mental health services at the CC. Without their commitment and active participation, it would be very difficult to scale up mental health services off the ground. The interaction between the recipient and the agent

is a process of facilitation which ultimately should assist the offenders with coping mechanisms and help them display behavioural change through accepting their mistakes and taking responsibility for their actions.



Figure 6.2: Recipients

6.2.3 The Context

The “context” refers to the setting, location, space, or structure in which the activity occurs (Dickoff, James & Wiedenbach, 1968). Dickoff et al. (1968) asks the following question: In what context will the model be used? As the name suggests, the area in which the model occurs is the Department of Correctional Services context, community context and family context. Mental health acts or scope of practice stipulate that the model must function with the confined space of DCS and therefore the model will be implemented

within these premises. The context is seen in relation to other factors, including persons and other activities, and these interrelationships are seen as constituting an organism, unity or a total context of activity (Dickoff, et al, 1968). The use of available services to assist offenders who display maladaptive behaviours is influenced by various factors found within a context. The context where effective psychological services are facilitated, is the correctional services in Vhembe District, Limpopo Province, South Africa as well as the characteristics of offenders based on the nature of their sentences.

- **The Correctional Services Context**

The correctional context includes the centre wherein offenders are placed during their incarceration, where they spend their sentences until they are released back to the communities. It plays a role in ensuring that offenders are rehabilitated during their stay in the correctional centre. It is assumed that the lack of clinical psychologists at correctional centres affects how the mental health services are implemented and how they are received. There are many factors that influence the use of mental health services in correctional centres such as availability, accessibility, and effectiveness of the services, confidentiality, respect, non-judgemental attitude and empathy. A substantial portion of the prison population is not receiving treatment for mental health conditions due to such factors. This treatment scarcity has the potential of affecting both recidivism and health care costs on release from prison (Gonzalez & Conneli, 2014). The Department of Correctional Services should ensure that rehabilitation among offenders takes place so that offenders are accepted when released back to the community and family members since they would be changed persons. There was only one clinical psychologist in each of the two correctional centres where this research was conducted. For the mental health services to be implemented effectively, correctional centres would need to appoint adequate clinical psychologists who would assist in scaling up mental health services among offenders.

- **Community Context**

According to Crawford (1995), community can either be a shared locality, in terms of geographical or territorial boundaries, or a shared concern, which is best expressed as a

'sense of community. The community context is a setting that is characterised by societal cohesion. Discrimination and stigmatization of people who have offended and re-integrated back to the community presents a big challenge within communities. Interactions among the community members influences and shapes the attitude of members towards offending behaviour or criminality. Many community members have a tendency of discriminating and stigmatizing ex-convicts when they are re-integrated to the community. The community has an influence on some of the re-offending behaviour committed by ex-convicts. One of the factors that influences the criminal behaviour among communities are the low socio-economic status, residential mobility, ethnic heterogeneity and household structure (Miethe & Meier, 1994).

An offender who is stigmatised and discriminated once released from the correctional centre will definitely have problems in settling in within the community. Furthermore, finding employment after release from the correctional centre, might be difficult within the community. Community acceptance could eradicate or reduce recidivism among offenders who have just been released from correctional centres. Communities in this context share normative values and attitudes which are enforced through informal social processes of control. This understanding of community has led to a belief that the existence of a sense of community leads to a decrease in crime (Wikstrom & Sampson, 2003).

- **Family Context**

The environment that offenders experience affects their overall mental functioning and behavioral displays in many important ways. Offender's families, schools, neighborhoods, peers and culture all play a role in behavioural and emotional development. Despite these important contextual influences, most research to date has focused primarily on parental influences (Morris, et al, 2007). Family as a context is characterized by a set of beliefs and value systems as part of the community. Beliefs and values help in keeping the family together (Klainberg, Holzemer, Lernard, & Arnold, 1998). The offender's behaviour is primarily shaped or influenced by the environment and the family he or she comes from. Individuals tend to get involved in criminal acts if they do not receive care, love and attention from home. If there are not parents within the family setting, offenders tend to be delinquent due to lack of guidance and regulation from a family point of view. Parents

are expected to care for their children and when a child is not cared for due to an absent father or mother, they tend to be directed by the influence of their peers. Unfortunately, some individuals have a bad influence on their peers.

People should be taught to distinguish between right and wrong by their parents from an early age. If children grow up not knowing what is right from wrong, they tend to be very rebellious, especially if they do not have a guardian. Children who do not receive love and care from an early age, will find it difficult to cope with the outside world once they are away from home. That is when they start behaving in a different manner, become rebellious and disobedient. That is why some end up in the street and learn criminality from their peers and even from people older than them. The CBT cites environmental, personal, and behavioural characteristics as the major factors in behavioural determination.

Criminality is always influenced by the family structure wherein children grow. When children grow up in child headed families, they lack guidance and tend to do whatever it takes to care for their siblings. That is when they learn criminal behaviour. Furthermore, when the father figure is not around, children grow up with emotional distress and some end up in the street. Moreover, when children grow up observing their parents abusing substance and physically abusing each other and are also abused, some tend to run away from home and end up in the street where they learn criminal behaviour. Behaviourists such as B. F. Skinner came up with the learning theories, which state that complex behaviour is learned gradually through the modification of simpler behaviours.

Family support and structure plays a vital role in determining criminal behaviour among offenders. Research confirms the importance of family factors as predictors of offending. Children who grow up in homes characterized by lack of warmth and support, whose parents lack behaviour management skills and whose lives are characterized by conflict or maltreatment, will more likely be delinquent. Whereas a supportive family can protect children even in a very hostile and damaging external environment (Ibabe & Bentler, 2016; Curtrin, 2015; Lipsey & Derzan, 1998). According to the Social Cognitive Theory (1977), behaviour is determined by the external environment through interaction. The

external environment exposes an individual to learn maladaptive behaviour. This theory stipulates that behaviour is learned through interaction and observing a certain behaviour from one's surroundings. A child raised from a good environment, with good parenting skills, is unlikely to develop criminal behaviour.

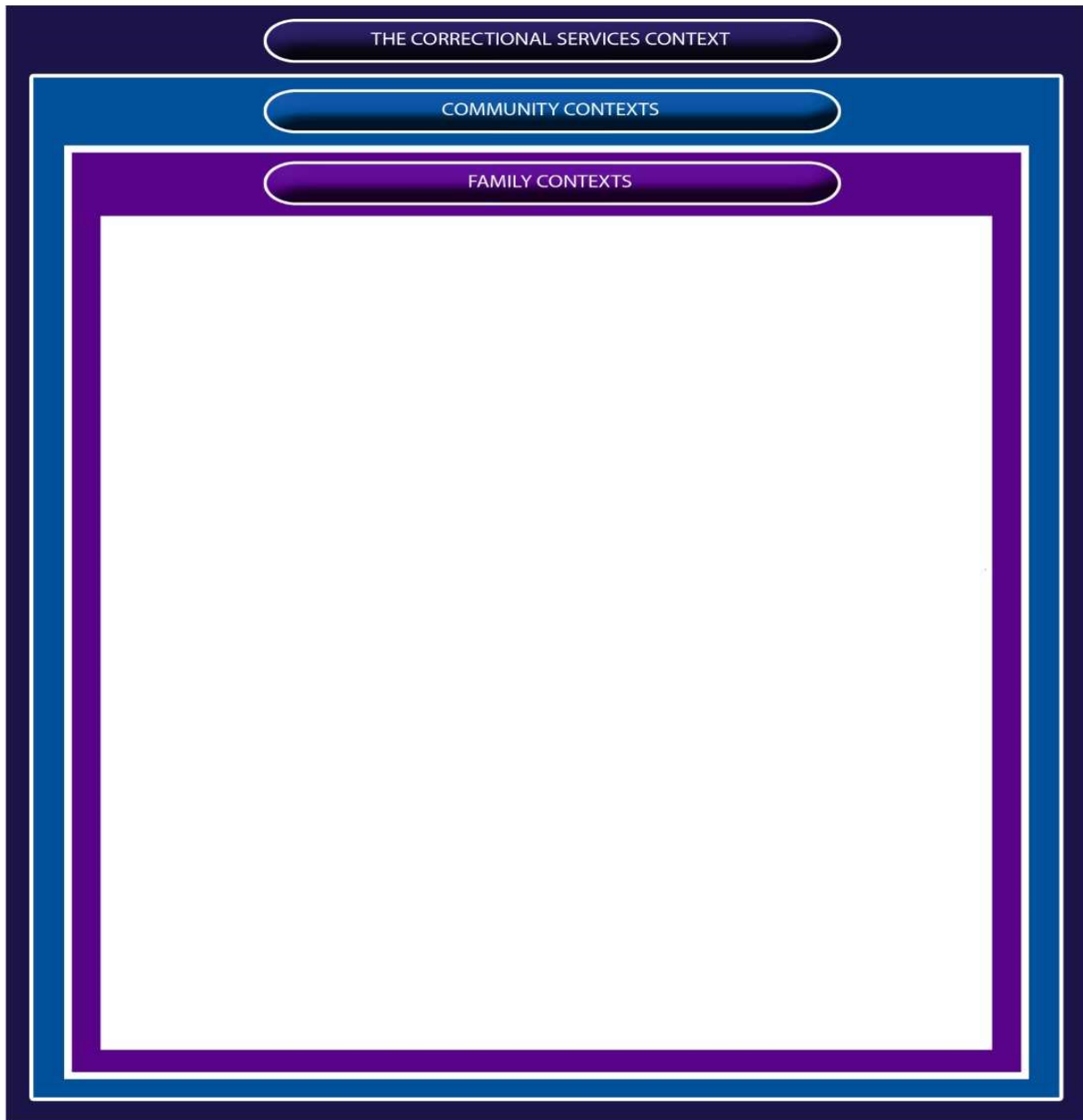


Figure 6.3: The Context

6.2.4 The procedure

The procedure in this classification includes the strategies, actions and guidelines associated with facilitation of effective psychological services among offenders in long-term incarceration. The procedure is the professional resources that the clinical psychologist mobilises (University of Johannesburg, 2009) to facilitate effective psychological services among offenders in long-term incarceration (Dickoff et al, 2008). These are the activities which are viewed as essential in effective facilitation which leads to the promotion of mental health well-being of the offenders and optimum facilitation of mental health services. This emphasises the path, steps, and pattern through which an activity is performed (Dickoff et al, 1986). In this study, the procedure includes conducting need analysis for offenders, human rights, human resources, financial resources, role identification, information giving, teamwork, active participation and regular sessions.

6.2.4.1 Stage one: Conducting need analysis among offenders

This is the initial stage of facilitation which involves the agents and the recipients. This is the stage wherein recipients engage the agents in a formal process focused on how a product (mental health service) addresses the needs (mental well-being) of offenders. The stages are explained in detail in order to clarify their existence:

- **Need Analysis**

A needs analysis or needs assessment can be conducted in more than one way, but all these ways share one point in common. The most important element of a needs analysis is deciding which needs have the highest priority (Thompson, nd). Offenders who are incarcerated for a long period of time have experience and know their needs as offenders during their stay in the correctional centre. Engagement between the agents and the offenders is very imperative because the recipients will be able to voice their needs. Agents, on the other hand, would be able to come up with better solutions that could address or enhance the facilitation of effective psychological services in the CC. Need analysis will help the agents identify the mental health needs of offenders which can smoothen the delivering of mental health services among recipients. This will promote a

discussion between the agents and the offenders who are serving long-terms. It will also encourage the offenders to open up and talk freely about their experiences.

6.2.4.2 Stage Two: Implementation of policies

Stage two puts focused on the implementation of policies. Human rights, human resources, financial resources and role identification will help in the process of implementation of policies. This stage involves mostly the agents, from the HOD to the correctional officers.

- **Human rights**

Human rights are a major aspect that agents need to look at when implementing mental health policies that are in place at the CC. According to the Mental Health Act (2002), a mental health care user may not be unfairly discriminated against on the grounds of his or her mental health status. Offenders have a right to mental health care service while incarcerated. Human rights are inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status (UN, nd). Offenders should not be deprived the use of mental health services during their incarceration because they have a right to have access to services, including the accessing of mental health services. This should encourage offenders to participate in mental health programmes since they have a right to do so.

- **Human Resources**

This is a process whereby the CC makes it a point that they are sufficient clinical psychologists, occupational therapists, social workers and correctional officers who will assist in the facilitation of psychological programmes among offenders. Sentenced offenders, probationers and persons under correctional supervision have equal access to needs based psychological services. This will enable them to maintain their emotional well-being, promote continued effective functioning and to improve their quality of life (DCC, retrieved 19 February 2018). The failure to provide adequate mental health services in CC cannot be excused by the cost of ensuring adequate numbers of qualified staff or sufficient facilities for responding to mental health needs. The CC should make it

a point that psychological services are rendered regardless of the shortage of clinical psychologists in order to improve and maintain the psychological well-being of offenders. For the process of facilitation to occur within the CC, the HOD should make it a point that when there is a shortage of clinical psychologists, that other agents such as occupational therapists, social workers and correctional officers receive training on how to facilitate psychological programmes among offenders. If the CC has one clinical psychologist, the person should become an overseer of all the psychological activities, and other agents should remain within their scope of practice as regulated by the professional boards. These agents can only facilitate and not provide counselling or diagnose offenders with psychological disorders.

- **Financial Resources**

For this facilitation to occur, the CC will need financial resources that would take care of the training that needed to capacitate staff members, to pay for their salaries, to make sure that the facilitation process runs smoothly, and to develop materials that will assist in the facilitation process. For the process of facilitation to occur, the CC would need to develop materials, study guide and pamphlets that could assist the recipients during the session and motivate them read on their own after lockdown. The appointment of new staff members such as clinical psychologists and occupational therapists needs strong financial support that could ease the workload among present staff members.

- **Role Identification**

For the process of facilitation to occur, role clarity is a crucial issue for effective inter-professional collaboration. Poorly defined roles can become a source of conflict in clinical teams and reduce the effectiveness of care and services delivered to the population (Braunlt, et al, 2014). In order for the team to be responsive to the offenders' needs, all agents need to identify, know and clarify their roles as far as facilitation is concerned. Social workers, occupational therapists, and correctional officers should not regard themselves as clinical psychologist and start diagnosing offenders because it is not within their scope of practice. There is a great deal of role overlap when there are two or more professional working together. Clarifying professional roles can serve several purposes: defining each person's responsibilities, ensuring appropriate implementation of each

professional's role, optimizing professional scopes of practice, and thereby ensuring effective facilitation of psychological services.

6.2.4.3 Stage Three: Production of Mental Health Services

This is the third stage which involves the agent and the recipients. It is the stage wherein recipients meet the agents for group sessions after recipients have met with the clinical psychologists individually. The procedure that should unfold during this stage comprises of Information Giving, Teamwork, Active Participation and Regular or Continuous Sessions.

- **Information Giving**

This is the process wherein offenders who are serving long-term sentences are furnished with psychological behavioural change and modification information. This includes the services such as how to handle conflict during incarceration, how to avoid joining gangs inside the CC, how to relate well with other inmates, how to maintain family relations, self-awareness and realization. The agents will be responsible for providing necessary information that the clients. For the process of facilitation to occur, the agents could provide adequate information that could trigger self-awareness among offenders and realize that there is hope for change and there is need for change in order to eradicate irrational thought and avoid recidivism. During this process of facilitation, the agents should possess good communication skills such as good listening skills, interpersonal skills, empathy, respect and non-judgmental behaviour. The agents should also create a conducive environment for all the recipients irrespective of their cultural diversity and beliefs.

For the recipients to receive the information provided, they must be willing to talk and respect other offenders. They must be willing to share their fears, frustrations and what they hope to achieve during this process, and also what they hope to gain. The mental health wellbeing of offenders should always be the guiding key of these processes. When the recipient receives information from the agents, the information must help to introspect on how they can change the persons they are to the persons they want to be through the

processing of information. It may not be possible for the recipients to comprehend the whole information since some the concepts may be new to them. Therefore, it necessary to provide the recipients with reading materials and pamphlets that they would later research about during their free time.

- **Teamwork**

Teamwork means a sense of unity, of enthusiasm for common interests and responsibilities, as developed among a group of persons closely associated in a task, cause or enterprise. It is very essential for the team members to promote unity, togetherness and support each other. Effective teamwork in health-care delivery can have an immediate and positive impact on patients (Barker, et al, 2005). Teamwork during the process of facilitation is very important since it promotes and empowers ways of working as a team, which will enhance the learning diversity of the recipients. Working as a team encourages multi-disciplinary approaches that could eliminate barriers that could affect the effectiveness of facilitating the psychological programmes. Teamwork means that all members should try to avoid being judgemental, role conflict that could hinder the delivery of the psychological programmes. Responsiveness by all agents and recipients could eliminate all the obstacles that threaten the implementation of psychological services. Furthermore, a team should always be characterised by members with different expertise. A team that comprises a clinical psychologist, occupational therapist, social workers, correctional officers and recipients themselves could come up with an effective facilitation of the psychological programmes in all the CC in Vhembe District.

- **Active Participation**

Active participation is an approach that enables individuals to be included in their care and have a greater say in how they live their life in ways that matter to them. Studies suggest that active social participation contributes to the well-being of people (Minagawa & Saito, 2015). Active participation by the recipients is needed for this process of facilitation. When the offenders are actively involved in the implementation of the psychological services, they increase the opportunities for social contact and interpersonal relationships. Their participation in the facilitation of psychological services encourages involvement and self-awareness among themselves.

The recipients become more involved in the programmes if they are fully respected and taken into consideration by the agents who are responsible for delivering these services. They become more aware of opportunities and what they hope for themselves. The recipients' involvement and participation escalates opportunities for learning and development of important skills, knowledge, education and employment once released from the CC. It will further enhance their well-being, with increases in self-confidence, self-esteem and self-belief that they could later use to maintain family relations. The recipients will be more actively involved if they have easily available and accessible psychological services. Delman, Clark, Eisen and Parker (2015) indicate that respondents reported that the primary facilitators to active participation were the psychiatrist's openness to the client's perspective, the psychiatrist's availability outside of office hours, the support of other mental health providers, and personal growth and self-confidence of the young adults.

- **Regular and Continuous Sessions**

The process of facilitation will run smoothly if recipients received regular and continuous sessions from the agents during their stay in the CC. During the data collection stage, most offenders indicated that after they had finished attending the psychological services as per their case required, they spend the rest of the incarceration years doing nothing and waiting for their release. The chances are that most of the recipients will relapse if they are not actively involved in any rehabilitation programmes during the rest of their sentence. It is imperative that offenders receive regular and continuous sessions of the psychological services to help them cope with incarceration and for their own emotional and mental well-being.

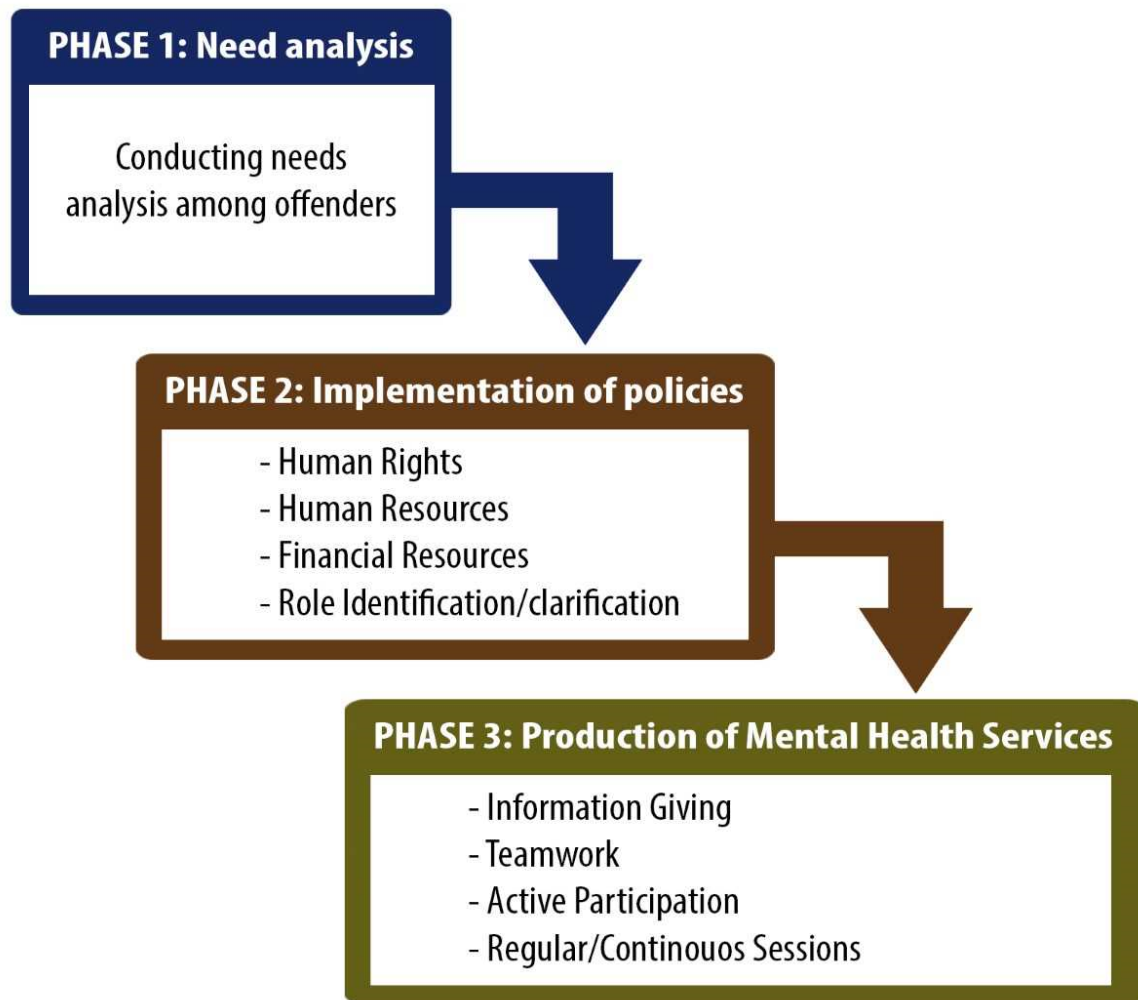


Figure 6.4: Procedure

6.2.5 The Dynamics

Dynamics refer to the source of energy or the motivating factor. Dynamics takes the form of motivation for the facilitation of effective psychological services among offenders. Interactive facilitation is a dynamic, mutual, interactive process between the learner and the facilitator or the environment with the quest to facilitate reflective thinking of learners through interactive discourse in clinical nursing education. In the model, forces of energy will come from the agents to ensure a positive learning experience and create a positive

conducive environment for offenders. The source of energy will also come from the recipients' readiness and willingness. . The following core concepts were identified:

- **Mutual Respect**

Mutual respect occurs between the facilitators of the psychological services namely, the clinical psychologists, occupational therapists, social workers, and correctional officers and the recipients, who in this case are the offenders. When facilitation of the programmes takes place, there should be a mutual respect between the two parties. Richardson (2006) indicates that since facilitation is a goal-oriented dynamic process, mutual respect is required in order to create a good environment for effective communication. Mutual respect allows the recipients to freely share their experience because they feel respected, listened to and accommodated during the process of facilitation. Professional facilitation can create inclusivity that the full group can support in a spirit of mutual respect. The agents' attitude towards the recipients should be that of respect. This will increase the level of transparency, willingness to share information and effective communication among offenders. Through mutual respect, offenders will share ideas and provide effective, multifaceted, profound mutual learning. Thus, mutual respect should be between agents and recipients and between recipients and recipients.

- **Non-judgemental Behaviour**

Non-judgemental behaviour is when one accepts the behaviour of other without blame or condemnation. It is a core attitude of mindful awareness. The attitude is without criticism, ridicule or reservation (Stuart & Laraia, 2005). Being non-judgemental is the most crucial step towards being non-judgemental to others. Being judgemental makes the relationship between two parties to be very difficult and sour. For facilitation to occur, the agents should always strive for a safe, caring and non-judgemental environment, helping the offenders to achieve their personal growth. Recipients should avoid blaming themselves and agents should avoid blaming offenders for their crimes and behaviour.

- **Empathy**

Empathy is the experience of understanding another person's condition from their perspective. Empathy is a commonly used, but poorly understood, concept. It is often confused with related concepts such as sympathy, pity, identification, and self-transposal

(Block-Lerner, Adair, Plumb, & Rhatigan, 2007). According to Edith Stein (year), empathy can be facilitated. It can also be interrupted and blocked, but it cannot be forced to occur (Davis, 1990). Empathic attitude requires that agents understand the recipients' experiences, frustrations, uncertainties, terrors and their fears.

- **Trustworthiness**

Trustworthiness is a virtuous moral value. Trustworthiness is the quality of a person or a thing that inspires reliability (Cox, Kerschbamer & Neururer, 2016). Offenders tend to develop trust if agents are very accommodating. There is need for a culture of mutual trust and respect, a culture of cooperation. More comprehensively, trust is defined as "the willingness of a party (agents) to be vulnerable to the actions of another party (recipients) based on the expectation that the trustee will perform an action important to the trustor, regardless of the trustor's ability to monitor or control the trustee (Wolfe, 2010). During facilitation, agents should have trust on the recipients and recipients should also have trust on the agents who will be facilitating the psychological programmes. If recipients are able to develop trust for the agents, it makes it easier for them to participate effectively and come back for follow up sessions.

- **Power inequality**

Power inequality occurs between the agents and recipients. It mostly occurs when the agents want to display more power than the recipients. When agents become more dominant and want to demonstrate that they are the professionals and have more power than the recipients, then it becomes a challenge and it impacts negatively on the facilitation of psychological services. Offenders who seek psychological services are fragile, confused, and frustrated. Their fragility makes them vulnerable and this may affect the information they give and receive from the agents which will ultimately affect the quality of service delivery.

- **Active listening**

According to Jahromi, Tabatabaee, Abdar, and Rajabi (2016), active listening is based on complete attention to what a person is saying, listening carefully while showing interest and not interrupting. Active listening requires listening for the content, intent, and feeling of the speaker. The active listener shows her or his interest verbally with questions and

with non-verbal, visual cues signifying that the other person has something important to say. It is very important for agents to have listening skills because listening is a critical factor in the effectiveness of psychological programmes. Agents with better listening attitudes and skills enhance communication skills. Agents should always learn to listen to the recipients during facilitation in order to maximize effectiveness of the psychological programmes.

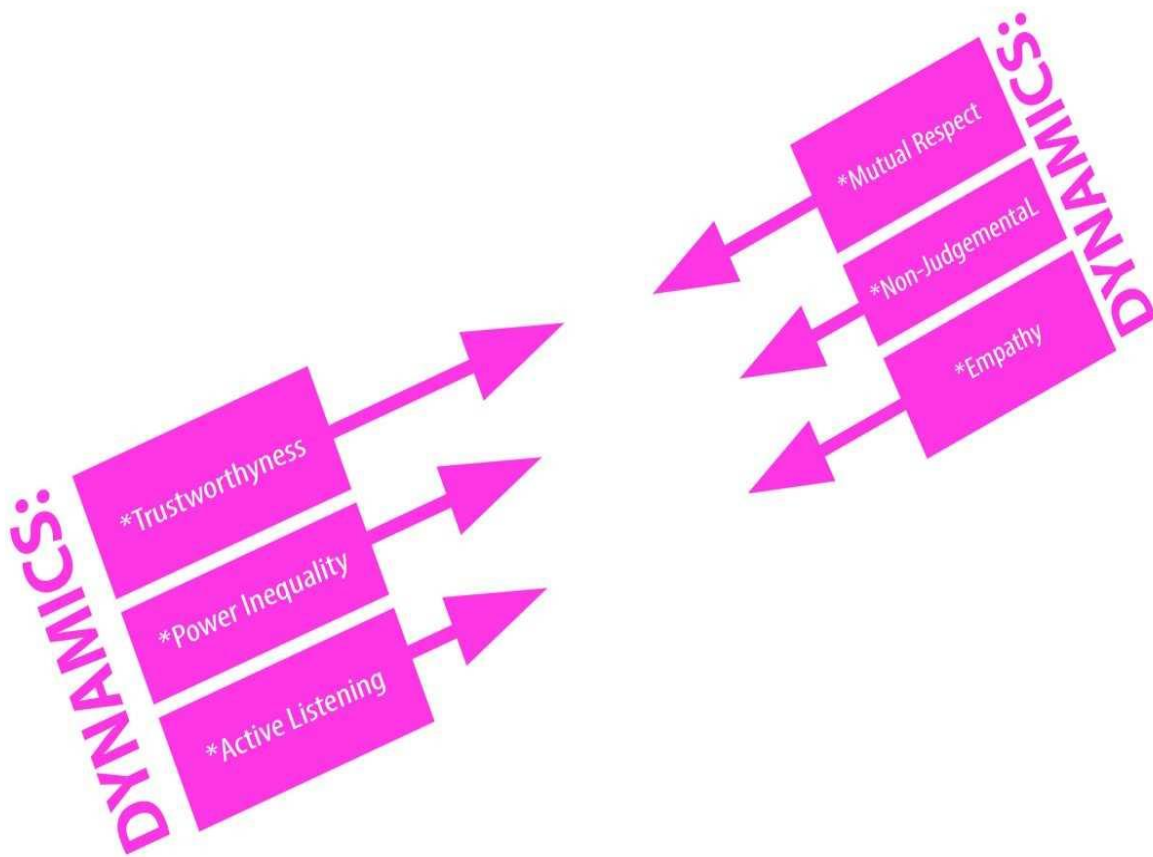


Figure 6.5: Dynamics

6.2.6 The Terminus

Terminus refers to the goal of the facilitator. The aim is to facilitate effective psychological services among offenders in long-term incarceration. Psychological services properly described as intervention that could help the offender's mental health well-being to cope with prison life and live in a resourceful and fulfilling manner. The terminus is the offender connecting with the self, others and the environment, enabling him to meet his needs in an appropriate manner and survive in their environment. Thus, the short-term goal is optimum facilitation of effective mental health service among offenders. The long-term goal is promotion and maintenance of mental health well-being of offenders.



Figure 6.6: Terminus

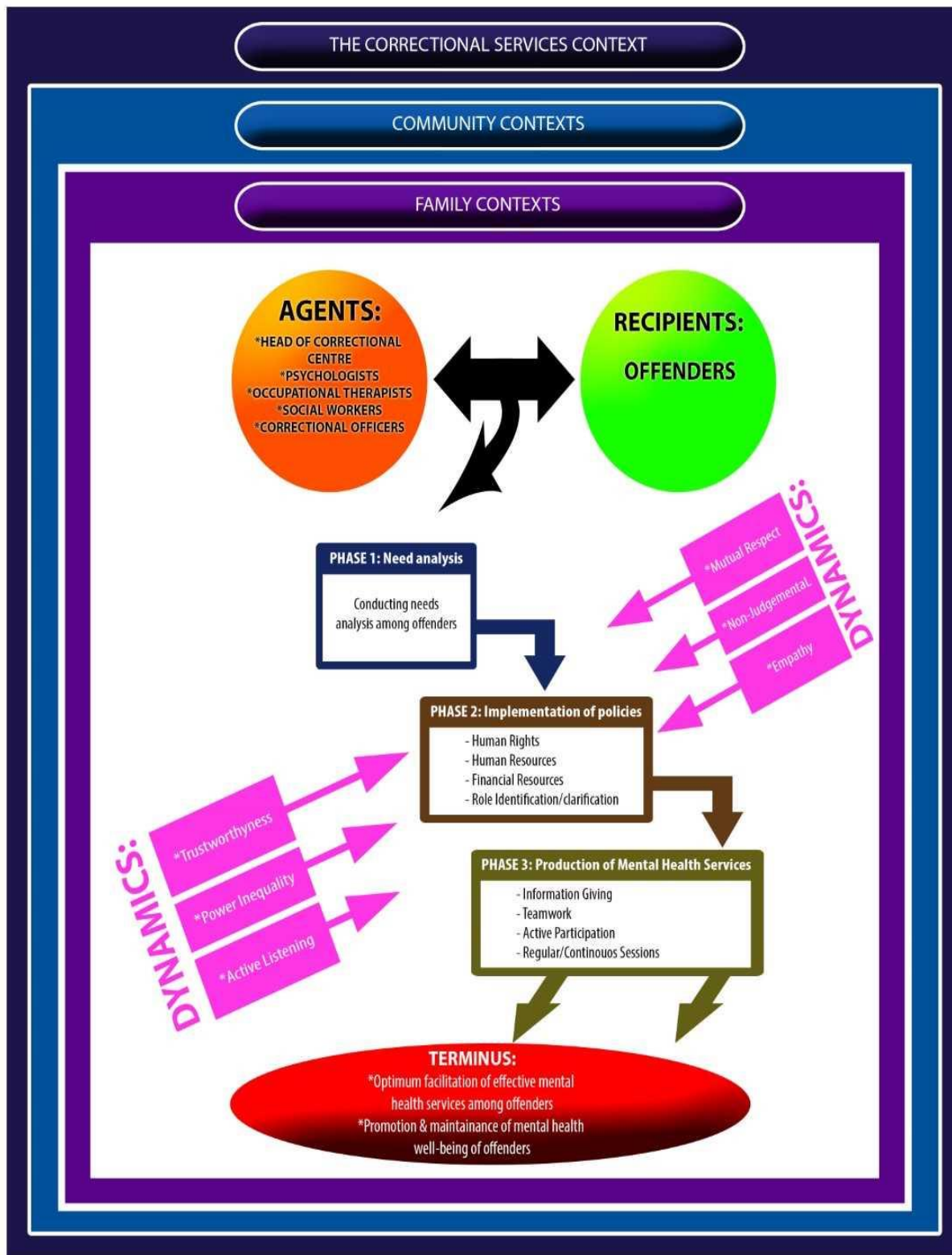


Figure 6.7: Developed Model

6.3 DESCRIPTION OF MODEL DEVELOPMENT

Discussion of model development was based on the explanation in the classification of the main concepts according to Dickoff, et al (1991). The facilitation model was discussed following the main headings described Chinn and Kramer (1999), namely an overview of the model, purpose of the model, structure of the model, concept definition relation statement and nature of the structure. The description of the model process and evaluation will follow.

6.3.1 An Overview of the model

Chin and Kramer (1995) described a theory as a creative and rigorous structuring of ideas that project a tentative, purposeful and systematic view of a phenomena. A theory is described as systematic abstraction of reality that serves some purpose (Chinn & Jacobs, 1987). In this study, a schematic facilitation model was described indicating how facilitation was encouraged to ensure effectiveness of psychological programmes within the correctional centres. The model was based on the empirical and theoretical findings of the concepts analysis described in Chapter 4.

6.3.2 The purpose of the model

The model intended to demonstrate how psychological services can be facilitated within the correctional centres in Vhembe District. The facilitator creates the environment conducive through the interactive facilitation process that is progressive in nature, by using practical examples that can be based on the offender's daily lives and their previous way of living. It is anticipated that effective facilitation of psychological programmes will be attained through the stages of facilitation as described in 6.6.4.3 which include:

- Need analysis
- Implementation of policies
- Production of mental health services

The agents and recipients should engage and interact with each through discussions about psychological programmes and they should also be able to identify barriers which could hinder the facilitation of psychological programmes. The recipients should suggest

positive solutions that can be used during facilitation in order to promote optimising effectiveness of psychological programmes. The recipients should experience behavioural change during the interactions with agents and agents should feel self-fulfilment during their contributions of positive change in the offenders' behaviour.

6.3.3 The Structure of the model

The structure of the model consists of fundamentals that are viewed as essential for it to function. The model was developed based on the Chinn and Kramer (1995) framework. The model entails three stratum of the model contexts. The first category stratum comprises the Correctional Services context, the second stratum encompass the community context and the third stratum embraces the family context. The model also has the agents who are responsible for service provision and facilitation of psychological programmes within the correctional centre as well as recipients who are the receivers of the information provided. For facilitation to take place, the agents and the recipients need to engage with each other and share their knowledge and ideas about what can be done to improve behavioural change through the dynamics. Furthermore, for facilitation to take place, there are procedures to be followed. The procedure has three stages that comprise the need analysis, implementation of policies and the production of mental health services. These stages are connected to one another. To have a smoother running of facilitation, need analysis must be conducted with the offenders, the implementation of policies in place and finally the production of mental health services.

6.3.3.1 Assumption of the model

The model is based on the following assumptions:

- The agents have their own understanding of offenders' behaviour and attitude towards the receiving psychological services.
- The recipients are concerned with the effectiveness and the kind of services they receive from the correctional centre.
- The correctional services context where psychological services take place impact on the behaviour of offenders due to the environment they live in as well as the behaviour they brought when they came to the correctional facility.

- Effective facilitation of the psychological services provided by the agents to the recipients may promote mental health well-being of the offenders during incarceration and after they are released back to the communities and their families.
- The model also addresses the issue of scarcity of human resources within the correctional centres.

6.3.3.2 The relational statement of the model

Chinn and Kramer (1995) describe this as the explanation or prediction of the nature of interaction between the concepts of the theory. The following relational statements were constructed based on the nature of the relationship, which may in this study describe, explain or provide an understanding of the phenomena:

- A positive conducive environment is developed within the correctional centre in order for learning through interaction and engagement to occur between agents and recipients.
- An effective psychological services education will be driven by clinical psychologists, occupational therapists, social workers and correctional officers to ensure that offenders have a positive learning experience based on the availability of services to provide meaningful facilitation underpinned by group dynamics. Effective communication, active participation as well as active listening.
- An effective and operative psychological service has adequate material and sufficient human resources to ensure that psychological services are implemented.
- Capacity building of clinical psychologists, occupational therapists, social workers, and correctional officers should be attained and maintained through trainings and further learning.
- The collaborative initiatives between the external support from the government and other stakeholders is a fundamental key to successful and effective psychological services within the correctional centres. The implementation of policies should be underpinned through policies, financial support and infrastructure to address the

issue of overcrowding in the correctional centres that intensify the mental health well-being of offenders.

- Effective facilitation of psychological services could only occur if there is collaboration between the agents and active participation of the recipients in order to deal with and address the issues of maladaptive behaviour and to prepare the recipients for community reintegration.
- Effective engagement and communication and active listening in the process of social support will produce effective facilitation of psychological programmes.

6.4 MODEL VALIDATION

According to Sousa (2014), validation is a very important part of theory generation which enables the researchers to ascertain that the intended population understands the intended meaning of the theory or concepts involved in the model and the diagram illustrating the model. The model was validated by three clinical psychologists who have a lot of experience in the clinical setting of psychology. The experts were requested to check the clarity, simplicity, generality, accessibility and significance of the developed model. This was done following the guidelines provided by Chinn and Kramer (1999) who insisted on five precarious questions to evaluate a developed model. These questions are the following:

- How clear is the model?
- How simple is the model?
- How general is the model?
- How accessible is the model?
- How important is the model?

6.4.1 How clear is the model?

Clarity ensures that the definitions of the concepts in the model are clear and mean what is intended. It also depicts whether the structural description of the model is consistent with the description of the model. The concept identification and concept definition was done in order to clearly understand the model developed. The concept facilitation was

defined from different sources, fields, and this made the concept understandable and clear. The concept “facilitation” was explained and this helped the researcher to develop a model that could be used in different CC for rehabilitation of offenders. The concept “facilitation” was further described through literature search and this assisted in describing the model framework. Throughout the study, consistency was maintained in the use of major and related concepts. The concept analysis was followed by formulation of the conceptual framework which was guided by Dickoff (1968) in order to describe a model. The model was described using the following aspects; the context, agents, recipients, dynamics, procedures and the terminus. The concepts which are central to the model were used to form the basic structure of the model and this made the model very clear. Experts gave positive opinions on the clarity as illustrated by the following statement from one participant:

“Yes, the model is clear and expresses well the process, dynamics and outcomes”.

6.4.2 How simple is the model?

Chinn and Kramer (1999) defines simplicity as a means that the number of elements, particularly concepts and their relationship are kept to a minimal. Simplicity seeks to establish whether the model is simple and straightforward to understand. The study emphasised defining and explaining of the main and related concepts. Thus, no new concepts were identified in this study. Experts described the model as illustrated by the following extract from one participants:

“The model is simple to follow because the narrative is indicative of how the agents can be able to implement the services that are responsive to offenders for proper facilitation of mental health services among offenders”. (Participant Two)

6.4.3 How general is the model?

The model was developed based on the needs of offenders and to help address the issue of lack of effective rehabilitation among offenders, thus the model is considered general. It will help to address the issue concerned with shortages of human resources in correctional centres. The experts gave their positive opinions on the generality as illustrated by the following statement from one participants:

“The model is general in that it extends to community and family which is a great strategy for which is a great strategy for restorative justice to restore dysfunctional relationships through process of forgiveness and reconciliation after crime has been committed”. (Participant One)

6.4.4 How accessible is the model?

The goal of the researcher is to present the model to Department of Correctional Centre where it will be recommended. The model that was developed will be made accessible to all the correctional centres where data was collected. It will be also accessible through publications in accredited journals, through presentations in national and international conferences, seminars, and library search. The experts gave their positive opinions on the accessibility as illustrated by the following statement from one participant:

“It is will be accessible to all stakeholders and easy to relate with and will be responsive in promoting offenders’ mental health well-being”. (Participant Three)

6.4.5 How important is the model?

Incarceration has a serious effects on the mental health and well-being of offenders. Some effects are PTSD, anxiety, depression, trauma, isolation and hopelessness, to mention just a few. These challenges affect the daily functioning of offenders. The study indicates that most offenders felt that their needs are not prioritised. They felt that the CC just presents them with rehabilitation that they were not involved in the preparatory stage of rehabilitation process. Thus, they indicated that most of the psychological programmes did not fully address the needs of offenders through rehabilitation. Similarly, offenders who were receiving psychological services in one centre tend to function much better than the ones who were not receiving psychological services at all. Thus, continuous psychological services were suggested since most of the offenders who attended the programmes more than three years ago tend to relapse because they complained about not being kept busy at the centre during their incarceration stay. The facilitation model is very significant and imperative because it will address the issue of lack of psychological services and the shortage of human resources in the CC. The model will also allow the CC to conduct a need analysis among offenders in order to help in scaling up the

rehabilitation of the offenders from the offenders' point of view. The experts gave their positive opinions on the significance of the model as illustrated by the following statement from one participant:

“The model is important in promoting mental health amongst offenders and the fact that the community & family is involved in ensuring the promotion of mental health well-being of the offenders”. (Participant Two)

6.5 SUMMARY

The chapter discussed the facilitation of effective psychological services among offenders in long-term incarceration. The chapter also focused on the concept analysis and the description model development. A process outline of the model and guidelines to operationalization the model were also given. Finally, the chapter evaluated the proposed model.

CHAPTER SEVEN

GUIDELINES TO OPERATIONALIZE THE MODEL

7.1 INTRODUCTION

Chapter six focused on the development and description of the facilitation model to promote effective facilitation of psychological services among offenders in long term incarceration. In this chapter, attention will be given to the description of guidelines to operationalize the model.

7.2 GUIDELINES TO OPERATIONALISE THE MODEL

Chinn and Kramer (1999) describe guidelines to operationalize a model as a how the model can work. The guidelines should be taken into consideration in order to make the developed model functional. The guidelines to operationalize the model will consider all the activities involved in the development of the model namely,

- context,
- agents,
- recipients,
- procedure,
- dynamics and
- the purpose of the model

7.2.1 Guidelines related to the context

The context in which the facilitation of the psychological services will take place is the following: context, correctional services context, community context and family context.

7.2.1.1 Guidelines for the correctional services context

The correctional services context should address the issue of availability, and accessibility of psychological services. The following aspects have been found to be very

imperative in promoting mental health services among offenders who are serving long-term sentences in the correctional centre.

a) Availability and accessibility of psychological services

Extensive research has examined specific factors affecting mental health treatment access and identified barriers to care, including attitudinal, financial, and structural barriers (Mojtabai, Cullen, Everett, et al 2014). Mental health services in correctional centres are inadequate. Offenders who are serving long-term sentences have concerns when it comes to provision of psychological services within the correctional centre. It is vital that inmates be exposed to psychological services in order to deal with their mental state during their stay in a correctional centre and after their release. In both correctional centres where the research was conducted are serviced by one clinical psychologist who has to provide mental health services to more than 3000 offenders per centre. Availability and accessibility of services determines the use and the effectiveness of the services provided. People who will have access to the mental health services will be offenders who are serving long term incarceration from two years and above as stipulated by the Department of Correctional Services. This means that offenders who are not serving long-term services will not have access to the services. Both CCs have a challenge of overcrowding. This has implications in scaling up the mental health services since the centres are serviced by one clinical psychologist.

Klein, Slap, Elster & Schonberg (1992) describe criteria to determine access of the services as follows:-

- **Visibility:** This would mean that it will be possible to provide mental health services to offenders in long-term incarceration within a conducive environment that is not life threatening and is safe. This will allow interactions and engagement between the facilitator and the offenders. The correctional centre can be a very threatening environment, especially due to gangsterism and violence. A non-threatening environment should be created in order for facilitation of mental health services to take place.

- **Quality:** The CC should always make sure that the mental health services that are provided are of high quality. If the quality of services is compromised, this could affect the attendance of the services by the offenders. The quality of services should not be compromised for any reason. The CC should not focus on quantity but the quality of the services being provided.
- **Flexibility:** The operating working hours of staff members should be not be unrealistic. When offenders request to see a clinical psychologist anytime of the day, the services should be made available to the offenders.

The mental health services should be easily accessible to all offenders irrespective of their educational status. Mental health services should be made available to any offenders who is serving long-term sentence in the CC in order to bring behavioural change and promote mental health well-being among offenders. Furthermore, mental health services should not be limited to offenders who are able to read and write English only, the services should be simplified in such a way that all the offenders will access the services during their stay at the CC in order to reduce recidivism upon their release. Moreover, longevity of the prolonged attendance will help the offenders not to relapse during their incarceration. A single programme should be attended for a longer period of time parallel to another programme. Programmes should be available throughout the inmates' stay in the correctional facility. Mental health services should be prolonged until the offenders are able to cope and adjust to incarceration.

7.2.1.2 Guidelines for the community context

A community is a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings (McQueen, 2001). The individuals who experience discrimination and stigmatization are offenders once they are re-integrated back to the community. Offenders are discriminated for their convictions and they are stigmatized for their incarceration.

- The community members should be part of workshops that can be organized wherein community members could be taught about maladaptive behaviour, offending behaviour and behavioural change. For the workshops to be effective, members should be grouped according to their age groups.
- Community members should be taught about psychological services and how they help offenders change their behaviour to become better people.
- Community members should be taught about offender's recidivism when offenders are rejected by their own communities. Community members should be made aware about the dangers of rejecting offenders once released from the correctional centres. When offenders are made to feel like they are not human and are not accepted by the community, they tend to go back to their old ways and re-offend in order to go back to the correctional centre where they think they belong.
- Communities should also be taught about the need to avoid discrimination. Awareness campaigns should be organized within the communities that would address the issue of discrimination in the workplace, in the community or at home.
- Awareness campaigns such as substance abuse, gambling, domestic violence, conflict resolution should be conducted in order to prevent people from engaging in offending behaviours.
- Awareness campaigns should also be conducted in schools regarding criminal behavior because if learners are taught at a very young age to differentiate wrong from right. This will help them to choose the more positive side and not involve themselves in gangs that could lead them to correctional centres.
- Ex-convicts should also form part of the discussions during awareness campaigns in order to bring awareness among the community members about offending behavior and to enable them to share their experiences.

7.2.1.3 Guidelines for the family context

- Family members tend to reject ex-convicts especially if they were offended by the offenders. It is imperative that family members are familiar with mental health services wherein interactions can take place between the family members and ex-convicts and the service providers.
- Family members should also be exposed to workshops, such as what lack of parenting, love and care could lead children who grow up without guidance to criminal behaviour. This will ensure that family members understand what lack of parenting, love and care could influence criminal behaviour.
- Family members should work as a unit and demonstrate love among themselves.
- Transparency and honesty among family members is needed in order to provide healing and understanding to offenders.
- Family members should promote and maintain good relations. This will help the offenders to open up and share their experiences and frustration about the kind of criminal behaviours they are involved in.
- Mutual respect is also required because it will facilitate interactions and engagements between family members.
- Family members should be encouraged to attend workshops and awareness campaigns that would be facilitated within the community in order learn more about stigmatization and discrimination of ex-convicts that could assist them not to relapse when they are rejected by the community. If they are accepted by family members, they will have a positive support system that could give them hope to look forward to the future.

- Family members should be taught not to reject the offenders after their release from prison to avoid recidivism.

7.2.2 Guidelines for the agent

- Agents are the driving force of the whole facilitation process. Without them, the effectiveness of facilitation will not be easily implemented. Agents should always encourage offenders to attend the psychological services in order for rehabilitation to take place.
- The Head of CC should always schedule professionals to facilitate psychological services at the CC.
- The agents should be qualified professionals who possesses the required qualifications in order to facilitate these psychological programmes.
- Agents should be fully equipped and attend refresher seminars, workshops or courses that would help in the facilitation of the psychological services.
- Agents should possess a skilful and special characteristics that will allow them to have group dynamics when facilitating the psychological programmes. The following dynamics have been found to be very important in ensuring that effective facilitation takes place:

Non-judgemental behaviour

Agents should always display non-judgemental behaviour when dealing with offenders. Agents should always accept offenders the way they are with their behaviour and convictions. They should not blame them for their deeds and their stay in incarceration. For the free flowing of discussions and interactions, agents should refrain from judging the offenders. Once the offenders feel that they are being judged, then facilitation would not run as smoothly as it supposed to be. Agents should refrain from telling offenders that they are cruel and bad that is why they ended up in the correctional centre. When offenders share their frustrations, concerns and how they feel, they should not be judged for their behavioural display and for their deeds. The agents should make it a point that

their role is to help rehabilitate the offenders who do not even understand their own behaviour.

Respect

Spagnoletti and Arnold (2007) define respect with such words as empathy, love, and compassion, that everyone agrees connotes a positive attribute. However, there are innumerable ideas about what respect means. In this regard, the agents should always show some respect when dealing with offenders. Offenders will be more open to communicating with an individual who respects them and their ideas. For offenders to open up and share their experiences, they need to be shown respect by the facilitator. Beach, et al (2007) argue that physicians must both behave and think respectfully. Saying thank you is also one of the signs of respect. When offenders interact and raise an important point or issue, agents should thank them for bring up valuable points for discussion. In order for the agent to show respect towards offenders, they must at least display some of the following elements:

- **Listening Skills**

The agents must have good listening skills when interacting with the offenders. The act of mindfully hearing and attempting to comprehend the meaning of words spoken by another in a conversation or speech is important (Down, 2008). The agents must always be attentive to what the offenders are saying and not interrupt them when they are talking. They should always keep an open mind. Demonstration of non-verbal behaviour towards offenders shows interest and it makes offenders feel accepted and not judged. The implementation of the appropriate interventions requires the agents to have good listening skills in order for them to gather all the information that can be used to help rehabilitate offenders in the long-term. Agents should learn to encourage offenders to participate in psychological programmes and also be helpful when they need assistance, clarity and inspiration. Active listening involves paying close attention to what the other person is saying, asking clarifying questions, and rephrasing what the person says to ensure understanding. Through active listening, you can better understand what the other person is trying to say, and can respond appropriately.

- Good communication skills

Being a good listener is one of the best ways to be a good communicator. A pleasant calm and supportive tone of voice should be used (Stuart & Laraia, 2005). An agent should speak clearly and directly. Through a friendly tone, a personal question, or simply a smile, agents will encourage offenders to engage in open and honest communication with them. It is important to be nice and polite in all facilitation communications. It is important to be confident in interactions with offenders. Confidence shows offenders that agents believe in what they are saying and will follow through. A good communicator should enter any conversation with a flexible, open mind. Agents should be open to listening to and understanding the other person's point of view, rather than simply getting their message across. By being willing to enter into a dialogue, even with people with whom they disagree, they will have more honest, productive conversations which will lead to effective facilitation of the psychological services. Friendliness, clarity and precision should always form part of the communication process.

- Empathy

Smith (2017) defines empathy as an awareness of the feelings and emotions of other people. Agents should always try to show empathic attitude towards offenders. They should always strive to understand the offender's attitude and behaviour through their own empathic attitude. The agents should understand the emotions of offenders through self-reflection and self-awareness. They need to understand what the offenders are feeling, thinking and why they behave the way they do.

Trust

Agents should always show a sense of trust towards offenders. They need to learn how to believe the stories that they are being told by the offenders because once an agent tells offenders that they are lying, then offenders will feel disrespected. If offenders feel like they are not trusted, they will feel unwelcomed and may stop coming for the psychological services. Trust is the driving key for active participation of offenders. It is important that the interaction between the agents and the recipients be characterised by mutual trust. Agents who are providing assistance should always make it a point that they gain the recipients' trust.

Honesty and integrity

Agents should always make it a priority to be honest. Agents should not deceive recipients. It is very important to have openness with the recipients because it will lead to them trusting agents with their lives. It is perhaps the most important principle of facilitation because integrity of the agents towards effective facilitation of the psychological services depends of the truthfulness and honesty. Agents should possess a strong moral principle based on honesty and integrity. When agents are not honest and are deceitful, the chances are that the recipients would not have a positive attitude towards the active participation of the psychological services.

7.2.3 Guideline for the recipients

Offenders who are incarcerated for a longer period of time should be able accept their situations and be willing to accept change through rehabilitation that would give them hope for the future. Offenders should be able to accept their own mistakes, accept that they have wronged or offended other people and be willing to heal within themselves and also want to seek forgiveness from the people they have offended. They should have self-awareness. Cherry (2017) defines self-awareness as one of the core parts of self-concept in developing self-realization. Self-awareness and introspection have the ring of a self-help towards guilt. The more they accept their own mistakes, the more they try to find healing, positive attitude towards life and self-consciousness. It is very imperative for some of the offenders who have been sentenced to long-term incarceration to forgive people who put them behind bars. Forgiveness towards self and victims is very important for the healing process and positive behavioural change. If the recipients can forgive, forgiveness would transform anger and hurt into healing and peace. Forgiveness can help offenders overcome feelings of depression, anxiety, rage as well as personal and relational conflicts. It is about making a conscious decision to let go of grudges.

Furthermore, after the recipients have gone through the process of self-awareness, introspection and forgiveness, then they should follow the process of being actively

involved in the psychological services that will equip them with basic skills to help them through the healing process, adjusting, adapting to the new environment and to positive behavioural change. The recipients could benefit from the following:

- The recipient should actively participate in the psychological programmes in order to see change within themselves.
- There should be interactions and engagement between the recipients and the agents in order to seek clarity where it is needed.
- The recipients should not be afraid to talk about how they feel, share their fears and frustrations of being incarcerated with the facilitator.
- Recipients should be willing to learn and be willing to accept their deeds in order to see change within themselves.
- Recipients should not judge each other.
- It is very important for recipients to respect each other during the facilitation process. They should not crush down any views and ideas shared by other offenders. They should be willing to listen and engage in interactions with fellow offenders.
- It is also imperative for the recipients and agents to have mutual respect. When the facilitators are not well respected, it will affect the implementation of the psychological services and its effectiveness.
- The recipients should be willing to learn and receive information from the agents.

7.2.4 Guidelines regarding the process of facilitation

Conducting need analysis

- Need analysis attempts to collect as much information as possible in order to build a comprehensive understanding of the needs and issues offenders are faced with (Akyel, 2010). Conducting need analysis among offenders is a very important strategy for identifying the things that are needed from the offenders' point of view in order to assist with the rehabilitation process.
- The agents should have sessions with the recipients before they could develop comprehensive psychological services in order to detect and identify the holistic

approach that could be used to rehabilitate offenders than just presenting them with services from a professional point of view.

- Information gathered from the recipients should assist the agents to develop a comprehensive intervention tool that could be used to rehabilitate offenders because they are at the receiving end of the final product, thus, they must be part of the development of the intervention tools.

Human rights

- The agents should always bear in mind that all offenders have a right to mental health care access. The recipients should not be left out from receiving mental health services because of their level of education. Every offender has a right to mental health care services (WHO, 2005).
- There must not be segregation when delivering mental health care services among offenders. All recipients should have equal access to mental health services.

Human Resources

- For the model to be implemented effectively, the CC need to have sufficient human resources that could assist with the delivering of mental health services among the recipients. There has been lack of human resources in CC.
- In order to address the challenge of the shortage of human resources in the CC, the model suggests OP, SW and CO, as well as clinical psychologists to be appointed in order to assist with the workload the CC is facing.
- It is very important to scale up the lack of and shortage of mental health services through additional human resources.
- Appointment of additional personnel in the CC could also assist with the challenge of transferring of the recipients from one centre to another. When the recipients are transferred from the centre that is delivering mental health services, to a centre where mental health services are not implemented, additional appointments of staff members could scale up mental health services in the CC in order to prevent the recipients from relapsing due to possible interruption in their sessions.

Financial Resources

- There is a need for financial resources that could assist when new staff members are appointment.
- There is also a need for the development of study material that the recipients will use when attending the mental health services.

Role Identification/clarification

- All agents should identify their roles and clarify them in order not to overstep their scope of practice as stipulated by their professional boards.
- OC, SW and CO cannot diagnose the recipients of any mental illness because it not within their scope of practice. Only the clinical psychologist can diagnose the recipients with any mental health disorder since it falls within their scope of practice.
- OC, SW and CO can only facilitate the psychological programmes in order to assist clinical psychologists with their workload.

Information Giving

- All information related to all the mental health service should be provided to the recipients. Offenders should be provided with information that could assist them to cope with the incarceration process, information on how to overcome their addictions, information on how to adjust and information on how to maintain family relations.

Teamwork

- Psychological programmes require collaboration of planning, decision making, problem solving and goal setting of responsibilities by agents.
- It is important that clinical psychologists work with OT, SW and CO in order to scale up the psychological services within the CC.

- To achieve therapeutic outcomes, team members must work together to address the identified problem.
- For rehabilitation to take place, team members must go an extra mile to recognise and acknowledge the offenders' needs in order for behavioural change to occur.
- Team members need to establish a strong working relationship with co-workers in order to achieve the primary goal of rehabilitating offenders. Without a good working relationship, it will be very difficult to achieve such goals.
- Building trust with team members as well as recipients is very crucial. When recipients develop a sense of trust towards the agents, it provides them with a feeling of safety that allows them to be free and share their frustrations and concerns during facilitation of psychological programmes. There must be trust between team members as well as recipients.
- Teamwork among agents promotes productivity.
- Good handling of potential problems may facilitate a stronger professional working relationship (Stuart & Laraia, 2005).
- Teamwork enhances communication and creativity. When agents facilitate psychological programmes, there may be creativity on how best to facilitate the programmes.

Active Participation

- Active participation is an approach that enables individuals to be included in their care and have a greater say in how they live their life in ways that matter to them (Sheriff, 2006)
- There should be active participation of the recipients for efficacy of the psychological services.
- Active participation will ensure positive engagement of recipients.
- It will also ensure engaging with the material in a way that promotes understanding and comprehension.
- The effects of active participation will ensure that rehabilitation takes place.

- The recipients should always be actively involved in the participation of the psychological programmes in order to receive operational therapeutic interventions that could assist them with behavioural change.

Regular and Continuous Sessions

- There should always be regular sessions between the agents and recipients for the effectiveness of rehabilitation.
- Interrupted sessions due to factors such as recipients being transferred from one CC to another should be addressed.
- Inactive participation of the recipients might affect the effectiveness of the interventions. Thus, recipients should always be encouraged to participate in the sessions in order to start making meaning out of their lives and also find coping mechanism through the attendance of the programmes.
- There should be continuous sessions even after completion of prescribed sessions for offenders serving longer sentences. This will revive and refresh the psychological programmes when offenders are encountered with conflicts and frustrations in the CC.

7.3 SUMMARY

This chapter reviewed how the developed model can be utilised. The operationalization of the model was explained in detail. The discussion focused on the context of the model, the agents, the recipients, dynamics, procedure and their outcome. The last chapter, provides a conclusion by discussing the limitations of the study and making relevant recommendations.

CHAPTER EIGHT

EVALUATION, LIMINATIONS, CONCLUSIONS AND RECOMMENDATIONS

8.1 INTRODUCTION

The previous chapter discussed the operationalization of the programme. This chapter evaluates the study in order to check whether it has met all its objectives outlined in Chapter 1. The justification of the study will be outlined concerning the originality in contributing to the body of knowledge. Attention is also given to the limitations of the study, conclusion and the recommendations of the study in relation to facilitating effective psychological services among offenders serving long-term incarceration. The purpose of this study was to develop a model to facilitate effective psychological services among offenders serving long-term incarceration in Vhembe District. The study used the qualitative approach and was guided by the exploratory, phenomenological and contextual designs. Thirty offenders were purposefully selected and this was reached through data saturation. The study data was analysed using IPA and thematic data analysis.

The study findings discovered that offenders who are serving long-term incarceration display psychological aspects that affect their mental state during incarceration. The study also revealed that one of the CC where the study was conducted did not provide psychological services to offenders. This situation compromises the mental health of offenders and increases chances of recidivism when offenders are subsequently released. The analysis of facilitation concept was done and the model was developed through the Dickoff et al (1968) guidelines.

8.2 EVALUATION OF THE STUDY

The evaluation of the study was ranged against the rationale, purpose and objectives as described in chapter 1.

8.2.1 Rationale of the study

The study sought to develop a model on facilitating effective psychological services for offenders who are serving long-terms in incarceration. The research provided offenders' views about the psychological services offered at the CC and shared their experiences of long-term incarceration. The long-term incarceration and the CC has negative effects on the mental health and well-being of offenders which results in violent behaviours. In the CBT, offenders tend to have aggressive behaviour through the process of imitation. Being incarcerated for a long period affects one's cognition and mental health functioning. The offenders are housed in a centre where there is overcrowding and where there are no psychological services to assist them to cope with their incarceration. The CBT stipulates that the environment can shape someone's behaviour. The offenders' environment was found to be one of the most contributory factors to their mental health problems.

There is discrepancy in the way the CCs are enrolling offenders to attend psychological services. The offenders who are illiterate, who are unable to read or write are not enrolled in the psychological programmes that are offered by the centres. According to WHO (2005), every inmate has a right to mental health care service during incarceration. Every inmate should have equal chances of being provided with mental health services during incarceration irrespective of their race, gender, ethnic group or their educational status. For the effectiveness of the facilitation of the psychological programmes, offenders should not be judged by their background. The offenders who have fallen into recidivism indicated that they re-offended after they are release from the correctional centre because they had not attended psychological services during their first incarceration. Attendance of the psychological service reduces the risk of recidivism among offenders. Furthermore, offenders from TCC indicated that there are no psychological services being offered at

the centre. They spend their day idle. Most of those transferred from KSCC to TCC raised their concern about relapsing since there are no activities at the TCC.

One of the remarkable findings of the study found out that the effectiveness of the attendance of the psychological services during incarceration. Most offenders indicated that they were different people during their entry to the CC and were very rebellious and joined gangs. However, after enrolling in the psychological programmes, they started seeing life differently and changed their behaviour and their relations with their families improved. In the CBT, a value system condones violent acts with certain social contexts. The misconception associated with literacy when seeking psychological services should be addressed openly among all the role players. This could also assist other offenders who are seriously in need of the psychological services but have never been to school. The CBT insists on the reinforcement aspect, wherein offenders should always be supported over and over again.

8.2.2 Purpose of the study

The purpose was to develop a model to facilitate effective psychological services among offenders in long-term incarceration in Vhembe District. Dickoff et al's (1968) framework was used to provide the theoretical framework making use of six survey list. The model developed was described according to the guidelines provided by Chinn & Krammer (1999).

8.2.3 Research objectives of the study

All the objectives of the study were met. The objectives focused on the experiences of offenders, the risk factors that are associated with incarceration, the effects of incarceration on offenders' physical and mental health and offenders' coping strategies. The concept of interest in this study was the term facilitation. The concept was analysed using Dickoff, et al's (1968) framework. Facilitation was the central concept as it was identified from the data that was collected from the offenders. The concept was defined from different sources and its attributes were described in the study. Surrogate terms

such as antecedents and consequences were also explained in trying to understand the full meaning behind the concept facilitation. The analysis of the concept formed the basis of model development. Furthermore, the researcher used the results obtained from the study to develop a unique model.

8.3 ORIGINAL CONTRIBUTION OF THE RESEARCH STUDY TO THE BODY OF KNOWLEDGE

Focus was placed on the deprivation offenders of their rights, overcrowding and offenders' living in conditions that are inhumane in the correctional centre. However, the development of a model on how to facilitate effective psychological services among offenders in long-term incarceration is the original contribution of this study to the body of knowledge. No model has ever been developed in correctional services in Vhembe District that focuses on the facilitation of psychological services and also checks its effectiveness. The study revealed that for effective facilitation to take place, there must be a conducive environment and mutual trust between the agents and the recipients. The need analysis must be conducted prior to the development and the implementation of the psychological services. This developed model will contribute to the body of knowledge by helping with the rehabilitation of offenders within Vhembe District. Furthermore, it could be extended to other provinces. As has been noted, this is the first model ever in Vhembe District which deals with offenders.

8.4 LIMITATION OF THE STUDY

- One of the major challenges that the researcher encountered during data collection was that, the research assistance were not allowed to enter the correctional centres due to the fact that they were not included in the approval letter from DCS. This made the data collection difficult since the researcher could not speak other languages like TshiVenda.

- The developed model was not reviewed by all participants to ascertain whether the concepts presented in the model represented their long-time incarceration experiences, due to the unavailability of the participants.
- Not all psychologists were interviewed. Only one was willing to participate in the study. The other psychologist was not willing to participate in the study. The study would have benefited a lot if all the psychologists were interviewed to grasp the overview of how psychological services are being implemented in TCC.

8.5 RECOMMENDATIONS

The following guidelines were made according to the guidelines for the operationalizing of the model. The following recommendations are based on research findings and were observed:

8.5.1 Recommendations for DCS

- After testing and refining the developed model, the guidelines for implementation may require adjustment.
- The tested model, guidelines and the related strategies may then be used to formulate policy for clinical nursing education.
- A formal policy development process should be followed.
- Psychological programmes and policies that will increase the ability of offenders to cope with their challenges should be put in place within the correctional centres.
- Government should provide and improve necessary psychological services in correctional centres. This is necessary to help inmates to cope with the challenges of their incarceration.
- The DCS should provide psychological services to all offenders irrespective of the length of their sentences or educational status.
- The DCS should appoint adequate professionals that will help improve psychological services across all correctional centres.

- The DCS should develop adequate infrastructure to deal with the issue of overcrowding in correctional centres.
- There should always be psychological services that are rendered and implemented within the correctional centre in order assist inmates to cope with their incarceration.

8.5.2 Recommendations for future research

- Research should be conducted on negative attitudes towards psychological services in correctional centres.
- Similar research should also be conducted in other correctional services within South African to check its feasibility and reliability.
- The developed model can be implemented and evaluated in other correctional centres in South Africa.
- Further research can be conducted to evaluate the facilitation model and to make the necessary adjustment.

8.6 SUMMARY

This concluding chapter focused on what the study intended to do and what it actually achieved. Towards this end, the objectives of the study were reviewed in order to show that they had been achieved. The justification of the study was also revisited. The limitations of the study were fully discussed. Finally, recommendations for future research and the guidelines for DCS were made. In conclusion, it was very enlightening to learn that most of the interviewed offenders indicated that they were benefiting from the psychological services and were willing to attend more and encourage other offenders to also attend.

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APPENDIX A: Information Sheet

Development of a model to facilitate psychological services to long-term incarcerated offenders in Vhembe District, Limpopo Province, South Africa.

My name is.....I am a PhD student at the University of Venda. I am currently conducting a research study titled: “**Development of a model to facilitate effective psychological services for offenders in long-term incarceration in Vhembe District, Limpopo Province, South Africa**”. The purpose of the study is to investigate the effects of long-term incarceration among offenders in Thohoyandou Correctional Services. The study will explore your experiences as offenders, the kind of psychological services that are being rendered to you, the use of the psychological services, the impact of inmate violence, and the extent of suicide ideation/attempt. The interview will be audio recorded and the research will also take sketchy notes to help with data analysis. The information you provide will help us to improve the services being rendered at Thohoyandou Correctional Services.

We will not use your name and it will not be revealed in any written data or in reports resulting from the study. All the information you provide will be kept confidential. The interview will last for about 1 hour. If you would like to participate in this study, we will need your consent. We also want to stress that it is completely voluntary to participate in this study. If you choose not to take part in answering these questions, you will not be affected in any way whatsoever. When it comes to answering questions, there are no right nor wrong answers. We undertake that all the information provided by you will be used only for the purpose of the study. Everything that you say when answering the questionnaire will be treated as private and confidential. This means that apart from the person who asks you the questions, no one will know how you answered. To avoid possible breaches of confidentiality, our staff has been trained to carefully follow detailed procedures designed to ensure that no information about any persons will be released to anyone outside the research team. All information provided will be kept in a locked cabinet. Furthermore, you also have a right not to answer any question that make you feel uncomfortable. Should you be willing to agree to participate in this study, we would like to thank you for your time and for the information you are willing to share with us. Please note the information sheet is for you to keep. Lastly, kindly note that participants

will not be paid for taking part in the study. If you have any queries or need any further clarity, feel free to contact the researcher on this number 015 062 8356 or 072 474 1399

APPENDIX B: Consent form

The purpose of the study was to develop a model to facilitate effective psychological services for offenders in long-term incarceration in Thohoyandou, Limpopo Province, South Africa.

I(full names) hereby willingly volunteer to participate in the University of Venda- led study entitled “**Development of a model to facilitate effective psychological services for offenders in long-term incarceration in Vhembe District, Limpopo Province, South Africa**”.

I have read and understood the provided information sheet and understand that any information that I may give will not be linked to my personal identity.

I, therefore, consent to be interviewed, to enable the research team to collect information during the study.

.....
Signature (participant)

.....
Date

.....
Interviewer's Signature

.....
Date

If verbal consent is being given, the respondent will have had the information sheet read to him/her by the researcher and the interviewer will sign below in the presence of the respondent and a witness.

.....
Signature (Interviewer)

.....
Date

.....
Signature (Witness)

.....
Date

APPENDIX C – Interview guide for offenders

- What are the risk factors associated with long-term incarceration?
- What are the challenges experienced by offenders in long-term incarceration?
- Have you ever thought of committing or attempting to commit suicide?
- How does gangsterism affect your well-being while in incarceration?
- What are the psychological support measures given to offenders in long-term incarceration?
- How does being incarcerated for a long time affect your mental health?
- What are the barriers that hinder you from seeking psychological support?
- What are the coping strategies that you use in the cells on a day to day basis?

APPENDIX D: Interview guide for Psychologists

1. Tell me about the psychological services that are rendered at your correctional centre.

APPENDIX E: INTERVIEW TRANSCRIPT - OFFENDER

PARTICIPANT D25
2017

KSCC

DATE 19 June

Interviewer : Good morning. My name is Mercy Mushwana. I am a PhD student at the University of Venda. I am doing a study on the topic “**Development of a model to facilitate effective psychological services for offenders in long-term incarceration in Vhembe District, Limpopo Province, South Africa**”. As I have already indicated, the participation in this study is voluntary. You are free to withdraw from the study during the course of the interview. I should also remind you that whatever information you are going to share here will be kept confidential. No one will know the information you shared. Furthermore, participation in this study is anonymous. I don’t want to know your name and I’m only going to give you a code that will replace your name. I’d also like to record our interview if that is ok with you. If you don’t want me to record, please indicate and I won’t record our interview. Recording will help me to recall all that you have said because if I can write now, I won’t be able to recall what you have said. Do you have any questions you need to ask before we start or is there any issue you need clarity on?

Respondent : No

Interviewer : What are the challenges experienced by offenders in long-term incarceration?

Respondent : **Most of the people are sick inside here. And that alone put your life at risks of being infected or contaminated with diseases or infections around. People are very sick, and when you are convicted for life imprisonment, then you see that you are at the greater risk of being infected with diseases such as TB. We are at a greater risk. The correctional centre alone is not a very same place to be in. Once**

people don't have their personal space, they tend to react aggressively to the pressures of prison life. And that alone is also a challenge because you always have to watch yourself, always be vigilant because you never know what might happen.

Interviewer : What do you mean by being always vigilant?

Respondent : Like I indicated, challenges are many. There are many. Madam, this is prison. You can go to bed tonight and you wake up the next day stepping on someone's' toes and you'll be in for it. You don't have personal space, if you want to study and further your studies while you are here it's a big challenge because sometime you would want to study and your inmates are busy making noise. When you are at DCS like I used to be, its even worse because prison can make you to do crazy stuff in order to be protected.

Interviewer : What do you mean by crazy stuff?

Respondent : (laughs....), so many crazy stuff. (Silence)....

Interviewer : Have you ever attended the programmes?

Respondent : Yes, I have attended quite a number of them. I have attended I think about six.

Interviewer : You have been here for six years now, why six and no more than that?

Respondent : Because of the case plan that was given to me when I first came in.

Interviewer : Do you find them useful?

Respondent :As for whether they work or not, eeh ... I think is a tricky kind of situation because in my case is not the first time I had been to prison. I first served 115 years Imprisonment, elsewhere. But the whole rehabilitation thing is basically the same everywhere DCS.

Interviewer :Do the DCS you were have the same programmes that are being offered here?

Respondent : Yes, things like sex and sexual violence, relapse prevention, pre-release programmes. They also have psychologists, and counseling, ya ... as for somebody who is coming back for the second time I don't know whether is the whole system or it's me. At the same time, I also think more can be done to rehabilitate offenders to avoid recidivism. Because I think most offenders are just passive recipients of the rehabilitation programmes. They are not actively involved in the whole thing you know. And from my own perspective, eeh, most of them programmes have been designed by people from your position, professionals you know. They have not really experienced the things that they are trying to address. If they can have a meeting kind of thing with offenders who want to take responsibility for their action and rehabilitation because they realized that it will come back to them, to rehabilitate themselves. Then I think it might come a bit more effective. If you just sit throughout the whole thing and you get your certificate so you can be released. By the way you get be released to the very same community with sub-cultural, peer pressure, negative influences. So it's sort of like kills off the whole effort that has been invested in the whole rehabilitation, it's just my view. I think more could be done, that's my view, yay a. It is just that different facilitators have different approach.

Interviewer : Are you one of the facilitators?

Respondent : Yes

Interviewer : How best can one facilitate these programmes?

Respondent : From my view, the manuals themselves, they have been done in English. Eeh, some of the offenders are still illiterate. Some of the concepts, eeh ... it also places a question mark on the effectiveness eeh of the concepts you know whether they understand them or not you know. So ... the way I facilitate, I used some kind of discursive setting. I introduce a concept, I explain it and we talk about it. I

encourage a situation where offender can make examples in which we all relate to. You know and I think it's good that eeh ... by offenders because in that way there is some kind of connection. It's not that kind of officials and offenders' kind of thing. All of us we are the same, we are offenders and we can be able to relate much better. You know there is this common denominator, unlike if it's facilitated by somebody else. I think there is so much that a facilitator can do to help rehabilitate offenders. Either there needs to be some paradigm shift to as far as policies are concerned. Or just adding a different kind of dimension to this rehabilitation thing. Because if they don't do something, the way I see it, recidivism is just going to continue. And the fact that almost 90% are re-offending so it puts a question mark on that are they really beyond rehabilitation or is there something that rehabilitation is not addressing? So that question should be looked at more closely not only from the professional kind of view but also try to get offenders on board you know. So they can customize these things according to the experiences the offenders are bring to the table.

Interviewer : So if you were to develop a programme or a manual, how best were you going to develop one?

Respondent : Eeh, there would be a whole lot of other factors to take into account. It has to be as comprehensive as possible. And the starting point should be with the offenders not with people who are designing the programme. Whatever you are going to design the programme should be based on whatever you are getting from the offenders themselves you know. Eeh, I think eeh, let's put it in this way neh, I don't know if it's going to make sense. None of us decide that you know I want to go and get a life sentence. In a same way a person is not born a racist, they get taught to become racist. The same way a person is not born a criminal but you learn criminality, it's sort of a mindset. You can't

really deal with crime per se. They will just be dealing with the manifestations. You deal with the mindset, that criminal mindset you know. In order to do that you need to replace it with a different kind of mindset. For instance, you are cold, you cannot say I'm cold I'm I'm cold focusing on the coldness, you going to focus on the opposite on something that is going to make you warm. By say you want to fight by only focusing on crime, and you are investing a lot on the problem and not really on the solution. So in order to get the solution, you need to use the same people that are causing the problem, in order to arrive at the solution. This thing also has to do with the background because the criminal mind develop at a very early age you know. You would know this. There is this primary, secondary and tertiary preventative major. Primary majors should be emphasized more than tertiary majors. I think that is where the programme needs to include parents, schools, obviously churches, and communities. Because children spend most of the time either at school or at home. The way our societies are built dysfunctional families. You will find most children spend most of the time outside in the streets where they are exposed to these kind of things. Like is said, if it is going to be a comprehensive programme, it's going to include those type of things. You can't really speak about rehabilitating people and re-integrating them into society when they are taken from society for a long time. You know and there are no outside people who are showing interest in the development of their well-being. If more people from the outside can come in, from that point start building some sort of relationships that would form a bridge between the society and the offenders. I don't think this whole set up is just going to do justice to what you are trying to do and to what or the way I see things.

Interviewer : So you are saying they should be extended to schools and communities?

Respondent : That's true, that true. I think that education curriculum should try incorporate all these things into their teaching. I mean it does not really help giving a person an academic distinction, moral education, an education on how to interact with other people you know. Because the only place I think the person can be efficient is in the workplace because that person has been educated for that particular field. But it would be ... you find that person interrelationship are not ok. So I think conflict resolution, behavioral development, eeh, and community crime prevention, ya those should be extended to the broader schools. I think eeh, more so at primary school because with my experience standard 4, 5 and high school, that's when peer pressure starts. That's basically where everything starts. At that age as an individual, you also growing now, you start to be aware of yourself, your surroundings, your conscious about your parents and all those kind of things, fragile kind of things. If those things could be included, I think, in preventing people becoming criminals. Because most of us have been to school.

Interviewer : You keep on labeling yourself as criminals, why?

Respondent : That's just the reality of it. Or I should use offenders? But the reality is that we are labelled as criminals.

Interviewer : So how do you feel about community re-integration?

Respondent : Eeh ... I don't know whether this is a coincidence or an irony. There is an I have tried to developed. But it's not gaining a whole lot of attraction at the moment. And some of the concerns when one was growing up, community reintegration, they are elaborated on because if for instance, let's say, a person is re-integrated back to the community, and has to do community service, but the community service is the person not working with people, he has to wash cars, cut grass and all those kind of things whereas that person offended the community, you know what I mean. So as soon as the person gets

released, you get that stigma of saying he is from prison. There is just pressure, it's just starting off on a bad footing. So at the same time the person gets subjected to menial kind of jobs, it reinforces the stigma that is attached to it. You know, and if people are moving like in the townships, and you are there doing community service and the child asks "why is that guy doing this and that?", they will be like the person just came out of prison you know, it also reinforces that kind of stigma. Community service should be more community based, eeh ya community, something that has involve him interacting with the community.

Interviewer : Like running those programmes?

Respondent : Yes, exactly, like running such psychological programmes in order to change the mindset of people. You also see the community bearing the responsibility of embracing that person and helping that person to clematises themselves but that stigma already prevents that from happening. And the person is essentially left to his own devices to see how he can come back into the society. It does not help the person anti-social tendencies if he has gone back. Maybe he sees like people are better than he is. You know, already he has that inferiority complex and he thinks it's better not to engage with the community. Its counter production the re-integration thing you know.

Interviewer : Any positives things you want to share about the psychological programmes?

Respondent : We should not have a blind eye, there are some positive as far as rehabilitation and re-integration is concerned. But there is also a whole lot of room for improvement. More things should be improved.

Interviewer : What are the barriers that are there that can affect the implementation of psychological services?

Respondent : The only barrier that I noticed is that the programmes are only offered to offenders who are able to read and write, then what about the ones that are illiterate?

Interviewer : What can be improved?

Respondent : Firstly, simplifying the manuals and involving the offenders when coming up with strategies to rehabilitate offenders. Offering the psychological services to every offenders regardless of number of years that were convicted, educational status, race, ethnic group etc. everyone should have equal chances of being offered the services to avoid recidivism among offenders.

Interviewer : So how does being incarcerated affect your mental health, your mind?

Respondent : But this place is incapacitating in so many ways. Eeeh, Education is Important in keeping you sane. Because if you are not being educated and you can't make sense of things, then you are more likely to subject yourself to prison life, just going to distract your mind even more. You won't have any hope so to speak. Ya, education is important that's what works for me, trying to keep myself sane because this place has the potential to make you go crazy you know. I think interaction with family is also important, frequent phone calls and so on. I I I , don't know how other people cope especially who don't have families or people who have offended their families. You sort of like feel you are all alone, you eradicate your sense of responsibility, and you feel like it no use doing the right thing. So you want to continue hurting people because you are also in the same state of hurting. But the place itself compared to other facilities is a bit better in terms of infrastructure and other facilities, but prison is prison. Is the same. In terms of mind set it gets to you. You can't be unconscious of the fact you are in jail. Sometimes small things reinforce that and remind you don't forget you are in prison. Even offenders remind you sometimes and tell you don't forget you are in prison not home. Everybody has a

responsibility to try to adjust, we just have to cope my sister, and there is nothing we can do.

Interviewer : What are you studying?

Respondent : I'm doing law with UNISA. This is my third year.

Interviewer : What risks/challenges are you faced with as an offender?

Respondent : Restrictions sometimes they can be an obstacle if you want to do more constructive things. If you want to initiate certain things that you feel should be there, eeh, sometimes where studies are concerned, and when you need to do research like you are doing but you can't because of the restrictions. Sometimes you need an access to a computer you can you know. Eeeh, but the restrictions that we have, from a managerial kind of perspective they are justified. Security and all those kind of things you know. Other challenge are eeeh ... family relations, especially some of us who are from far. I'm from Gauteng. East of Joburg. So family relations tend to suffocate because of the distance and so on.

Interviewer : But I heard you have access to phones everyday.

Respondent : In my case the bulk of my family are out of the country, they are in Geneva, Switzerland. My mom is here, is old to come and visit me. She has to rely on the family to come down here with her. The rest of the challenges they are in the mind. It's up to us to try and clear our airs and focus on good things.

Interviewer : And risks?

Respondent : Eeeh, here there are less risks because in DCS the risks are associated with bullying, gangsterism, because you don't have personal space you share with whole lot of other people. Particularly the fact that we are all men, so where one wants to have his own territory. So sometimes you have confrontations. Here the risks are

limited unless if you and your cell mate don't get along. If you have bad relations with officials and offenders are constantly complaining about you, you will have more challenges than a normal person. And you will be subjected to more risks.

Interviewer : Have you ever been part of a gang?

Respondent : Eeeh, in DCS you would do anything to be under the umbrella of protection. You end up joining things and gangs, things that you don't believe in in order to get that protection. Like I indicated prison is prison. More things are happening inside prison, things that are even beyond your Imagination.

Interviewer : What things?

Respondent : (laughs). So many things...that's all I can say.

Interviewer : Do gangs still exist here?

Respondent : Here I would say no. people here have their personal space. It's difficult for one to join gangs. The environment does not even allow that. We have so many activities that one can keep himself busy with. I don't think people still have time for such things.

Interviewer : Have you ever tried to commit suicide?

Respondent : Any person who is given a life sentence has had one or two thoughts about that. The minutes you are sentenced and hear "life imprisonment" you kind of lose all the hope in the world. Suicidal thoughts kick in, maybe one does not have the guts to do it but you would definitely have such thought if you feel hopeless.

Interviewer : How does incarceration affect your health?

Respondent : Like I indicated before, that this place is better compared to other DCs facilities. If one is sick, or if I'm sick, I just shout and you will be immediately attended to without any delays. So I have never

experienced any problems when it comes to my health. The environment is conducive enough not to subject one or be prone to illnesses.

Interviewer : Any last words?

Respondent : It would be nice if you sort of have a glimpse of the programme I was telling you about. Just to look at it.

Interviewer : I will look at it next time I come.

Respondent : Alright. Enjoy the rest of your evening.

Interviewer : Thank you for your time. I really appreciate it.

APPENDIX F: INTERVIEW TRANSCRIPT - PSYCHOLOGIST

DATE: 19 June 2017

CENTRE: KSCC

Interviewer : Good morning. My name is Mercy Mushwana. I am a PhD student at the University of Venda. I am doing a study on the topic “**Development of a model to facilitate effective psychological services for offenders in long-term incarceration in Vhembe District, Limpopo Province, South Africa**”. I have already told you about the study. Since you have agreed to participate voluntarily, can we now start?

Respondent : Yes.

Interviewer : What are the psychological services that are most effective when dealing with offenders?

Respondent : Ok, according to my own understanding and knowledge and training, all the psychological interventions are all equally important. And it depends also on person individual because we deal with different personalities. Some they relate well to educational programmes, they can relate well to that. They can express their emotions and how they feel through the educational programmes. But I think also we give an extra intervention because there are offenders who are still dealing with post-traumatic stress disorders, who are traumatic, who are dealing with crisis of life. Normally we put them through individual session because we are dealing with the inner wounded child. This is where you get a lot of information and what kind of remedy will suit that individual. Most of the offenders they feel more open in a group setting. We have 10 to 15 groups where we discuss a programme I have designed called self-disclosure. And is where you identify some disorders, some challenges that a person might be stuck at. And then you design a programme that will run for 6 to 7 sessions with the offender. But sometimes you cannot finish individual sessions due to

transfers because they move around a lot. You find they are transferred from this prison to another prison. For instance, they might be taken to Matatshe prison only to find that there is no psychologist there. The offender now is stuck and does not know how to move on. There may also be offenders who stop attending the programmes due to lack of interest or whatever reason known to them”.

Interviewer : What are the positive sides of the programmes?

Respondent : Looking at the positive sides of the programmes, I think and believe that most of the offenders can attest to this. If they had an opportunity to be exposed to all different kinds of psychological programmes, it can be psychosocial programmes that deal with the human mind to make them whole, I think we should be having less crime in this country. Because I think there is a need to consider a psychologist, we need to go and plant the seeds especially now that our country is growing into shambles in terms of crime, in terms of women abuse, child abuse and lot of things. If people they get educated and be given more knowledge and understanding, we can manage to deal with this issues of crime. It's not a good thing for an offender to start getting first education in prison where he could have started outside. Remember psychology starts at home. And he takes different transitions as he moves on through the development. Once an individual regresses in one stage, he messes up the whole thing. Sometimes you find that the challenges they encounter in prison, that's why we develop all these programmes, lack of parenting, they are destitute, they were brought up in the streets and they don't know what is wrong what is right, they live in poverty stricken society and the peer pressure also is on their side. Now the big challenge of nyaope drug in our society but not only drugs, we have another challenge in our society of gambling, it also hampers their

psychological daily functioning. So it is very important to incorporate all the psychological programmes because we don't look at one problem as the entity. We look at the holistic approach because we deal with the human being as a whole. So all these programmes I think for me is very imperative for the government, for different institutions private entities should also buy in in terms of tapping in in all these programmes because they make who the human being is. Without these programmes sometimes there is a missing link in a human being. But if you go through all these interventions sometimes people can be able to fill in the gaps and start to behave differently, start to face the challenges they have been facing all along, they start to express how they feel, and also to start thinking rationally about life. Because all these are people skills because if you don't have people skills you are nothing no matter how you try. If you don't have people skills you won't understand yourself. You even understand the behavior of other people. All these programmes take you to the point that you start with yourself. You start healing with yourself. Through healing you need to start forgiving yourself in order to move forward. You also have to accept your wrong to be normal human beings.

Interviewer : How long does it take for offenders to have a session with you when they request to see you?

Respondent : We we, we have a deadline of seven days. If I receive an inmate request today, within seven days you should have already consulted with the inmate. It should not exceed 7 days.

Interviewer : So do you think these programmes can be extended to schools and communities?

Respondent : Very very important, remember, when we started talking I said, psychology should begin at home, when you talk about community, we are talking about the families. Because it should start there. They should go to kindergarten, they should take it to primary school, they

should develop you know with the psychological services, and it's now that we can say we have that Ubuntu we used to have those years. Now our kids they don't have boundaries, they lack morals, they don't have values, there is no respect, so we have to instill that back into our society. I think it's very important for psychology to have community psychologists, or social psychologists. We should have clinical psychologists. We have to have all the discipline in order to have a healthy society.

Interviewer : Why do offenders leave the centre more cleanse, they are more focused, they have regained that Ubuntu and so forth?

Respondent : This is not a prison, this is a correctional facility. Where we try to help offenders where they are lacking in order for them to go back in fit in a society or accepted by the society. But let's say we have 20 offenders moving from this facility to the next facility, where we don't have professionals that can take where we started to cascade it further, the possibility of those people that we thought we cleansed, they can relapse. Remember in the correctional centre, offenders come from different places with different cultures, different norms and values and the gangsterism that is happening in prison, they will go back to their ways if they are not actively participating in any programme. They are bound to relapse. If they spend the whole day doing gangsterism, sodomising other offenders, stabbing others, the time to make contra-band, hurt officials, disrespect any other person coming next to you because you are frustrated because if a human being is moved far away from his family, extended family. We do have offenders coming from Cape Town, KZN, and families becomes a challenge for them to come visit them because of financial issues. Some cannot afford to put a meal in the table for their families. What more now if they were to board a bus, take a train or taxi to come here. They don't have to come here with nothing, they also have to come

and enjoy with the person they are coming to see. Like family days, we give them a chance that they should socialize and bond with their loved ones and catch up you know. So if the family does not come because of money it becomes frustrating to offenders. And it's where now they start to bully other offenders.

Interviewer : So what do you think can be done when offenders are transferred to other institutions so that they don't relapse?

Respondent : We need to have after care session like I'm saying but like I indicated we have challenges in terms of professionals. You find that we don't have enough social workers in the facility, we don't have even a single psychologist in that facility. So to take it to the next level it's a challenge because we don't have somebody that will hold them by the hand you know. You end up here and no one to say let's move on up until they close the chapter. So that's a big challenge that we are having because with all this good intervention, with all these good programmes but at the end of the day if we don't have a person who nurtures it further it comes back to zero because what we have started has been lost along the line. It goes back to zero. You find now we have a challenge of recidivism, they come back to prison because now it's a vicious cycle. There is also another challenge you find that they leave this facility, some are lucky they get parole and they go back to the community but the community is not ready to accept them. They discriminate them, they don't give them a second chance, they don't employ them, and they don't trust them. It's a vicious cycle for an inmate to earn a living. He is not participating in anything. He is not part of the community. He is being seen as the "other individual". Then he will start that game again of stealing, of robbing people and killing others and all sort of criminal activities in order to make amends of living.

Interviewer : Any other thing you need to share.

Respondent : I think on your recommendation, since you are going to publish this.

I think the parliament should look at this. Psychologists should not be housed in prisons only. I think the base should, the base of this should have psychologists from schools. Because some of the criminal offences are because of genetic, some are because of peer pressure, some are because of learned behaviour. They have to have psychologists in different organizations. They should have psychologists in companies and institutions. It's necessary for us to have psychologists in prisons. It should not focus on one department, if it's on one department it's not going to embrace everybody. If it's going to focus on one organization, one prison, you know, how about other structures who need the services of psychologists? Our communities should be more educated about what entails or what psychologists are doing and what is their scope of practice. What differences do they make in the community? They will add meaning into peoples' lives. It's only that most people especially in the rural arrears they do not understand what is the role of the psychologist. They will choose rather to go to the sangoma than a psychologist because they believe muti. They don't believe in somebody who can explain and deal with their deep scars and their emotions. It's never too late, we can still win as psychologists and go out there and preach to the communities about our services, preach our services to the schools, preach our services to everywhere. Especially now that we had a tragedy in Cape Town of fire and flooding. This is where the psychologists should go and flock there not only the fire-extinguishers. Also psychologists should go there and give interventions, give counselling and support to the families, the community, the society and all people who are involved in that tragedy. But you know sometimes we put money first, people would say "I'm not going there if I'm not going to be compensated. And you forget that sometimes to be a psychologist it's a calling, you need to

have that passion in order to make a difference in a human being, so this is how I see it.

Interviewer : Thank you so much

Respondent : Thank you. I wish you all the best and I hope this is a beginning and wish you all the best t

APPENDIX G: Ethical Clearance Certificate

APPENDIX H: Approval from Department of Correctional Services

APPENDIX I: Certificate of independent coder

APPENDIX J: Certificate from the language editor

APPENDIX K: Turnitin Certificate