

## **Reformation of Offenders in Nigerian Correctional Institutions**

**Hadi M. and Wan Azlinda Wan Mohamed\***

*Department of Professional Education, Faculty of Technical and Vocational Education,  
Universiti Tun Hussein Onn Malaysia, 86400 Parit Raja, Batu Pahat, Johor, Malaysia*

### **ABSTRACT**

This study examined the correlations between rehabilitation and reformation programmes such as moral instruction and counselling and medical services in Nigerian correctional institutions. A survey design was adopted. The participants were 224 offenders selected from seven correctional institutions in Nigeria. Questionnaire items were administered. Pearson correlation was used to examine the relationships between the variables. The findings reveal a moderate positive significant relationship between moral instruction and rehabilitation; there is a strong positive significant relationship between counselling services and rehabilitation and there is a strong positive relationship between medical care and rehabilitation. It is therefore recommended that Nigerian correctional institutions be in compliance with international best practice. More effort should also be given towards the teaching of moral instruction that has been identified as moderate because the higher the moral instruction given to offenders the higher the offender rehabilitation.

*Keywords:* Correctional institutions, offenders, reformation, rehabilitation, moral instruction

### **INTRODUCTION**

Correctional institution is a general term used to describe any institution designed

for confinement or reformation as well as reintegration of offenders. They are meant to mould the character or behaviour of inmates for a better life after incarceration. According to the European Commission (2012), the rationale for establishing correctional institutions globally including in Nigeria was to provide treatment and training to the offenders, thereby providing a conducive atmosphere to reduce the risk of recidivism.

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*E-mail addresses:*

hadimohammed41@mail.com (Hadi M.),

azlinda@uthm.edu.my (Wan Azlinda Wan Mohamed)

\* Corresponding author

The main features of correctional institutions are reformation, rehabilitation and reintegration of offenders (Bonta, Bourgon, Rugge, Scott, Yessine, Gutierrez & Li, 2010). Both reformation and rehabilitation are carried out within the correctional institutions, while reintegration is carried out after the offender has been successfully reformed and rehabilitated and re-united with the larger society. Reformation refers to the process of giving treatment to convicts through inculcating right habits as well as religious guidance to change their bad attitudes to good ones. It involves infusing in them the will to refrain from criminal behaviour. According to the United Nations' standard on minimum rules in offender reformation, correctional institutions should utilise all forms of assistance that are appropriate and available and should seek to apply them to the individual treatment and training needs of the prisoner (United Nations of Human Rights, 1990).

Reformation of offenders in correctional institutions is carried out through programmes such as moral instruction and counselling services to offenders including medical services as well. Moral values developed from moral instruction are the standard or principles derived from a philosophy, religion or culture or it can be derived from a standard that a person believes should be unusual (Davis, 2012). Counselling refers to the services offered to inmates to identify reasons for his/her criminal behaviour in order to provide intervention action and try to prevent

recidivist activity. The counsellor also provides individual counselling sessions for inmates who might be having trouble coping with the correctional institutions. Medical services refers to the services offered to inmates in correctional institutions that are carried out by medical physicians who work in the prison system to provide medical care, examine, diagnose and treat inmates and their illness or injuries (Tanimu, 2010).

Rehabilitation implies the reformation of personality and behaviour of convicted offenders through general education and vocational training to ensure that individual offender returns to society as a complete self-supporting and accepted member of the society (Hassan, 2013). The purpose of vocational training in prison institutions is to train inmates in developing vocational skills that will help them acquire employment after release from custody for successful settlement with their families. Vocational education and training are offered in various trades including building construction, electrical and electronics, mechanical trades, plumbing and piping. The choice of vocational training available in prison institutions depends on inmate's interests, availability of teaching staff and funding, while offenders' participation in vocational training will differ from institution to institution.

In Nigeria, correctional institutions are considered centres for rehabilitation charged with the responsibility of ensuring that prisoners are reformed and rehabilitated. Some factors have made this a difficult or ineffective task despite official claims

that correctional institutions are operating on the principles of reformation and rehabilitation. However, studies indicate that these institutions are largely retributive in nature. These retributive traits are expected to be similar in other Nigerian prisons. Ayodele (1993) reported that the rate of revolving-door arrests of offenders is quite significant; as such, there is need to examine the relationship between correctional programmes and rehabilitation of offenders in Nigerian correctional institutions to determine the strengths and weakness of each correctional programme to prosper remedy. In this study, a correlation between correctional programmes was conducted to identify associations between variables and to suggest possible causal relationships.

### STATEMENT OF THE PROBLEM

Despite the Nigerian government's efforts towards effective reformation, rehabilitation and reintegration of offenders, up until now there is no serious evidence to show that offenders are properly reformed, rehabilitated and reintegrated back to the larger society to continue with a crime-free life because most of the offenders who are released become more hardened criminals and commit crimes more serious than before. The high rate of recidivism is because they were not properly reformed and rehabilitated (Tanimu, 2010). The expectation is that correctional institutions in Nigeria have not impacted positively on the lives and vocations of offenders, which raises questions on the system functions and existence that have not yet been answered.

According to Ugwuoke (1994), Nigerian correctional institutions are in a dilemma because rehabilitative and retributive practices are incompatible. It is therefore inconclusive whether correctional institutions are actually rehabilitating convicts or are still depending on punitive practice. That is why correctional institutions find it difficult to perform their duties of reformation, rehabilitation and reintegration of offenders (Nigerian Prison Service, 2010). In light of this situation, this study seeks to examine the relationship between rehabilitation and reformation programmes such as moral instruction, counselling services and medical services on the reformation of offenders in Nigerian correctional institutions.

### Research Questions

The study had three research questions:

1. Are there any significant relationships between moral instruction and rehabilitation in Nigerian correctional institutions?
2. Are there any significant relationships between counselling and rehabilitation in Nigerian correctional institutions?
3. Are there any significant relationships between medical care and rehabilitation in Nigerian correctional institutions?

### LITERATURE REVIEW

The popular offender change models used in correctional institutions are the Risk-Need-Responsivity (RNR) model and the Good Lives Model (GLM), both of which

are discussed in the literature because they have been used globally in assessing and rehabilitating offenders. The Risk-Need-Responsivity (RNR) model is a popular offender rehabilitation model that has been used with increasing success to assess and rehabilitate offenders worldwide. As the name implies, the RNR is based on three principles: risk, need and responsivity.

### **The Risk Principle**

The treatment intervention should be appropriate to the level of the risk factor to match an offender's risk of reoffending. The institution should give more resources to higher-risk offenders, and those interventions should target the individual's specific criminal risk factors. In Nigeria, high-risk offenders are kept separately in maximum security prisons where more resources are devoted to reform and rehabilitate them while low-risk offenders are kept separately to prevent them from mixing with hard-core criminals as this is likely to influence them negatively.

According to the Risk-Need-Responsivity (RNR) model, low-risk offenders should receive minimal treatment compared to high-risk offenders. Factors such as age, gender, criminal history and age at first arrest are called static risks because they are not dynamic through intervention treatment, while dynamic risks are behaviour that can be changed through successful intervention, and they include substance abuse, education deficiencies, antisocial personality patterns and pro-criminal attitudes.

Rand Researcher's Graduate School (2013) reported that several studies were conducted supporting the risk principle and also discussed their own research that tracked over 13,000 offenders in 53 community-based correctional treatment facilities. The results of the study showed a decrease in recidivism by 32% for high-risk offenders and an increase in recidivism of 29% for low-risk offenders. The likely reasons for increase in reoffending among low-risk offenders were pro-criminal attitudes and disruptions to pro-social networks and support mechanisms.

### **The Need Principle**

The need principle has to do with the assessment of an offender's criminogenic needs, which are popularly called dynamic risk factors, and administers treatment for the major risk factors. In Nigeria, determination of the need principle of correctional institutions is conducted prior to the commencement of a reformation programme. Major risk factors include:

- (i) Antisocial personality pattern indicated by impulsivity, adventure or pleasure-seeking and restless aggression and irritability
- (ii) Pro-criminal attitudes indicated by rationalisation for crime and negative attitudes towards the law and social supports for crime indicated by criminal friends and isolation from positive social influencers
- (iii) Substance abuse
- (iv) Negative family and marital relationships

- (v) Poor school and/or work performance and a low level of satisfaction
- (vi) Lack of involvement in positive social recreational or leisure activities.

These risk factors are different from static risk factors that are related to reoffending; however, they cannot be altered through the delivery of services. Numerous studies and meta-analysis have identified the first three factors as the dynamic risk factors most predictive of reoffending. Some factors that might seem to be related to reoffending have a very limited or no relationship to recidivism such as self-esteem, personal/emotional stress, major mental disorders and physical health issues (Andrew & Bonta, 2010).

### **The Responsivity Principle**

The responsivity principle concerns the provision of the right treatment at the right level. Correctional institutions can utilise an offender's ability to learn from rehabilitative intervention by providing cognitive behavioural treatment and support and matching intervention to the offender's learning style, motivation, abilities and strengths. An assessment was conducted in Nigerian correctional institutions to identify the type of treatment to be given to each offender.

The responsivity principle has two parts, general and specific responsivity. While general responsivity calls for the use of the cognitive social learning approach to influence behaviour, cognitive responsivity calls for social learning strategies that are

most effective regardless of the type of offender. Core correctional practices such as pro-social modelling, the appropriate use of reinforcement and disapproval and problem solving spell out the specific skills represented in the cognitive social learning approach. Specific responsivity is a fine tuning of cognitive behavioural intervention. It takes into account strengths, learning style, personality, motivation and bio-social characteristics (e.g. gender, race) of the individual.

Bonta et al. (2010) reported a meta-analysis of 374 statistical tests of effects of judicial and correctional interventions on reoffending and found nearly a six-fold reduction on reoffending when behavioural approaches (including social learning and cognitive behavioural types of programme) were used. Behavioural approaches require convicts to practise the skills they acquired in custody and rely on strategies such as modelling/demonstrating a skill and the extinction of inappropriate behaviour. Meta-analysis of the effectiveness of sanctions such as intensive supervision, electronic monitoring, boot camps and incarceration that do not include behavioural intervention components show little or no reduction in recidivism and in some cases, the sanctions have been found to actually increase recidivism (Bonta et al., 2010).

Taken together the three preceding RNR principles call for assessing an offender's risk of reoffending, matching supervision and treatment to the offender's risk level and targeting the offender's criminogenic needs or dynamic risk factors with the

social learning and cognitive-behavioural programmes that likely effect change in the offender’s behaviour, given specific offender characteristics. Research has demonstrated that adherence to any of the three principles is associated with a reduction in recidivism rate, and adherence to all three principles is associated with the greatest reduction i.e. 26% in recidivism rate. A potential decrease of even 5% or 10% in the rate of recidivism is significant, given current rates of reoffending.

Several correction institutions adopted the Risk Need Responsivity model for several years (Bonta et al, 2010), but asserted that their effective use of these principles was limited, in part, by the terms of the sentencing decisions and conditions of probation specified by the judge. When the judge’s sentence is inconsistent with the RNR principles (e.g. the judge sentences a low-risk offender to boot camp or requires participation in a non-skilled-based education programme), the correctional institution is required to implement the sentence even if it is not going to be effective in the use of resources and may even increase the offender’s likelihood of recidivism.

**METHODOLOGY**

This is a correlational study that utilised the questionnaire as an instrument for data collection. The study used a sample of 224 offenders from correctional institutions from across Nigeria. The sampling technique used was cluster sampling. Nigeria is divided into six geo-political zones;

one of the zones was selected. The selected zone has seven states; one correctional institution was selected from each state. Pearson correlation was used to analyse the data.

**RESULTS**

**Relationship Between Moral Instruction and Rehabilitation**

The findings showed a moderately positive significant relationship between moral instruction and rehabilitation. This was evidenced by the Pearson correlation coefficient (r) values, which were equal to 0.246 and p<0.001 when a two-tailed test was conducted. Table 1 shows the numerical values of r and the significance level. This implies that a moderate increase in moral instruction will enhance increase in rehabilitation.

Table 1  
*Correlation between moral instruction and rehabilitation*

Variables	Significance level (Two-tailed)	Pearson correlation	N
Moral instruction and Rehabilitation	0.000	0.246**	224

**Relationship Between Counselling and Rehabilitation**

The findings showed a strong positively significant relationship between the two variables. This was evidenced by the Pearson correlation coefficient (r) values, which were equal to 0.616\*\* and p<0.001



when a two-tailed test was conducted. Table 2 shows the numerical values of  $r$  and the significance level. This implies that a higher increase in counselling services will enhance increase in rehabilitation.

Table 2  
*Correlation between counselling services and rehabilitation*

Variables	Significance level (Two-tailed)	Pearson correlation	N
Counselling and Rehabilitation	0.000	0.616**	224

### **Relationship Between Medical Services and Rehabilitation**

The findings showed a strong positively significant relationship between the two variables. This was evidenced by the Pearson correlation coefficient ( $r$ ) values, which were equal to 0.972\*\* and  $p < 0.001$  when a two-tailed test was conducted. Table 3 below shows the numerical values of  $r$  and the significance level. This implies that a high increase in medical services will enhance the increase in rehabilitation.

Table 3  
*Correlation between medical services and rehabilitation*

Variables	Significance level (Two-tailed)	Pearson correlation	N
Medical services and Rehabilitation	0.000	0.927**	224

### **DISCUSSION**

The need for offenders to be morally upright cannot be overemphasised because individuals with high moral values are accorded more respect than individuals who lack morality. Therefore, moral values are a reflection of the individual's character and spirituality, and to achieve better results in offender reformation programmes, moral instruction needs to be enhanced (Tanimu, 2010). Individuals with good moral values enjoy high recognition and serve as role models in society, including among those who have not been exposed to moral instruction.

Moral instruction in correctional institutions prepares offenders for unconditional love, kindness, honesty, hard work, respect for others, cooperation, compassion and forgiveness. Every individual offender is brought to understand that life is important, hence he/she needs moral values, which act as a guiding principle. The expectation is that once an offender is reformed, he or she would not return to prison due to a change in values, behaviour and attitude, from immoral to moral. These relationships were established through the scientific methods of inquiry and supported by previous and similar studies. The empirical evidence presented here shows that increase in moral instruction will increase the offender's rehabilitation.

According to Carls (2015), the essence of counselling services in prison is to identify criminal behaviour, provide

appropriate intervention and try to prevent reoffending activity. He maintained that counselling services in prison are a series of direct contact sessions with the individual offender aimed at offering him assistance in changing his negative attributes and behaviour. According to Ogunleye (2014), who reported that there is a significant relationship between the role of correctional counselling and prison inmates, as correctional counselling promotes “readiness to engage in education and vocational skills acquisition programmes.” Sara and Umar (2011) asserted that correctional counselling has a role to play in prisoner rehabilitation, and with proper counselling, prisoners learn vocational skills that might help them when they are finally free from incarceration.

For a prisoner to be properly rehabilitated there is need for him/her to be free from all sorts of substance abuse and addiction and he/she needs to be physically and mentally fit. Medical services in correctional institutions provide emergency care for illness or injury to ensure that all offenders get appropriate referrals to healthcare providers, to monitor and control the spread of communicable diseases and to provide education and counselling on a variety of health and wellness topics. Donmall, Jones, Davies and Barnard (2009) reported that in-prison medical services enhance inmate’s motivation for change or prepare them to use drug abuse treatment services once they are in the community or in a transitional setting. It is therefore evident that moral values, counselling services and medical services

help in offender reformation in correctional institutions.

## **CONCLUSION**

The relationship between moral instruction, counselling services and medical services in the treatment of offenders in correctional institutions is a determinant factor in offender rehabilitation. Therefore, there is need for correctional institutions in Nigeria to improve the teaching of moral values and delivery of counselling services as well as medical services to offenders to enable them to acquire educational and vocational training while in custody in compliance with the objective of reforming and rehabilitating offenders that they may become law abiding citizen with marketable skills for employment opportunities.

## **RECOMMENDATIONS**

The following recommendations are made:

- a) Correctional institutions should strengthen all their correctional programmes to facilitate proper rehabilitation of offenders.
- b) Qualified facilitators, correctional counsellors and physicians should be recruited and motivated to put in their best towards changing offenders’ behaviour and attitude to acceptable societal norms.
- c) Correctional institutions should also strengthen educational and training programmes to equip offenders with literacy and vocational skills for employability.



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