

Exploring Correctional Treatment Interventions for Young Male Offenders Who Committed Violent Crimes

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Abstract

The study explored correctional treatment interventions for young males who were incarcerated for violent offenses at Whawha Young Offenders prison in Gweru, Zimbabwe. It utilized a qualitative approach that enhanced the depth and understanding of intervention treatment used for the prisoners. The data was collected through the semi-structured interviews conducted with eight purposively sampled participants. Findings showed that the interventions being offered include assessment, counseling, psychosocial support, vocational skills training, academic, sports, and recreation, and moral and religious rehabilitation. The study highlighted that there is a need to enhance correctional treatment programs currently offered to inmates in order to improve the treatment outcomes and overall success of rehabilitation and reintegration of violent offenders. The findings from the study also showed that there is a lack of qualified professional staff and resources to carry out some correctional treatment interventions like risk assessment, counseling, psychotherapy, and psychosocial support. One can recommend that the institution should design specific treatment interventions to meet the criminogenic needs of various categories of offenders. Further research should focus on the effectiveness of these treatment interventions for young male violent offenders.

Keywords: Offending, Prison, Rehabilitation, Treatment, Violence, Young

1. Introduction

Worldwide, violence is a significant public health problem in terms of its effects on victims, the quality of life for offenders, and the economic burden on the correctional services, the health sector, and society generally. Research suggests there is a relatively small group of persistently violent individuals who are responsible for a significant and disproportionate number of violent incidents [1]. These people are often incarcerated or, for some who experience mental disorders, detained in secure hospitals for the purposes of incapacitation and rehabilitation. Violent offenders account for a substantial proportion- up to 70% of the prison population, hospitalized offenders, and offenders under community supervision in developed nations.

Interpersonal violence is a significant global problem. The World Health Organization estimates approximately 1.6 million deaths worldwide owing to violence; 86% are attributable to interpersonal violence or self-inflicted violence. In addition, the WHO estimates that each death resulting from interpersonal violence is matched by 10–40 times as many physical injuries requiring medical attention.

The economic costs of violence are also substantial. In a literature review of the economic impacts of crime, the WHO estimated the total economic impact of violence in the United States (US) alone to be approximately 3.3% of its gross domestic product, or over \$300 billion (i.e., considering impacts on employment, lost productivity, pain and suffering). Correctional settings in various international jurisdictions have a high proportion of persons convicted of violent crimes.

Over recent years, we have seen a huge expansion in the development and delivery of offender behavior programs around the world. These initiatives have occurred following extensive meta-analytic and primary research showing that such programs can appreciably reduce an offender's propensity to commit further crime [2,3]. Widely known as the “what works” or risk-need-responsivity approach to offender rehabilitation, the most efficacious programs are implemented in ways that adhere to key empirically derived service delivery principles [4]. Although these broad principles provide a useful framework for deciding whether a given offender rehabilitation program might succeed, they

offer little guidance on effective programming for specific types of Offenders [5]. As such, we currently have limited knowledge about “what works” to bring about change among serious violent offenders.

To our knowledge, there have been only a few meta-analyses exploring violent offender treatment effectiveness [6]. Among the eight studies that measured violent recidivism, the authors found a statistically significant positive effect of violent offender treatment, with an average difference in percentage reconvicted of eight percentage points among offenders receiving the interventions relative to controls. The best available research literature supports that, psychological treatments are effective for adult violent offenders across both correctional and forensic mental health settings [7].

Recent meta-analyses of offender rehabilitation programs have done much to refute the contention that “nothing works” and have offered guidance about general principles associated with effective correctional programming. Cullen and Gendreau confirmed that the most effective theoretical bases for programs are social learning theory, cognitive models, skills training, differential association, and behavioral systems including family therapy [8]. Effective intervention components include anti-criminal modeling, problem-solving, use of community resources, high-quality interpersonal relationships, firm but fair discipline, and relapse prevention/self-efficacy. Non-directive approaches, punishment paradigms, deterrence, and medical model approaches were most often associated with ineffective styles of intervention.

A number of secondary and tertiary prevention programs appear promising for violent or potentially violent youth [9]. Goldstein and his colleagues have developed an elaborate behavioral skills curriculum that includes components of anger control, pro-social skills, and pro-social values. Goldstein and Glick reported several evaluations suggesting that aggression replacement training (ART) has the potential to effect positive changes in participants on a number of relevant outcomes indices, for a variety of populations and settings, including incarcerated violent youths and adolescent gangs [10].

In well-developed countries, the risk needs responsivity model has been adopted for various treatments including, violent offender assessment. Where they identify who to treat (risk), what to treat (need), and how to treat (responsivity). Intervention involves the task of providing rehabilitation services to reduce and manage violence risk and improve pro-social functioning. There are collections of violence reduction interventions and programs with varying degrees of support for their effectiveness in reducing violence and aggression. The models are organized under two broad categories. First are comprehensive, multi-intervention, integrated violence reduction programs such as the Violence Reduction Program and Violence Prevention Program in Canada, New Zealand’s High-Risk Special Treatment Units, and Violent Offender Therapeutic Programmer (VOTP) from Australia and the UK [11-15].

These comprehensive programs (or CPs) tend to target a broad array of criminogenic needs linked to violence and aggression, they utilize a combination of group and individual treatment modalities. They use manual interventions and have a coordinated referral and intake process that includes pre-treatment, interim assessment, and post-treatment assessments of violence risk. Employs a multidisciplinary treatment team of corrections and mental health professionals to run groups, respond to urgent situations, monitor progress, attend to medical issues, and help clients consolidate and maintain gains and ultimately transition out of custody. As these programs tend to be run in prisons or forensic hospitals, they are often complimented by adjunctive therapies and other skills-based programs (e.g., educational upgrading, vocational retraining, and substance abuse treatment). Second, the other class of interventions listed is singularly focused interventions (focused programs that tend to target selected criminogenic needs (e.g., anger, criminal attitudes, aggression) or a particular domain of functioning (e.g., cognitive, affective, behavioral) linked to violence risk. While these individual interventions can be offered as standalone programs, they can often be combined together as constituent elements of the comprehensive multi-intervention violence programs referenced previously. These interventions are intended to work, in part, by helping the individual develop new cognitive, affective, or behavioral skills to remediate the domain linked to violence and aggression. of note, there is a distinction between an intervention technique and a formal intervention program; the latter is a systematized collection of interventions that may be used to promote cognitive, affective, and/or behavioral change.

In Zimbabwe there are no related published studies for treatment interventions for young violent male offenders therefore there is a need to carry out such a study in Zimbabwe Prisons and Correctional Services. This is so because there is an increase in violent offenses especially with the pandemic, and high rates of recidivism despite the violent offenders having attended rehabilitation. Therefore, exploration of the treatment intervention for young male violent offenders is essential for Zimbabwean correctional institutions and the community at large.

2. Methodology

The researchers used a qualitative approach because it was ideal for exploring correctional treatment interventions of young male offenders in the Zimbabwean context since there is little published literature on the topic. A case study was utilized as a research design because the researchers were interested in understanding the particulars of the treatment interventions for young male violent offenders. The researchers managed to have semi-structured interviews with eight rehabilitation officers ensuring privacy and confidentiality. Demographic information, which included inquiries about sex, profession, level of education, and number of years of service was gathered through semi-structured interviews. Purposive sampling was used this is so because it assumes that the researcher knows what types of participants are needed in the research [16]. This technique requires selection criteria that are

believed to be the most appropriate for the purpose of the study.

Participants who participated in the study met the following criteria;

- Those who offer treatment to young male violent offenders.
- Those who have expertise and skills in dealing with young male violent offenders.
- Those with two years and above of experience in the field of working with young male violent offenders.
- Those who have handled treatment issues of violent male offenders before.

Interpretive analysis was used for data analysis because the research aimed to make the strange familiar and the familiar strange. The key was to stay close to the data and interpret it from an empathetic understanding. The purpose is to place real-life events and phenomena (treatment intervention for young male violent offenders) into perspective, reading through data repeatedly breaking it down (schematizing and categorizing) then building it up again (elaborating and interpreting).

2.1. Research Questions

1. What are the treatment interventions for young male violent offenders?
2. What are the experiences and perceptions of prison staff on treatment interventions for young male violent offenders?
3. What are the models of treatment interventions for violent young male offenders?
4. What are the treatment formats for violent young male offenders?
5. What are the staff qualifications, skills, and competencies for effective treatment of violent young male offenders?

3. Results

Findings disclosed that at the institution there is no specific treatment for young male violent offenders but they offer the same treatment for all offenders. These treatment interventions include assessment, counseling (individual and group), psycho-social support, skills training/ vocational/ occupational, academic, sports, recreation, and moral and spiritual rehabilitation. Results showed that there is a lack of qualified professional staff and resources to aid some treatment interventions like assessment, counselling, and psycho-social support.

3.1. Assessment

Participants reported that after an offender is incarcerated firstly, we do initial assessment. The purpose of the session is to gather information about the crime, why he committed it, how it happened, family background, contacts, educational level, age, feelings, and thoughts after being sentenced, how is he coping with being in prison and what are his future plans after serving their sections.

“We have to assess every offender who will be sentenced to serve their sentence at this prison not specifically those who have committed violent offences only. We do not use any validated instruments for the assessment but only information log sheets for

the offenders where we have to document their crimes according to their own perspectives....”

3.2. Counselling (Group and Individual)

Respondents reported after they had done the initial assessment, which would have helped them to identify the needs, feelings, and thoughts of the offender and the type of offense. They can now schedule a counseling session individually for the first time and then add him to a group counseling section with those who have the same problem or worse than his so as to motivate him and give him hope.

“We do not have specific counseling for violent offenders but we try to group them according to the nature of their crime and the initial assessment for group therapy and we do not have a specific duration of the counseling sessions since we are not consistent as there is more demand of our services....”

3.3. Psycho-Social Support

It is another treatment intervention used to help young male violent offenders incarcerated at Whawha Young offender’s prison.

“As a way of helping young offenders incarcerated for violent crimes we contact the family or relatives of the offender to be involved in the treatment of their child or family members but we always have challenges as some of them do not respond, or cooperate. Other families will not want anything to do with the offenders while other offenders will not remember their relative's phone numbers. which makes this treatment intervention so difficult...”

3.4. Vocational or Skills Training

Participants reported that the prison offers different vocational skills that they can train young offenders after they have identified or showed interest and seriousness it is not compulsory.

Participant A reported that:

“The prison offers vocational activities like welding, woodwork, farming, and poultry, a mechanic in which one can enroll in and most of them do not need one to have five O’ level subjects....”

Another participant G said that:

“We have offenders obtaining certificates from these vocational skills such as woodwork, welding, and mechanic and some have managed to write their trade test and they have passed....”

Participant P reported that:

Apart from the vocational skills we also do skills training where we equip young offenders with different skills such as cleaning the offices, cooking for the officers, being a leader.....those who we have seen fit and trustworthy we give them duties to do under supervision.....”

3.5. Education

Education is another rehabilitation activity offered at Whawha

Young Offenders Prison. They offer education from primary secondary and tertiary. It is not a must that every offender should be educated or enroll in educational classes but it is voluntary and they take you from where you want/ where you ended up before being incarcerated till you finish secondary. One can also choose to do vocational skills without primary or secondary education.

Participant R reported that;

“Our school terms or syllabus are not the same as those from outside in here we teach you the material from the grade you have chosen and assess you if we see that you have grasped the material we move you to the next grade till you are now able to sit for exams....”

3.6. Sports and Recreation

Sports and recreational activities are other forms of rehabilitation inventions used for young offenders at Whawha. We offer sports and recreational activities like football, snooker, chess, and volleyball.

Participant M reported that:

“We make sure that once a week or twice young offenders have done a sports activity like soccer although it might not be that one we know they should at least do some physical exercises which is good for the body and mind refreshing....”

3.7. Church, Moral, and Spiritual Rehabilitation

Moral and spiritual is another rehabilitation intervention used for young violent offenders.

Participant V said that;

“With the help of our Chaplin, we make sure that every week we hold church service for the young offenders to teach them about the word of God, forgiveness, and good morals even though they had failed to comply before. We let them know that there is a second chance where they can choose to do good and what they were doing in the past.....”

3.8. Staff Qualifications, Skills and Expertise

Participants reported that for one to be a rehabilitation officer one needs to have a social science degree in psychology, or social work, and a national certificate/diploma from any vocational program.

“As a form of treating these young offenders, we use a multi-disciplinary approach where every rehabilitation officer has a role to play in the offender’s treatment. We use referral collaboration where the first officer who does the initial assessment makes a referral to other officers if the offender needs help from those departments. For example, after doing the initial assessment and discovering that the offender needs to see a psychologist for behavior modification or counseling you refer; the psychologist discovered that there is poor psycho-social support we refer to a social worker to trace relatives.....”

3.9. Experiences and Perceptions of Prison Staff on Treatment Participant L Reported that

“The treatment we offer here puts every offender in one bracket apart from those with mental illness hence our treatment ignores or doesn’t regard young male violent offenders as a special population needing special attention and treatment programs specifically for them....”

Another participant K said:

“Our treatments partially address the need or the risks that the young male violent offenders need for example those charged with robbery we equip them with vocational skills so that instead of violent acts to earn money they can do something which can give them money every day, week or end of month....”

3.10. Effectiveness of Treatment Interventions

Participant L reported that:

“To ensure that the skills gained by inmates continue to be practiced we try to link the young offenders with aftercare organizations, corporate world for example Child Line, ZACRO, Prison fellowship church organizations and we also do follow-up home visits when we can.....”

Participant X said:

“We only manage to review the progress made by young inmates who will be pursuing academic and vocational professional courses however other programs we cannot as we do not have the resources and also the young offenders make self - reports.....”

4. Discussion

Initial assessment is a form of treatment intervention used at Whawha Young Offenders Prison. To be able to work with and manage the risk possessed by violent offenders an accurate assessment is needed [17]. Participants reported that after an offender is incarcerated they first have to do an initial assessment where they have to gather information about the crime, why he committed it, how it happened, family background, contacts, educational level, and age. There are no assessment tools being used at the institution apart from the information log- sheet provided by the prison. Webster et al., state that there is a crucial decision-making phase between assessment and treatment intervention. Therefore, assessment done at the institution should be aided to improve its effectiveness.

Counselling is being done guided by the cognitive-behavioral model and the existential theory although they only adapt the processes that can be applied or done at the institution. They do both individual and group counseling and have no specific time frame or duration of the therapies. Most of the counselling done at the prison is general since there is a shortage of professionals hence only a few manage to have proper counselling. Kemshall et al, state that cognitive behavioral programs are effective for treating young male violent offenders such as anger management, cognitive skills, Resolve, and self-change [17]. Therefore, the models of treatment they use cover or addresses partially of the treatment as there will be some aspects that will have been left out

from the assessment which can be addressed using the risk need responsivity model.

Education is another treatment intervention being utilized at Whawha young offender's prison. They offer education from primary secondary and tertiary this is supported by Young, Dembo, & Henderson, 2007 who state that educational programming is the most common youth custody intervention. Education is there to address the academic needs as alluded to by the risk need responsivity model, self-improvement, and their right to education up to 16 years. Youth in criminal justice facilities also often have special educational needs with pre-existing challenges in school settings, including school failure poor relationships with teachers, and learning disabilities. Educational programs assist youth in developing relationships with educational supports, enhancing study skills, and improving educational gratification, performance, and overall outcomes. Apart from education, vocational skills are another treatment intervention being offered at Whawha prison. The vocational skills cover the educational/ employment criminogenic need stated by the (RNR) where they equip young offenders with skills to use for re-integration into society. Vocational skills are dynamic and modifiable through correctional programming which means that those offenders who have committed crimes looking for a way to survive now have a starting point after being released. This is supported by the Florida Department of Juvenile Justice's Avon Park Youth Academy (APYA/SS) which provides training to youth aged 16–18 who have encountered struggles in traditional school/ employment training programs [18]. In line with the ICAP model which explains offending in young men of low socioeconomic status hence attributing individuals with long-term personalities tend to come from poorer families, be poorly socialized, be impulsive, sensation seeking, and have lower IQ [19]. Hence proving the point that education and employment interventions are effective for treating young male violent offenders.

Psycho-social support is another treatment intervention used at Whawha to treat young offenders. As alluded to by the social learning and behavioral theory children model the behavior of those around them and the environment influences their behavior. Psycho-social support is another area explained by the social and behavioral model where rehab officers incorporate family members in the treatment of the offender. This is done as a way to be aware of the environment in which the offender lives and the support and love that he receives from the family. Psychosocial support is being offered through visits, and family week hence family showing up on these days and another day when they are in contact has a positive impact on the treatment of the young offender. However, psycho-social support is one of the areas in which the institution is having challenges as some family members are not cooperative and do not respond or show up, hence making the treatment intervention ineffective. For example, the responsivity principle where the officer will now be looking for protective factors such as family support for why the offenders would want to change their behavior. Studies have also found that people who live in violent communities learn to model the aggressive behavior

of their neighbors.

Sports, recreation, spiritual, and moral are other treatment interventions being employed at Whawha. Sports and recreation help the offenders to take their mind off things or to refresh them from thinking too much as their focus will be more focused on the games which they will be playing. Activities like chess instill critical thinking in offenders which they will use in their daily lives. Sports like soccer, volleyball which demands a lot of energy to deal with frustration or anger which might be a result of biological predisposition hence offenders can express their anger and frustration through sports rather than being violent. The-Responsivity model states that a lack of prosocial pursuits like recreational activities is a criminogenic that needs to be addressed in the treatment of violent offenders [20].

Spiritual and moral rehabilitation where the offenders have to attend church services and receive counseling from the Chaplain which helps in behavioral modification as they will be taught what the bible says about murder, theft, and violence. Churches also give psychosocial support to the offenders by visiting them, bringing food, and clothes and even being involved in their reintegration back into their societies. Participants' skills, qualifications, and expertise were other factors that affected treatment interventions for young male violent offenders at Whawha. Five participants had vocational certificates which means vocational and skills treatment intervention was more effective since it had more trainers to cover each division whilst there were two-degree holders and one intern psychologist. Lack of qualified staff at the institutions means that some parts of the treatment interventions will be affected and even if they try to introduce new treatment methods it will make no difference as no one will be able to implement them.

4.1. Limitations

The research approach and the sample size might have limited the researcher's ability to detect statistically significant differences as more would have been done about what the young male violent offenders say about the treatment intervention they are involved in. The volumes of data collected in this research made analysis and interpretation time-consuming considering the time frame given to complete the research study.

5. Conclusion

The study highlighted that there are no specific treatment interventions for male violent offenders at Whawha Young Offenders Prison. The research concluded that young male violent offenders are receiving the same treatment interventions as other offenders. For example, assessment, counseling, academic, psycho-social support, sport, recreational activities, religious and moral rehabilitation. However, the participants highlighted the need for improvement in implementing this assessment as they are partly serving their purposes which is affecting the effectiveness of these treatment interventions. The findings of this research are relevant as they bring new knowledge about the specific treatment of young male violent offenders since most studies conducted looked at the

rehabilitation treatment of the whole offender population. Results obtained also shed light on what is being done and what can be done if they aid their treatment intervention specifically for each population. The research supported the psychological theories which included cognitive behavior theory, social learning, self-efficacy, and risk–need–responsivity [21].

Recommendations

- Designing specific treatment interventions for specific offender populations and not continuing to use the one-size-fits-all as they will be partly rehabilitating the offenders who need something intensive.
- Hire or employ more professionals from the social science department especially psychology, and social work to help design and implement treatment interventions at each prison.
- Conduct training programs for the rehabilitation officers to take part in where they invite those who have knowledge about the treatment to share their knowledge. Training should cover assessment, case formulation, and management for each specific offender population.
- Adopting the use of the Risk-Need-Responsivity model for the treatment intervention. The risk principle of case classification is observed: high-risk cases are provided intensive services, while lower-risk cases receive fewer intensive services. The need principle of case classification is observed: targets of service are matched with the specific needs of the youth. The responsivity principle of case classification is observed; interventions take account of individual or circumstantial characteristics of the youth.

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