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Participatory Design of Correctional Rehabilitation Programmes and Recidivism of Sexual Offenders in Prison in Nairobi County, Kenya

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Abstract:

Correctional rehabilitation programmes are viewed as interventions to promote desired behavior change yet lowered rate of recidivism of sexual offenders has not been attained. It was postulated that participatory design of correctional rehabilitation programmes could be an effective deterrent. To test this hypothesis, a descriptive cross-sectional survey was conducted on a sample size of 384 respondents who comprised of convicted sexual offenders serving custodial and non-custodial sentences, practitioners and stakeholders within correctional organizations in Nairobi County, Kenya. Data was collected through questionnaires as well as a focus group discussion. The study adopted Skilbeck's model of programme design that accentuates user participation in a phased programme planning, design and implementation. Results reveal that participatory design of correctional rehabilitation programmes had a statistically significant influence on recidivism of sexual offenders and thus Skilbeck's model could be modified for developing effective sex offender correctional rehabilitation programmes. The programme building design phase that entailed explicit clarification and confirmation of programmes goals, expected outcomes and mutual learning between designers and practitioners was most significant for effective interventions with sex offenders. Accordingly, this could have a profound impact on recidivism of sexual offenders. Participatory design of correctional rehabilitations programmes that engage the practitioners as co-designers is recommended.

Keywords: Recidivism of sexual offenders, participatory design, correctional rehabilitation programmes

1. Introduction

Recidivism of sexual offenders is a preventable social menace that depicts the effectiveness of correctional rehabilitation programs. It is defined as the reconviction of a former sexual offender for a new sexual offence despite prior sentence or intervention for a similar offence (Paulson, 2013). In this study the definition was extended to include self reported sex offences for which neither arrest nor conviction was made and reported institutional sexual misconduct.

Recidivism of sexual offenders can be strongly affected by the relationship between what happens during correctional rehabilitation process and the conditions within the community upon release and therefore cannot be understood from a single causal factor (Beggs, 2008; Paulson, 2013; Ward & Beech, 2006). The links between its ripple effects that transcend the high cost of incarceration towards immensurable effect on the victim, families and society are well documented (Beggs, 2008; Burchfield & Mingus 2008; Paulson, 2013; Ward & Beech, 2006).

Some preliminary systematic study on correctional rehabilitation programs by McGuire (2000) reported the need for programs to have specific objectives that address particular offences that ought to be articulated by its designers, users, evaluators and preferable the sexual offenders. Given that reduction of recidivism is the core concern of all correctional programs (Taxman & Sachwald, 2010), this argument suggests that the focus in correctional rehabilitation programs should shift from exclusive management of static risk factors to models of treatment that assist offenders to develop capacities of personally meaningful and socially acceptable lives.

However, the evolving research on recidivism has largely focused on characteristics of persistent sexual offenders (Hanson, 2009; Hanson & Morton-Bourgon, 2005; Salsman, 2014). This is despite the fact that recidivism of sexual offenders is surrounded by uncertainty and the rising controversy over the relationship between the rehabilitation process, treatment and legislation (Willis, 2009; Wikoff *et al* 2012; Yates, 2013). Some authors like Kruse (2007) argue that recidivism as an outcome of sexual offender rehabilitation programme is a socially constructed problem which could be effectively addressed via relative social control. Others like Lewis

(2014), Mann et al (2010), Miceli (2009) and Schmucker & Friedrich (2008) have suggested that appropriate planning and stakeholder involvement could reduce recidivism and hence produce better outcomes. More recent evidence, Suchkova (2011) and Taxman & Sachwald (2010) propose a departure from experimental offender focused and researcher dominated planning, designing and implementation of rehabilitation program to the engagement of practitioners in the process for better outcomes. However, their findings failed to account for neither the design process nor persistent recidivism of sexual offenders.

Further, most sex offender programs misdirect resources towards offender characteristics that have little or no relationship with recidivism such as empathy and offence responsibility and there is therefore need to consider the manner in which sex offender treatment programs are designed (Robertson, 2010; Hanson & Morton-Bourgon,2005). As a result, recidivism of sexual offenders has persisted. In fact, global data from 10 follow-up studies of 4,724 adult male sexual offenders in three distinct periods (after release) give recidivism of sexual offenders as 14% after 5 years, 20% after 10 years and 24% after 15 years (Hanson & Morton-Bourgon 2005; Hanson & Bussiere 1998; Wesley *et al* 2012). In Kenya, prison facilities with a capacity of 26,297 holds 55,000 offenders of which 34.8% are recidivists (Aluda, 2012). Besides that, 19.5% of this population is sexual offenders with recidivism rates of up to 43% in a year (Mutsotso, 2012; Kimiti, 2012). In the light of the recent events, concerns have risen over the effectiveness correctional rehabilitation programmes in reducing recidivism of sexual offenders.

These gaps could be addressed through participatory design which is an iterative process where the designer and the practitioner (user) and offender work together to co-create a solution to the problem. This was adopted from Skilbeck's framework for programme development (Rodwell, 1978). The framework is a management model that accentuates implementation, the role of the project team and practitioner's engagement in curriculum design while taking cognizance of the sexual offenders as well as their interactions with the environment. Further according to Rodwell (1978) it is not resolute on the linear progression of the five stages nor does it pre suppose a means ends analysis but rather provides for the different stages to be developed concurrently in a moderately systemic manner that will also address the challenge of translating participatory project design intentions into practice (Dalsgaard, 2012; Martine;2012). Informed by the foregoing, this study sought to establish the extent to which participatory design of correctional rehabilitation programmes influences recidivism of sexual offenders in prisons in Nairobi County, Kenya.

1.1. Statement of the Problem

The current sexual offender correctional rehabilitation program environment is predominantly centred on offender characteristics as a cure to recidivism while relegating other possible broad factors. This is despite failure of related stringent legislation, policy and focus on the rehabilitation process (Adetungi, *et al* 2015; Amanda, 2008; Beggs 2008; Burchfield &Mingus, 2008; Megan, 2013; Jung, 2010; Kimiti, 2012; Levenson, *et al*, 2007; Miceli, 2009; Musau *et al*, 2014; Mutsotso, 2012). Sufficient information regarding this phenomenon is equally lacking due to inconsistent results from various studies clouded with methodological diversities, quasi experimental approaches and apparent confinement to offender centered risk factors (Lipsey & Cullen, 2007; Hanson & Morton-Bourgon, 2005; Miceli, 2009; Wilson & Yates, 2009).

Along with this, the correctional rehabilitation programs are designed in routine work orientations with overemphasis on vocational training rather than interventions to appropriately address recidivism of sexual offenders (Lipsy & Cullen, 2007). Further, the factors considered within the correctional rehabilitation programs are drawn from a Top-Down beaucratic planning, design and implementation process that are informed by traditional social work approaches comprising of clinical risk assessment in "one size fits all" sessions that fail to address the complexity associated with sexual offending and recidivism of sexual offenders (Lipsey & Cullen, 2007; Tewksbury, Jennings & Zgoba, 2012). Indeed studies indicate that Kenya like most developing countries have concentrated on correctional rehabilitation programs that focus on stringent legislation that are characterized by traditional social work which fail to adequately address or curb the menace associated recidivism of sexual offenders (Gobbels, Ward; & Willis, 2012; Kimiti, 2008; Musau *et al.*, 2014; Osando, 2012; Taxman & Sachwald, 2010; Willis, 2009).Research attributes this failure to the probable lack of theoretical grounding and poor design of general rehabilitation programmes (Bourgon, Bonta, Ruggae, Scott & Yessine, 2010; Hanson *et al.*, 2002; Mustotso, 2012; Ware & Bright, 2008).

As a result, there has been Persistent recidivism of sexual offenders where global rates stand at 14% in 5 years, 20% in 10 years and 24% in 15 years respectively (Hanson *et al*, 2005). In contrast Kenya has an average of 40% per annum with Prisons in Nairobi County displaying higher rate of 43% per annum (Kimiti, 2012; Mutsotso, 2012). Nairobi County holds 1677 of the 4979 convicted sexual offenders and will be the focus of this study. This persistent negative outcome has led to increased government budgetary costs and subsequent taxation while surviving victims are scarred for life. In addition, the implementation of the Sexual Offences Act of 2006 with harsh prison terms has been unsuccessful in reducing recidivism which has remarkably risen from 12% in 2003 to 25% in 2008 and 40% in 2012 (Kimiti, 2012; Musau *et al*, 2014).

It is equally apparent that the Practitioners and sexual offenders have little role in the planning, design and implementation of the programs yet the practitioners are accountable for successful implementation of correctional rehabilitation programs to manage risk factors so as to reduce the recidivism of sexual offenders. These are good reasons to explore if participatory design of correctional rehabilitation programs would be a mechanism to explore contextual elements and reduce recidivism of sexual offenders. Tewksbury, Jennings & Zgoba (2012) have suggested that sexual offender rehabilitation programmes that target risk factors which transcend primary offender static and dynamic factors and legislation could produce better outcomes.

Previous studies appear to focus on the rehabilitation process and offender compliance to the conditions of the sentence (Mutsotso, 2012; Tewksbury, 2012). In reality the false assumption that by virtue of conviction and subsequent sentence sexual offenders would adhere to the rehabilitation and treatment programme has resulted into attrition rates of 30% to 50% (Kruse, 2007; Mann, Hanson &

Thorton, 2010). Arguably Participatory design of correctional rehabilitation would play a significant role in mitigation against recidivism (Morton-Bourgon, Bonta, Ruggae, Scott, &Yessine, 2010).

1.2. Objective of the Study

The purpose of this study was to establish the extent to which participatory design of correctional rehabilitation programmes has influenced recidivism of sexual offenders.

1.3. Hypothesis of the Study

The following Null hypothesis was tested:

- H₀: There is no significant relationship between Participatory design of correctional rehabilitation programs and recidivism of sexual offender in Nairobi County.
- H₁: There is a significant relationship between Participatory design of correctional rehabilitation programs and recidivism of sexual offender in Nairobi County.

Recidivism of sexual offenders was thus considered a function of three possible correctional programme design factors; programme framing, programme building and programme interpretation and implementation.

2. Literature Review

Recidivism of sex offenders has often been studied in terms of offender characteristics and treatment other than the design of correctional programs. This has been predominantly from the contexts of psychology, law, criminology (Levenson., Branon, Fortney, & Baker, 2007; Welsley, Zgoba, & Tewsbury, 2012). Other research findings have suggested that sexual offenders may complete the sentence period with its embedded rehabilitation but still reoffend on release due to poor planning, environmental triggers and related risks (Beaudry-Cyr, 2013; Hansen, 2010; Kruse, 2007). The design of correctional rehabilitation programmes as a variable remains largely unexplored.

Willis (2009) advanced this idea by exploring the impact of prerelease planning on sexual recidivism for child molesters. The sexual offenders studied had completed pre release planning prior to their release and presented a significant overall correlation between release planning and reintegration experience. This was attributed to the planning process that engaged and equipped the sexual offenders with appropriate life skills and social networks to successfully reintegrate back into the community. However, the follow up period was short, spanning from one to three months after release. Further the participants were only 16 sexual offenders and hence the results had low statistical power and the variables attributed to planning were housing, employment and social support that did not efficiently address the concept of planning as would be expected.

The significance of planning and participatory project design in particular has been demonstrated by Bourne (2010) who presents the £4.3billion Heathrow T5 project as a contemporary classical example of the cost of ignoring user participation in project planning, design and implementation. Whereas this project was an epitome of success from the critical success factors of cost, scope and quality, it was a disaster in its inauguration due to the relegation of practitioners or stakeholder engagement and effective communication commonly considered as the soft skills of project management (Serrador, 2012).

Elsewhere, Braa and Sahay (2012) in a study of participatory project design within the health information system program in South Africa demonstrates how iterations are used to identify required interventions, develop and implement successful District Health Information System as a tool for prototyping. Similarly, Miceli (2009) examined the influence of program integrity, quality and evaluation on effectiveness of rehabilitation through a purposive sampled of a sex offender program in Victoria and found that the implementation of the program was hampered by a top -down bureaucratic approach where the Director of corrections is both the program designer and evaluator of the sex offender program while the practitioners merely implement some activities as instructed.

In the development of correctional rehabilitation programs offender sentences are construed as projects and hence the application of participatory project design concept in this study (Home office, 2005). Further previous research indicate that most studies largely focus on offender characteristics as the predictors of risk recidivism from the contexts of psychology, law, criminology and perceptions all of which, have been criticized for being ineffective in relation to recidivism of sex offenders. This study will examine broader factors as research indicates that offender characteristics are not sufficient basis upon which correctional programs maybe designed nor ethical and empirical conclusion drawn (Todd, 2014; Hawes, Boccaccim & Murrie, 2013; Taxman *et al* 2010; Miceli, 2009; Lipsey & Cullen, 2007). Participatory Design will be the lens for this exploration.

2.1 Theoretical Framework

The heterogeneity of sexual offending, recidivism and subsequent correctional rehabilitation interventions cannot be explained by a single causal theory (Andrew & Bonta, 2006). This study was therefore modeled on three theories; Social constructivism theory, social learning theory and systems theory which are linked to the variables of the study and guide the relationship between these variables.

2.1.1. Social Constructivism Theory

Social constructivism theory propagated by Lev Vygotsky (Segalowitz, 2012) was used to establish the influence of participatory design of correctional rehabilitation programs on recidivism of sexual offenders in regard to its provision that individual knowledge is constructed through social learning places emphasis on specific assumptions about reality, knowledge and learning and believe that reality is not discovered but is a social invention constructed through human activity (Schelgel, 2013). Similarly, knowledge is a human product that is socially and culturally constructed as individuals give meaning to their interactions with each other and the environment they live in, thus sexual offending can be deconstructed with appropriate interventions.

2.1.2. Systems Theory

In its theoretical framework for this study, systems theory as propagated by Ludwig (1950) was used to demonstrate how the intervention in one part of system impacts on the others and the importance of roles which are ascribed to individuals or parts of the system. In this context the sexual offender sentence is viewed as a project that opens up to and engages in various modes of internal and external exchanges that must be addressed (Trotter, 2006). According to the theory, processing of the sexual offender through the correctional rehabilitation programme within the specified timeframe—should encompass all stakeholders including the practitioners (prison and probation officers) and the community. Thus in application of Systems Theory the perception of all stakeholders was sought (McGuire, 2000; Home office, 2005).

2.1.3. Social Learning Theory

The Social Learning theory as propagated by Bandura (1977) stipulates that all behavior is learned and that all phenomena resulting from direct experience could occur vicariously through observation of another's behavior (Kempshall, 2010). This perspective posits that offenders 'sexual offending is learnt from a combination of psycho-social circumstances where risk factors are based on the learning experiences of the individual and exposure to situations that reward and encourage anti-social behavior including sexual offending (Bonta & Andrews, 2010, Mann *et al* 2010, Trotter, 2006, Lipsey and Cullen, 2007, McGuire, 2000; Bourgon, 2010; Miceli, 2009).

Thus to counteract criminal and antisocial behavior, the offender should be exposed to pro-social behavior, positive role modeling and reinforcement which must be incorporated in the design of correctional rehabilitation programmes. However, most studies, (Bonta & Andrews, 2010; Burgon *et al*, 2010; Trotter & Evans, 2010) are inclined towards interventions that address the criminal behavior other than the design of the programmes.

3. Research Methodology

A cross-Sectional sample of 384 respondents was drawn from convicted sexual offenders serving custodial and non-custodial sentences (n=205) and practitioners (n=179) in Nairobi County. The instruments were pretested on a random sample of 40 respondents in a pilot study in Kisumu County and hence did not participate in the actual study. All provided consent for their information to be used for research and purposes of informing effective correctional rehabilitation programmes.

Both primary and secondary data was collected using self administered questionnaires; interview schedule, document analysis and guide for focus group discussion. While the practitioners' questionnaires were self administered, that of the offenders involved structured interviews. Similarly, an interview schedule was used to guide a focus group discussion with a group of opinion leaders.

Demographic information was broadened to include; age, marital status, ethnicity, level of education and employment. Recidivism was measured in terms of number of re-arrests, number of re-convictions and self reported post release offence for which neither arrests nor were convictions made. Aspects of participatory design of correctional rehabilitation programmes was measured using a pre-coded protocol derived from Skilbeck's model of programme framing, programme building and programme interpretation and implementation.

4. Findings and Discussion

The major goal of this study was to establish the extent to which participatory design of correctional rehabilitation programmes influences recidivism of sexual offenders. Of the 205 sexual offenders interviewed, 96% of were male and 4% were female while among the practitioners' interviewed 64.5% were male and 35.5% were female. According to the collated statistics a total of 56% of the respondents were married and living together with their partner at the time of offence while majority (70%) had primary level of education. These results imply that sexual offending is more of deviant sexual preferences other than the sexual offender's marital status and is consistent with previous results (Hawes *et al.*, 2013; Robertson, 2010; Sample, 2010; Willis & Ward, 2011)

The results show that Children (61%) and Female (30%) bear the major burden of sexual offence. It was also established that 65.8% of the offenders were staying in same households with minor children as shown in Table 1.

Victim	Frequency	Percent
Child victim	123	61.5
Female victim	61	30.5
Male victim	7	3.5
Unrelated victim	5	2.5
Related victim	3	1.5
Bestiality	1	.5
Total	200	100.0

Table 1: Victims of sexual offence (n=200)

These findings confirm earlier literature that sexual offenders who abuse children are more likely to repeat a similar or same offence (Drew, 2013; Hansen, 2010; Moster, 2013)

The data suggests that recidivism of sexual offenders is persistent (58%) and participatory design of correctional rehabilitation programmes could curb the trend. In particular, engaging practitioners and sexual offenders in programme interpretation and

implementation was associated with change in deviant sexual behavior. Similarly, Suchkova (2011) and Taxman & Sachwald (2010) advanced the engagement of practitioners in the process of planning and design of correctional rehabilitation programmes for better outcomes.

Eighty-three percent of the practitioners' reported that they had no access to relevant information on sexual offender rehabilitation programmes to make willful decisions that would influence potential decisions on recidivism of sexual offenders. Meanwhile sixty-nine percent of sexual offenders reported that the practitioners were unable to help them understand nor specify their needs or risks as the focus group discussion acknowledged that absence of tailor made correctional rehabilitation programmes for sexual offenders and perquisite skills among the practitioners explains recidivism. The results indicate that respondents agreed that participatory design of correctional programmes influenced recidivism of sexual offenders and in particular programme interpretation and implementation. This resonates with literature review that at the interpretation and implementation process is a critical determinant of programme success (Dyer *et al.*, 2012; Gitonga, 2010; Khwanja, 2008)

The correlation between participatory design of correctional rehabilitation programmes and recidivism of sexual offenders is shown in table 2.

		Recidivism of sexual offenders	Programme framing	Programme building	Programme interpretation and implementation	Participatory design			
Recidivism of sexual offenders	Pearson Correlation	1	.560**	.576**	.535**	.568**			
	Sig. (2- tailed)		.000	.000	.000	.000			
	N	205	205	205	205	205			
**. Correlation is significant at the 0.01 level (2-tailed)									

Table 2: Correlational matrix for participatory design of correctional rehabilitation programmes on recidivism of sexual offenders

The results indicated a positive and significant coefficient between indicators of participatory design of correctional rehabilitation programmes and recidivism of sexual offenders. Programme framing (r=0.560, p=0.000); programme building (r=0.576, p=0.000) and programme interpretation and implementation (r=0.535, p=0.000) had all a moderate and significant relationship with recidivism of sexual offenders. Overall participatory design of correctional rehabilitation programmes had a moderate and significant relationship (r=0.568, p=0.00) with recidivism of sexual offenders. The implication was that if the design of correctional rehabilitation programmes was participatory they would have more effect on recidivism of sexual offenders and would significantly reduce recidivism of sexual offenders.

The results further indicated that there was positive correlation between program framing (r=0.560, p=0.003); Programme building (r=0.578, p=0.000); Programme interpretation and implementation (r=0.535, p=0.000) and Participatory design (r=0.568, p=0.000) and recidivism of sexual offenders. The implication is that of the three participatory design factors considered in the study, programme interpretation and implementation had the greater influence on recidivism of sexual offenders and thus could be more emphasized other than containment as it is currently.

Results of linear regression analysis used to test the hypothesis are presented in Table 3

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	В	Std. Error	Beta		
(Constant)	.025	.023		1.072	.285
Programme framing	.199	.133	.244	1.502	.135
Programme building	.505	.290	.627	1.744	.083
Programme interpretation and implementation	010	.145	012	067	.947
Participatory design	215	.350	268	614	.540

Table 3: Regression analysis of Participatory design of correctional rehabilitation programmes on recidivism of sexual offenders r=0.582; $r^2=0.339$; F(25.660); P(25.660); P(25.660)

The results indicated that the r=0.582. This showed that participatory design of correctional rehabilitation programmes had a moderate strong influence on recidivism of sexual offenders. The $r^2=0.339$ implied that participatory design of correctional rehabilitation programmes predicts 33.9% of recidivism of sexual offenders. A test of significance at 0.05 indicated that programme framing was (p=0.000); Programme building (p=0.000) Programme interpretation and implementation (p=0.000) were all statistically significant. The β coefficient of programme framing is 0.244 that of Programme building was0.627 and, Programme interpretation and implementation was - 0.012. These results indicate that Programme interpretation and implementation had no statistically significant influence on the recidivism of sexual offenders (β =-0.012, t=-0.067, p=0.947 >0.05). Comparing the p values, it can be noted that the p values for programme framing is (p=0.135) and Programme building (p=0.083) and Programme interpretation and implementation (p=0.947) are all statistically significant. The β values imply that one-unit change in recidivism of sexual offenders is associated with

62.7% changes in Programme building, 24.4% changes in programme framing. Overall, participatory design of correctional rehabilitation programmes (p=0.000<0.05) had a statistical significant relationship with recidivism of sexual offenders.

5. Conclusion and Recommendations

Participatory design of correctional rehabilitation programmes plays an important part in recidivism of sexual offenders. In fact, it was found that the rates of recidivism were high at 58% up from 43% in 2012 requiring apt interventions. There was undeniable evidence that participatory design of correctional rehabilitation programmes could curb recidivism of sexual offenders. In particular the programme building phase was most significant.

It is suggested that policy makers and designers of correctional rehabilitation programmes should engage practitioners as co-designers and sexual offenders as users of the correctional programmes and other stakeholders to facilitate interpretation and implementation. Secondly to maintain integrity of the correctional rehabilitation programmes, practitioners should be equipped with the prerequisite skills.

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