



UNIVERSITY *of*  
RWANDA

COLLEGE OF ARTS AND SOCIAL SCIENCES (CASS)  
CENTRE FOR CONFLICT MANAGEMENT

**THE ROLE OF PSYCHOSOCIAL SUPPORT IN REHABILITATION OF  
INMATES: A CASE OF NGOMA PRISON**

**Thesis submitted to the University of Rwanda in partial fulfillment of the requirements for  
the Award of a Master degree of Arts in Peace Studies and Conflict Transformation.**

**BY**

**Marie Grace NDWANYI**

**Reg. number: 221027821**

**SUPERVISOR: Professor Francois MASABO**

**Musanze, June 2021**



**COLLEGE OF ARTS AND SOCIAL SCIENCES**  
**CENTRE FOR CONFLICT MANAGEMENT**

---

**AUTHORISATION TO SUBMIT THE DISSERTATION FOR EVALUATION**

I, undersigned ...Prof **Masabo Francois**.....,

Hereby testify that under my supervision,

Mrs/Ms/Mr... **Marie Grace NDWANYI** .....

has successfully completed writing her/his MA dissertation titled **“THE ROLE OF PSYCHOSOCIAL SUPPORT IN REHABILITATION OF INMATES: A CASE OF NGOMA PRISON**

Therefore, she/he stands with my authorization to submit required copies to the Administration of CCM for evaluation.

Done at.....**Kigali** .....

Date.....**07/ 06/2021**.....

A handwritten signature in blue ink, appearing to read 'A. Masabo Francois', written in a cursive style.

Names and signature of the Supervisor: **Prof Masabo Francois**

**DECLARATION**

I, NDWANYI Marie Grace, declare that, the work presented in this research titled “The role of psychosocial support in rehabilitation of inmates: case of Ngoma prison” is my original work which have never been presented for any other academic purpose. All materials used for scholars and publications have been recognized as showed in the references.

Candidate’s signature

.....

**Date: 07/06/2021**

## **DEDICATION**

To my husband HARELIMANA Sylvain

To my son MUHIRWA Alain Steve

To my daughter TWAHIRWA Nathalie

To NDWANYI'S family

## **ACKNOWLEDGEMENTS**

I express my gratitude to all those who have been taken part in the process of my study, starting with almighty God for life and continuous protection that made me able to complete the course by his grace and holy spirit, I also thank my family and friends who gave me their support whether directly or indirectly.

I thank the management of University of Rwanda, particularly center for conflict management, for facilitating the process to achieving the master's degree in Peace study and conflict transformation with sincere appreciation to Professor Masabo Francois who guided me throughout the study by spending excessive time to correct and guide me on way forward to accomplish the study.

I thank Rwanda National Police leadership and directing staff for their contribution and encouragement for all process of the study, Rwanda correctional service and Dignity in Detention for a healthy collaboration and commitment towards myself to deliver at time all needed to accomplish the study. I appreciate the effort they showed reacting to my requests without any delays.

I want to show my appreciation to the extended family of NDWANYI who were always by my side, to encourage me for a successful completion of the study and to my elementary family consisting of my husband Harelimana Sylvain, my son Muhirwa Alain Steve and my daughter Twahirwa Nathalie, for their consideration and encouragement gestures during the journey to get the master's degree in peace studies and conflict transformation, I really recognize this.

I express my gratitude to Zirarushya Jean D'Amour's family and to everyone who contribute directly or indirectly to the achievement of the study, God bless you all.

**M.G. NDWANYI**

## **TABLE OF CONTENTS**

DECLARATION .....	i
DEDICATION .....	ii
ACKNOWLEDGEMENTS .....	iii
TABLE OF CONTENTS .....	iv
ABSTRACT.....	viii
LIST OF TABLES .....	x
LIST OF FIGURES .....	xi
LIST OF ABBREVIATIONS AND ACRONYMES .....	xii
CHAPTER ONE: GENERAL INTRODUCTION .....	1
1.0. Introduction.....	1
1.1. Background .....	1
1.2. Problem statement.....	5
1.3. Research questions.....	6
1.3.1. General question .....	6
1.3.2. Specific questions .....	6
1.4. Research objectives.....	6
1.4.1. Main objective .....	6
1.4.2. Specific Objectives .....	6
1.5. Significance of the study.....	6
1.6. Scope of the study .....	7
1.7. Structure of the Study .....	7
CHAPTER TWO: LITERATURE REVIEW .....	8
2.0. Introduction.....	8
2.1. Clarification of the key concepts .....	8

2.1.1. Psychosocial support.....	8
2.1.2. Rehabilitation of inmates .....	10
2.1.3. Rehabilitation programs .....	11
2.2. Psychotherapy in rehabilitation of inmates .....	12
2.2.1. Psychotherapy .....	12
2.2.3. The role of Psychotherapy in rehabilitation of inmates .....	12
2.3. Psychoeducation in Rehabilitation of inmates .....	13
2.3.1. Psychoeducation .....	13
2.3.2. Prison based peer programs .....	13
2.3.3. The role of psychoeducation in rehabilitation.....	14
2.3.4. Challenges of psychoeducation in rehabilitation of inmates.....	14
2.4. Group therapy in rehabilitation of inmates .....	15
2.4.1. Group therapy .....	15
2.4.2. The role of Group therapy in rehabilitation .....	15
2.4.3. Limitations of Group therapy.....	16
2.5. Conceptual framework.....	17
2.6. Theoretical framework.....	17
2.6.1. Cognitive behavioral theory.....	18
2.6.2. Theory of planned behavioral .....	19
2.7. Summary .....	20
CHAPTER THREE: METHODOLOGY .....	22
3.0. Introduction.....	22
3.1. Research design .....	22
3.2. Area of the study .....	23
3.3. Population of the study .....	23

3.4. Sample size and techniques.....	23
3.5. Data collection methods.....	25
3.5.1. Primary data.....	26
3.5.2. Secondary data.....	27
3.6. Data analysis.....	28
3.6.1. Narrative analysis.....	28
3.6.2. Hermeneutics:.....	28
3.7. Ethical considerations.....	29
3.8. Summary.....	29
CHAPTER FOUR: INTERPRETATION OF FINDINGS.....	30
4.0. Introduction.....	30
4.1. General characteristics of respondents.....	30
4.1.1. Age of the inmates respondents.....	30
4.1.2. Education background.....	31
4.1.3. Family size of inmates' respondents.....	32
4.1.4. Marital and social status of inmates' respondents.....	33
4.1.5. Time spending in prison.....	34
4.1.6. Social network with families related to geographical area of origin.....	35
4. 1.7. Status of staff.....	37
4.2. Presentation of study findings.....	37
4.2.1. The role of psychotherapy in rehabilitation of inmates in Ngoma prison.....	38
4.2.2. The role of Group therapy in rehabilitation of inmates in Ngoma prison.....	42
4.2.3. The role of psychoeducation in rehabilitation of inmates in Ngoma prison.....	45
4.3. Interpretation of the study findings.....	47
4.3.1. Interpretation of findings in relation to cognitive behavior theory.....	48



4.3.2. Interpretation of findings in relation to Theory of planned behavioral..... 48

4.4. Summary ..... 49

CHAPTER FIVE: GENERAL CONCLUSION AND RECOMMENDATIONS ..... 50

5.0. Introduction..... 50

5.1. Conclusion ..... 50

5.2. Recommendations..... 51

5.3. Suggestions for further research ..... 52

LIST OF REFERENCES ..... 53

APPENDICES ..... 59

## **ABSTRACT**

The research explores the role of psychosocial support in rehabilitation of inmate: case of Ngoma prison, with 3 specific objectives as to explore the role of psychotherapy, group therapy and psychoeducation in rehabilitation of inmates with qualitative design using semi structure interview for 4 staff from Ngoma prison, RCS and DiDe as NGO who work with RCS in psychosocial areas in Ngoma prison.

The collection of data uses sample size of 65 get from Bouchard's formula in total population of 137 inmates with purposive and quota sampling in semi structure interview for 3 psychologists and 5 FGD for inmates under 3 approaches such as psychotherapy, group therapy and psychoeducation. The findings focuses on 2 theories which are cognitive behaviour theory which deals with internal dialogue attached on emotions and feelings; and planned behaviour theory which lead to self-intention of human behaviours which is connected to the rehabilitation of inmate which requires self-commitment to avoid any kind of instability

The findings show that, each approach has a role to play in rehabilitation of inmates, where psychotherapy helps with emotional healing, restoration of hope and ability to control emotions, Group therapy helps self-exploratory, group relationship and compliance to the regulations, and psychoeducation as to increase the quality of service delivery, increase capability to intervene and self-confidence.

The findings show some challenges faced in psychosocial support as limited family visit, low emphasize on psychosocial support program in Ngoma prison and a small number of professionals and peer educators to fulfill the gaps in service delivery.

The findings led the researchers to some suggestive facts of increasing number of professionals, add more emphasis on psychological aspects in rehabilitation of inmates, additional trainings to peer educators and by increasing their number to reduce the gaps in case of insufficient professionals.

For future researchers some suggestions are made to focus on analyzing the root causes of mental instability in prison, challenges faced by RCS in regards with mental health of inmates, the relationship between conditions in prison, internal security and mental health of inmates.

***Key words: Psychosocial support and rehabilitation of inmates***

## LIST OF TABLES

Table 1: The sample size in relation to each category .....	25
Table 2: Age of respondents .....	31
Table 3: Level of education of respondents .....	32
Table 4: Family size for inmates' respondents .....	33
Table 5: Marital and social status of respondents .....	34
Table 6: Time spent in prison .....	35
Table 7: The level of social visit by family members.....	36
Table 8: Status of staff .....	37

**LIST OF FIGURES**

Figure 1: Conceptual framework ..... 17

Figure 2: Behavioral change process ..... 19

## **LIST OF ABBREVIATIONS AND ACRONYMES**

ARC: American Refugee Committee

DiDe: Dignity in Detention

FGD: Focus Group Discussion

HQs: Head Quarters

IASC: Inter Agency Standing Committee

MINALOC: Ministry of Local Government

MINECOFIN: Ministry of Finance

MINISANTE: Ministry of health

NGO: None Governmental Organization

NPS: National Prison Service

PhD: Doctor of Philosophy

RCS: Rwanda Correctional Service

RNR: Risk Needs and Response

UR: University of Rwanda

UNODC: United Office of Drug and Crime

WHO: World Health Organization

## **CHAPTER ONE: GENERAL INTRODUCTION**

### **1.0. Introduction**

This study assesses the role of psychosocial support on rehabilitation of inmates in Ngoma Prison. It comes from an idea that the new life style in prison influences psychological aspect of inmates who have to be rehabilitated and the focus is to explore if mechanisms in place as psychosocial support has role to play to stabilize mental status from lack of proper management of negatives feelings within the prison. The research is conducted in Ngoma prison, located in Ngoma District, Eastern province; it is conducted in the period of October 2020 to December 2020.

This study entail the background of study, Problem statement, research objective, research questions, Research design, research ethics, Delimitation, Significance, timeline and entire structure of the research study.

### **1.1. Background**

The criminal justice system was focused on increasing punitive measures, with violent acts to secure the society against criminalities, (UNODC, 2010 and Andrews & Bonta, 2010), but recidivism was observed at high level because of the nature of imprisonment without any program of behavior change.

To overcome the problem of recidivism, the modern nature of imprisonment concentrate effort on the psychology aspect of human related to the feelings, moods and emotions in the line of rehabilitation process (Tajudee and Yushau 2017, Andrew and Bonitha 2010, Wormith 2007), and avoid or reduce a cycle of recidivism through behavior change from criminality as security issue (McNeill 2012, Robinson and Crow 2009) to good behavior.

The women prisoners are considered as vulnerable population, more likely pregnant and those who live with their children (it is their right to remain with their mother until 3 years because being integrated in families) who is exposed to the high risk of mental instability because of prison environment and its requirements (Roberts 1997, Siddhartha 2020, Randall, Nowakowski

and Jason 2019, Suman and Manjula, 2007), its affect cognition, emotion and behavioral control and interfere with the ability of adults to function. (Hyman et al. 1995). The psychosocial support is used to help them for mental health regulation.

There psychosocial and mental health are closely interconnected and differ from the context of which they are used, in health sector mental health is commonly used but in social aspect, people use psychosocial, but proper term to use depend on the context and countries .(IASC 2007). In this study, the two terms will be used because social and health areas are considered as intersected.

Psychosocial support in prison is to facilitate the adaptation of prisoners in new life with prison environment and its orientations, in order to reduce psychosocial issues which can cause insecurity inside prison and harm mental status of prisoners to anxiety, depression, insomnia, etc. (Tajudee and Yushua 2017, John, at al. 2015 and Shivani 2013). For that, health care service must be in place to enhance general health of inmates according to article 25 of United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules).

Mental stability provide good conditions of self-stability, determination and capacity as key elements required in rehabilitation process, that inmates can be able to choice which activity to follow in the interest of his future to survive.

The psychosocial support is seen as program organized on psychological side which recognize the social elements of historical background of life and connect the two sides with mental health, (Siddhartha 2002, Murhula and Shanta 2019, Mauder 2009), the psychological and social factors are interconnected because the feelings, emotions, capabilities and competences influence on how to behave and interact with others in society. (Loughry and Eyber 2003)

Psychosocial support is implemented by professional staff to monitor all prisoners but, because of small number of them, the prison tends to use peer program called program by inmates for inmates to cover all gaps which should occur on psychosocial aspect. (Pollack, 1999), peer educators as trained inmates have to made fast intervention before seeking for other support.



In Africa, psychosocial support is used to promote and protect mental health of offenders because, it is concerned to mental health that guides the thinking which reflects on behaviors and guides the attitudes with others in society. (Ngozwana, 2017). It is necessary to have prisoners who are mentally stable because there is a need to consider individual capacity and confidence to meet the requirement of rehabilitation process because behavior change requires individual determination (Parker 1990), which led to rehabilitation of inmates with capability to gain different skills which will be used after imprisonment.

In Rwanda, Rwanda Correctional Services through psychological program promote and protect mental health status of prisoners and treat some cases of mental health disorders observed in different prisons, in order to facilitate the adaptation of prisoners on prison environment. (RCS February report 2020) which impact on their rehabilitation to change behaviors.

RCS has under Art 4 of Law N<sup>o</sup> 34/2010 of 12/11/2010 about his responsibilities, it has to implement effective strategies to enable detainees and prisoners to repent and change their mentality through different programs in rehabilitation process, mainly develop their skills through education and vocational training.

In Rwanda, related to ordonnance no 111/127 of 30 May 1961 governing the organizations of penitentiary service of Rwanda-Urundi, the management of offenders was seen as an incarceration with some compulsory works, there was no clear program of rehabilitation in order to change their behaviors and reduce recidivism.

Related to law No 38/2006 of 25/09/2006 establishing and determining the organization of National Prison Service (NPS), in his article no 5, one of responsibilities of NPS were about to be ensure of effective management of prisons and implement effective strategy which help detainees to be rehabilitated; it was seen as a penitentiary service. In this time, the mission of NPS was not clear about strategies and implementation related to the rehabilitation of inmates. (O.G special n<sup>o</sup> of 23 October 2006)

Rwanda was shifted from incarceration to rehabilitation through establishment, under Law No 34/2010 of 12/11/2010 of Rwanda Correctional Service (RCS), with a specific mission to enable Tigistes and inmates undergo successful social rehabilitation, reintegration and minimize

re-offending (Official Gazette n°04 of 24/01/2011). In Rwanda, special attention had to be taken vis a vis the management of prisoners after genocide against the Tutsi in 1994, over 120,000 people were in prison, as perpetrators of the genocide Against the Tutsi in 1994 (Lulu 2017).

In post genocide period, it was necessary to rebuild a country with unity and reconciliation for all citizens for better future to all, in that regard, the rehabilitation program of inmates has to have inmates with mental stability to be able to be committed on behaviour change for unity and reconciliation, but also for life in general to all Rwandans regardless of crime accused.

The RCS has psychosocial support program in all prisons to maintain stability and take care of some cases for quick recovery, that to enable inmates to follow others program of rehabilitation with self determination to change mind set and behaviors through education and vocation trainings.

RCS in partnership with Dignity in Detention (DiDe) focuses on psychosocial program in Ngoma prison, where DiDe plan and deliver psychosocial program to prisoners and trainings to psychologists and social workers of Ngoma prison and RCS recruits psychologist and social workers and facilitate the implementation of psychosocial program planned.

Ngoma prison, as area of the study, is located in Eastern Province, Ngoma District, Kibungo Sector; it is one of 4 prisons in Eastern Province which is for women only, with 1357 total numbers of inmates. Psychosocial support program in Ngoma prison focuses on inmates' feelings, moods, emotions and thinking in relation to their interactions with others. Ngoma prison has psychologist who take care on mental health in collaboration with 2 psychologists from DiDe and RCS HQs and 1 social worker for social affairs.

According to RCS February 20 report 2020, some cases of mental health disorders are observed in different forms, if neglected can cause serious effects on rehabilitation process like pressure, anxiety, stress, insomnia, inability to sleep, feelings of worry or nervousness etc. fair, isolation etc. which can lead to depression and creates a barrier to rehabilitation programs.

## **1.2. Problem statement**

The rehabilitation of inmates aims to change criminal behaviors to good citizens by focusing mainly on their thinking. (Shanta 2019 and Robinson & Crow 2009), it requires some prerequisite as self-commitment, self-esteem and capability (Parker 1990); all inmates have to be committed to the rehabilitation programs for behaviors change as law abiding citizens.

RCS in the line of rehabilitation of inmates has different strategies to meet the vision in all prisons in Rwanda; one of the requirements to meet for successful rehabilitation is mental health stability through psychosocial support programs to be able to follow planned programs of education for changes. (RCS February report 2020).

Ngoma prison together with DiDe has a psychologist who is in charge of dealing with psychosocial area by promoting, protecting and handling some mental instability through psychotherapy, Group therapy and psychoeducation, focusing mainly on promotion of mental health stability of inmates, which is considered as more vulnerable than others. The psychologist of Ngoma prison work closely with two psychologists from RCS HQs and DiDe.

While psychosocial support provided to promote mental stability, 137 inmates are under the program for follow up with a gap of inability to cover all inmates as a way to protect them with one psychologist deployed at Ngoma prison and 27 peer educators. (Ngoma prison report, November 2020) as seen as one of the factors which should influence the status of mental health of prisoners.

If the situation remains the same, it can affect rehabilitation of prisoners because people with mental health problems have low level of commitment as a barrier to don't follow other program in rehabilitation. To the best of my knowledge, there is no research conducted to show the role of psychosocial support in rehabilitation of inmates. This research intends to explore the role of psychosocial support in rehabilitation of inmates.

### **1.3. Research questions**

This study was channeled by the general and specific questions

#### **1.3.1. General question**

What is the role of psychosocial programs in rehabilitation of inmates in Ngoma prison?

#### **1.3.2. Specific questions**

- What is the role of psychotherapy in rehabilitation of inmates in Ngoma prison?
- What is the role of support group in rehabilitation of inmates in Ngoma prison?
- What is the role of psychoeducation in rehabilitation of inmates in Ngoma prison?

### **1.4. Research objectives**

The study was oriented on general and specific objectives as the line of research:

#### **1.4.1. Main objective**

To explore the role of psychosocial program toward rehabilitation of offenders

#### **1.4.2. Specific Objectives**

- To analyze the role of psychotherapy in rehabilitation of inmates in Ngoma prison,
- To assess the role of group support in rehabilitation if inmates in Ngoma prison,
- To explore the role of psychoeducation in rehabilitation of inmates in Ngoma prison.

### **1.5. Significance of the study**

The area of the study is Ngoma prison as one of women prisons in Rwanda with a big number of prisoners under psychosocial support program in relation to Nyamagabe women prison which has also a big number of prisoners who are not benefit from family visit.

This study is benefit to the researcher because it brings new knowledge about psychosocial support program in rehabilitation of inmates, specifically on its role. It will also be benefited to RCS because it shows clearly the role of psychosocial support program on rehabilitation of inmates and highlight the gaps and challenges faced, from that RCS can reflect on them to see what to do accordingly. It is also benefited to research areas because it brings new knowledge in

the area of rehabilitation of inmates and psychosocial support programs as basic to be used for future studies.

### **1.6. Scope of the study**

The study focuses on the role of psychosocial programs on rehabilitation of inmates in Ngoma prison as a prison of women located in Eastern Province, Ngoma District and Kibungo Sector. It is a prison for women who are considered as vulnerable in relation to men, and in relation to new life with its requirements. The respondents include inmates under psychosocial support as target to explore if the support benefited has a role throughout rehabilitation process.

### **1.7. Structure of the Study**

The study is composed by five chapters: chapter one introduction will cover background of the study, statement of the problem, research problem and research questions, delimitation, significance of the study, structure and timeline, chapter two literature review about rehabilitation process and psychosocial program, it will discuss how psychosocial program contribute on behavior change.

Chapter three presents methods and methodology which will be used in this research including sampling method, data collection instruments and technics used and data analysis, chapter four findings, discussions and interpretations of data and chapter five conclusion and recommendations.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.0. Introduction**

This chapter focuses on different literature on psychosocial support of inmates and its role on rehabilitation process of inmates in order to reduce recidivism through behavior change.

In examining psychosocial support, the researcher explores how it contribute to stabilize mental health status for those who have some disorders in order to be able to attend different programs of rehabilitation that to change their mentality and behaviors from bad to good citizens.

### **2.1. Clarification of the key concepts**

This point clarifies the key concepts used through the study, in order to facilitate his understanding. The research uses literature from different authors using official documents, that to make reliable the study. Key concepts are: Rehabilitation process and psychosocial programs.

#### **2.1.1. Psychosocial support**

The term “Psychosocial” refers to two sciences, psychology and sociology which are closely connected if you refer to the nature of human being who has to live with others in society. Individual behavior from personal mood reflects or is visible by others who live with him.

The psychosocial support is a specific program aimed to work on individual potential in order to connect feelings, emotions, and moods of human situation to his social experience. (American Refugee Committee (ARC), Haney, 2002 and Shivani, 2013). The adaptation in prison is not easy and affects mind, thinking and emotions of inmates, if not well managed can cause bad behaviors,

##### **2.1.1.1. Psychological effect of incarceration**

Incarceration is directly associated with negative feelings and reactions like anxiety, stress which can be persistence, and at the end cause serious problem if not well managed. (Schnittker at al.,

2012, John at al., 2015 and Mohammed at al., 2015); it is a role of psychologists to make follow up of inmates in order to help them on mental stability in relation to new conditions of life in prison.

The psychological effects of imprisonment are observed in different forms like delusion as false believes, dissatisfaction of life, depression, feeling of panic, stress, insomnia, denial and other form of self-destructive behavior and vary from individual to individual (Shivani 2013 and Haney 2002).

The major sources of psychological effects are loss of social network in normal way; fear of deterioration or for the future, lack of liberty, etc. Related to the research made by Affizal and Noni (2014). The new life in prison with its effect push researcher to explore the role of psychosocial support on dealing with mental status of inmates for a good rehabilitation.

The management of prison can increase a level of satisfaction with services in order to make viable the conditions in prison. (Berihun et.al, 2015), by improving it through respect of human right requirement on food, internal security, entertainment, religious activities, sports and others programs of rehabilitation in order to make them busy by thinking about now day life and their future after prison through skills gain in prison and other experiences.

#### **2.1.1.2. Social effects of incarceration**

Social network is one of the good things which influence the life of human in society, in prison the situation changes because social network is limited, not because of prison administration but for main reason from families and cause negative feelings if not well managed. The prisoners who remain in contacts with their families and gain their support improve their feelings; lack of a social network can reduce a level of psychological wellbeing (Frenk and Joop, 2007), the new social life with prison structure and social isolation affect mind set of inmates with some signs of mental instability through abnormal behaviors. (Shivani 2013 and Honey 2002).

The management of prison requires to create good conditions of living and interrelations within prisoners, but also to maintain contact with families through social visit and communication through phones provided by prison's authority.

### **2.1.2. Rehabilitation of inmates**

Rehabilitation of inmates has two goals as to normalize the performance of personal role and increasing the opportunities to survive in a good way through skills gain (Jansen, Farkas and Penk, 2007, Deci and Ryan (200), from self-determination, with autonomy, relatedness and competence. (Ward, 2001), which means that the rehabilitation programs have to regulate their experiences, in relation to their emotions and interaction with others including management of challenges faced.

The rehabilitation program to inmates is about all activities planned with objective to change some aspects such as behaviors, cognitive process, personality and mental health. (Cullen & Gendreau 2000). After working on cognitive aspect, rehabilitation process will provide educational assistance or career training to prisoners to give some skills to them for future activities in order to make them less likely to the recidivism. (Robinson & Crow 2009).

The rehabilitation of inmates is a process to focus on individual bad behaviors for transformation through education at different level and in different angles to meet what is needed to be changed for inmates. A rehabilitation program to be successful requires 3 elements to be considered, (Andrew, Bonta and Hoge 1990) as Risk, Needs and Response (RNR):

**Risk:** the focus is to know the risk which can be caused by inmates as insecurity in society, to plan for addressing bad behaviors and acts to good citizens.

**Needs:** it is required to know what is needed to address criminal behaviors of inmates, the needs are strong rehabilitation programs to change the way of their thinking and equip them with skills to be used to survive after imprisonment to avoid illegal acts.



**Response:** it is related to the styles or modes of services delivery to provide the necessary needed to change behavior, according to Dowd (2020), for inmates to be well rehabilitated, new skills and knowledge are required to be used in their life after imprisonment. Ngoma prison has different programs like informal education, tailoring, handcraft together with civic education.

### **2.1.3. Rehabilitation programs**

The rehabilitation of inmates is to provide skills that enable them to change the way they think, feel and act and let them to use this knowledge to escape high risk situation in the future. (Fortune, C.A., Ward, T. and Willis, G.M., 2011), in order to reduce recidivism and secure the society in the line of national social protection of Rwanda.

According to National social protection strategy of Rwanda, (2013), social protection aims to ensure minimum income and access to public for vulnerable people, and for those who are able to work, giving them the opportunities to escape poverty by developed mechanisms for better quality of life, for that, the rehabilitation process has to protect inmates from criminal acts by delivering different programs to reeducate them. According to Langat (2015) rehabilitation programs include:

#### **2.1. 3.1. Education**

Education can be seen through different angles as:

**-Informal education** which is considered as Primary education to adult persons or literacy program related to the reading, writing and numerical skills. It help to gain basic knowledge requires to learn a given professional activities.

**-Formal education** which is related to the national program of education like others people at the same level like primary, secondary and university education

**-Social education** include all program related to general guidelines needed in society like sessions on daily living, health, hygiene, social interactions with norms and values, civic education, psychosocial program, different programs of Government, etc.

### **2.1.3.2. Vocational trainings**

-**Vocational programs** are about necessary skills on professional activities as means to survive in legal way as for example sewing dairy production, fish farming, mushroom production, carpentry, metalwork, soap making, saloon management, masonry, painting, pottery and brick making.

After following some of those programs, the inmates will be able to think properly as a good citizens and plan how survive without committing any illegal acts, but joining his force capacity to those for others to develop the country.

## **2.2. Psychotherapy in rehabilitation of inmates**

### **2.2.1. Psychotherapy**

Psychotherapy is called talk therapy or individual counseling which is about a collaborative psychological session between individual and counselor to help people with mental health disorder to stabilize or normalize their thinking or mental health in a given situation that may or may not be done with pharmaceutical interventions. (Selva, 2012).

The role of psychologist is to encourage inmates to identify their needs and guide to get health well-being through positive thoughts and actions to avoid negative behaviors like social isolation from negative thinking. The counseling is used to prisoners who have problems related to mental distress, depending on inmate's capability to manage an unexpected situation or events and the level of individual support network.

### **2.2.3. The role of Psychotherapy in rehabilitation of inmates**

The psychotherapy is the issue of motivation to get positive result which requires active engagement of client to invest in change. (Overholser, 2005 and Deci, 2008 cited by Ryan et al., 2011) reason why the commitment of inmates is necessary to be considered.

It is the role of psychologist to motivate inmates to cooperate during the sessions, with mechanism of communication which increase the level collaboration and trust on the end state and benefit of the sessions. (Zeldman, Ryan, & Fiscella, 2004, Bandura, 1996, Vandereycken, 2006 and Ryan et al., 2011).). It is necessary for a psychologist to be ready to work with client's motivation and resistance, to be able to manage all situations, using other approaches, when self-motivation is low or totally absent, to encourage determination or personal desire to change as central task of psychologist. (Ryan, 2011)

### **2.3. Psychoeducation in Rehabilitation of inmates**

#### **2.3.1. Psychoeducation**

Psychoeducation is about training people about basic knowledge on psychological issues about strategies, problem solving skills and signs of relapse. In prison, this program is known as peer programs which are about training prisoners on psychological area in order to work together with professional staff (HM Prison Service, 2001 cited by Devilly et al., 2003). Those people are known as peer educators because they help also to share the knowledge gain but also to use it together with beneficiaries.

#### **2.3.2. Prison based peer programs**

In prison settings, because of some reasons including small number of professional staff, peer program called program by inmates for inmates is used, which is about using trained inmates to intervene and help others because they live together in prison in the same realities. The inmates graduated from the training are called peer educators, inmate listener or befriender with primary role to make a follow up and intervene as soon as possible before seeking for other interventions. (HM Prison Service, 2001, McHugh, 1998 and world health Organization, 2000 cited by Devilly et al., 2003)

The communication between professional staff and prisoners listeners should be very close in form of supportive relationship and the training sessions they have, help them to develop their skills in order to help others in distress, but also increase their sense of self-respect and self-

possession .It is a role of professional staff to be close to the prisoner listeners for any support. (Pollack, 1990).

### **2.3.3. The role of psychoeducation in rehabilitation**

According to McHugh, 1998 cited by Devilly et al., 2003, Psychoeducation is important in rehabilitation of inmates because the vulnerability of prisoners requires strong services to deal with psychosocial issues using prisoners to fulfill the gaps. In correctional settings, some prisoners should have power and positive influence to others prisoners using their personal experiences. It helps in covering all services needs in psychosocial areas for prisoners in order to stabilize their mental health status to follow all programs of rehabilitation of prisoners.

Psychoeducation contribute to help prisoners to their rehabilitation through care done by listeners related to their psychosocial needs but also contribute to the rehabilitation of listeners through new program related to peer programs gain with opportunity to increase their capabilities to help and teach prisoners and enrich their interventions. (Devilley et al., 2003)

### **2.3.4. Challenges of psychoeducation in rehabilitation of inmates**

While using in address some psychosocial issues, psychoeducation can have challenges related to the ethical issues as:

**Accountability:** while having tasks to listen and react if any case of mental instability, inmates are not legally responsible and accountable. (HM Prison Service 2001cited in Devilly et al., 2003)

**Performance:** very limited trainings may lead to poor performance related to lack of enough knowledge, but also a prisoner should be influenced by their problem to don't listen effectively others to orient the situation. (Ender and Newston 2000 as cited in Devilly et al. 2003)

**Confidentiality:** it is not possible to guarantee confidentiality of peer educator depending on the life styles their have inside of prison. (Ender and Newston 2000 as cited in Devilly et al. 2003),

## **2.4. Group therapy in rehabilitation of inmates**

Most people recognize groups as beneficial to produce significant results depending on the situation because it helps individuals to interact and connect with others in productive ways. (McClure 1990) .In group therapy, there is an interdependence within members and people avoid the struggle of living alone and get some experiences, realities which influence on their thinking and behaviors.

### **2.4.1. Group therapy**

Self help and support Group is used to help people to address feelings of isolation and help to gain insight into their mental health condition. It is about sharing frustrations, successes, experiences in order to find the best way to handle the situation from lessons of others that for better recovery. They also form friendships with other members of the group and help each other on the process to recovery with peer educators. It is used in the cases which are not severe but still ongoing, it is for people who share similar situation of struggles and find the resolutions together.it help to prevent relapse for addictive behaviors.

### **2.4.2. The role of Group therapy in rehabilitation**

It is easier to change individuals formed in groups than change any of them separately. Lewin, 1951 as cited in Gladding (1994), according to Morgan, et al. 2006, group therapy has different roles in rehabilitation as:

**Self-exploratory and coping skills:** in group prisoners learn to known himself to be able for self-emotions and self-management in a given situation but also he gains some skills in different areas like conflict resolution, stress management, appropriate self-esteem and assertiveness, etc. with clear orientation on how he can manage,

**Group relationship building and cooperation:** focus on interpersonal dynamic by developing interrelations with others and skills about living in cohesive and supportive environment,

**Prosocial behavior and health style:** focus on the importance of preparation on life outside of prison by acquisition of social skills, development of health life styles (sport, activities to do, stress management.) develop stress management skills and leaving existential issues to be prepared to live outside of prison, in society without criminality behaviors,

**Institutional adjustment:** help prisoners to cope with in prison and cope existential issues of incarceration. The primary issue in prison is adjustment in new environment, group therapy intervenes to deal with interpersonal relationship within staff but also with prisoners, he has to live in good way and interact where necessary.

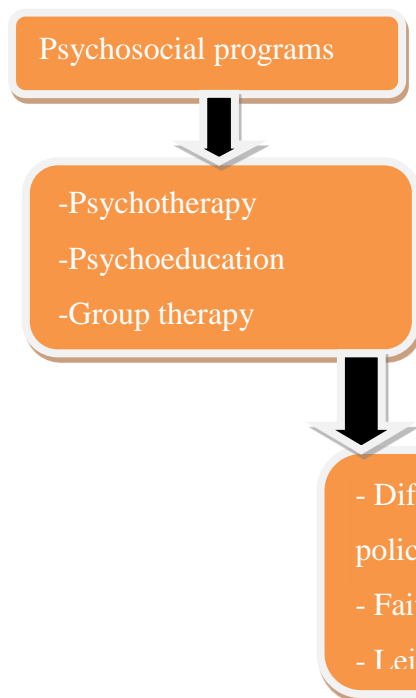
### **2.4.3. Limitations of Group therapy**

Group therapy has advantages but some limitations are observed according to Gladding. (1994) as follow:

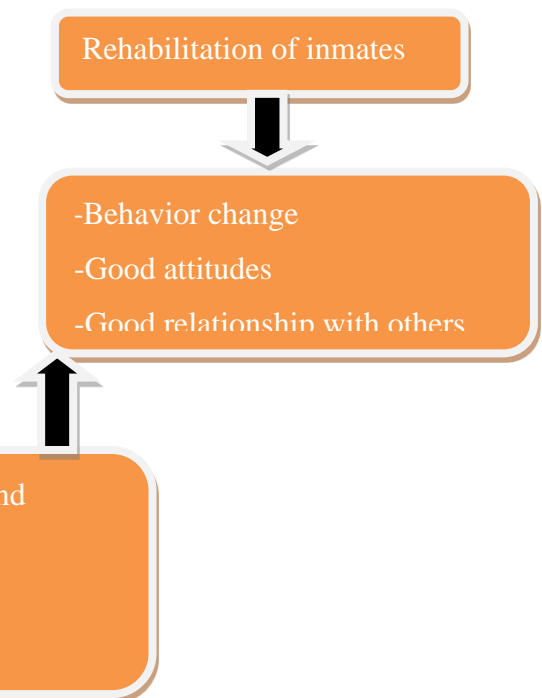
- Some people are not comfortable in a group and don't gain any benefit from it because of some reasons, because a group should increase their problem,
- Composition of the group related to the individual personality, the leader has to form groups that are able to address or deal with some types of problems related to the situations.
- Confidentiality: it is difficult in group to be sure of confidentiality on what they discussed in group, if they are not divulged outside the group.
- Lack of individual responsibility: In a large group, some people tend to be irresponsible and not accountable to the actions made in a group, they project their behaviors into the group.
- The levels of training and skills are also considered because if they are at low level they should influence negatively on how the session is conducted to address a given situation.

## 2.5. Conceptual framework

### INDEPENDENT VARIABLE



### DEPENDENT VARIABLE



**Figure 1: Conceptual framework**

*Source: Researcher' owner model*

## 2.6. Theoretical framework

This part tries to show some relevant theories related to the study to clarify and understand deeply the relationship of two variables: Rehabilitation programs of inmates and psychological program for mental health status of prisoners in order to help them to follow the program of rehabilitation in order to gain knowledge and skills.

### **2.6.1. Cognitive behavioral theory**

The Aaron Beck's cognitive behavioral theory was developed in 1960s from the idea that many people with mental problem have internal dialogues and tend to talk themselves, which lead them to react accordingly, and cognitive behavioral theory try to develop alternative thinking to reduce psychological problems. (McLeod 2019).

According to González-Prendes and Resko (2012) cognitive behavioral theory is about considering individual's cognitions as has significant and primary role in the development and stability of emotional and behavioral response to a life situation. It focused on feelings, judgments related to a specific life which determines the actions or behaviors to facilitate the process of adaptation in a given situation, (Foa & Riggs 1993 and Rachman 1980).

This theory is used to focus on inmates' instability which reflect on behaviors by using alternative thinking as a way to restore or maintain mental stability, that to facilitate them for self-confidence and determination to change mind set and gain skill to be used to survive by avoiding criminal behaviors.

Cognitive behavior theory helps to avoid trauma memory and come up with sustainability of emotions. (Foa & Jaycox 1999). Working on emotional, feeling of a person can influence positively his behavior and react as a stable person, because cognitive aspect drives the thinking, reactions and behaviors.

The researcher uses this theory because new life in prison destabilize inmates and touch their feelings in one way and another, which should cause negative feelings or trauma with instability in their emotions which reflect the behaviors,

Cognitive behavioral theory focuses on teaching people on how to know and change negative thinking which are likely to destroy; offering skills training to enhance capability and helping clients to get some learning from experience they have and take appropriate decision. (Corcoran



2009), in order to be ready to take action toward their problems and when it appears that lacks of knowledge or skills represent a barrier to more effective functioning.

In the study, the researcher focused on feelings, emotional which have disorders which reflect on behaviors, while being in prison as under rehabilitation program to change them into good citizen. Cognitive aspect has close relation with behavior because the thinking determines or influences the behavior, to be able to be rehabilitated as prisoners; stability in mentality is needed in order to change bad thinking, get skills and analyze properly before taking decision.

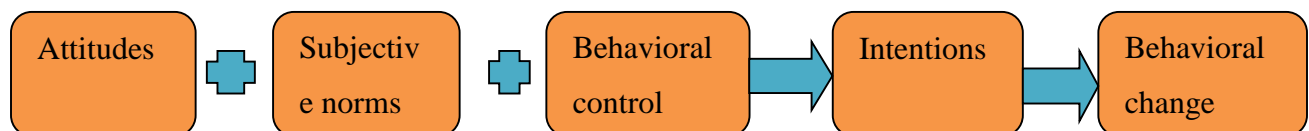
### 2.6.2. Theory of planned behavioral

According to Conner and Norman (2005), the behaviors are a product of intention from conscious plan with self-instruction to get the target, there is also a social pressure which can push self-intention to behave in a given way. According to Health Communication Capacity Collaborative (HCCC), theory of planned behavioral help to address a given behavior by considering three elements as behavioral, normative and control.

The behavioral beliefs produce favorable or unfavorable attitudes which lead to negatives or positives outcomes, normative beliefs consider the perception of social pressure or norms by considering what others expect to the persons about his behavior, if it is supportive or destructive and control beliefs produces a behavioral control to relate the performance with behavior, if his has necessary knowledge to make decision with ability to do so with necessary tools to do.

The consideration of these beliefs and intentions they produce provide indications on how they have impact on behavior change.

#### 2.6.2.1. Behavioral change process



**Figure 2: Behavioral change process**

*Source: Health Communication Capacity Collaborative(HC3)*

Human behavior requires positive outcomes for security, social welfare and development, but some barriers to positive behaviors have to be eliminated from analyzing attitudes toward attitude in regard to social norms and pressure of the society by considering additional skills that individuals might need to succeed in taking action is extremely important for behavior change program design.

The researcher uses planned behavior theory because it aims to change behaviors which have been deviated from social norms and control with criminal behaviors, the rehabilitation programs of inmates has to face barriers to positive like lack of basic skills and knowledge to change their mind set from feelings and emotions to a given situation.

In this study, the rehabilitation program intends to reeducate inmates and equip them with skills through education and vocational training to provide ways and opportunities to react in the line of society (norms and social pressure) and find means of survive without having bad intention to commit criminal acts.

## **2.7. Summary**

Rehabilitation of inmates is about a program aims to change criminal behavior to good citizens; one of activities done is psychosocial support which about promotion and protection of mental health status together with handling clashed cases. Cases observed are anxiety, stress, insomnia, depression and cause instability and low level of commitment to rehabilitation process.

Different rehabilitation programs are education including forma, informal and civic education and vocational training, psychosocial support cover psychotherapy, group therapy and psychoeducation with some advantages and challenges.

As conceptual framework, some psychosocial approaches are used to stabilize mental health status as psychotherapy, group therapy and psychoeducation which led to behavior change, good attitudes, good relationship and reintegration after imprisonment. Some activities intervene to enforce stability of mental health like faith-based activities, leisure's activities, strategies and policies.

During this study, cognitive behavior theory which is related to help prisoners to identify and manage their thinking in a good manner, and planned behavior theory which is related to the intentions on behavior, is used to explore the role of psychosocial support in rehabilitation of inmates.

## **CHAPTER THREE: METHODOLOGY**

### **3.0. Introduction**

This chapter shows the methods and methodology which will be used in this study. It will explain different elements will be necessary in the study as population of the study, sampling methods from population, source of data which will focusing on primary and secondary data, methods to collect data and those will be used to analyze them including interpretation in order to show the meaning related to the findings of the study.

### **3.1. Research design**

The research design is a plan of a study of how to get participants or respondents and how to collect data related to the research problem (Welman, J.C. et al. 2001 and Mugenda & Mugenda 2003); Yin (1994) argues that a case study design is important to plan well a research.

This research is explorative which is about explanations of a problem or phenomenon (Bhattacharjee 2012); this study explores the role of psychosocial program in rehabilitation process throughout different psychosocial programs used in Ngoma prison. The study uses qualitative approach which is about exploration of behaviors or attitudes in order to make deep understanding on the causes of those behaviors and get information from population of the study in a small number of respondents. (Dawson 2002 and Kothari 2004), Qualitative approach focuses on explanations instead of numerical data.

This approach helps to have deep understanding of the role of psychosocial program in rehabilitation of in inmates related to the promotion of mental health status of inmates and treatment of cases with some mental distress; it helps to get information from population of the study who are chosen as sample to represent others.

### **3.2. Area of the study**

The study is conducted in Ngoma prison, one of 13 prisons in Rwanda located in different Districts in the country. Ngoma prison is a prison for women with 137 prisoners under psychosocial support program and it located in Eastern Province where the majority of prisoners are coming from rural areas. In this study, mental health disorder is considered as any disorder from low level as anxiety to high level as depression to prisoners who are in prison. (RCS October report 2020).

### **3.3. Population of the study**

Population of the study is defined as a group of individuals or objects targeted for a scientific raison. (Lopez & Whitehead 2013), Amin (2003) argue that population of the study is the population who will be concerned by the results of the study, the finds is considered as coming from that population while using representative.

The population of the study is 137 inmates under psychosocial support program (psychotherapy 12, group therapy 98 and psychoeducation 27 and 4 staff as psychologists and social worker from Ngoma prison, RCS HQs and DiDe.

### **3.4. Sample size and techniques**

According to Kombo and Tramp (2006), sampling is about targeting a group of people believed to be reliable for the study, this group is considered as representative of population of the study in order to get and make analysis of data corrected as for all population. (David 2005); the researcher use Bouchard's formula to get the sample size. According to Bouchard (2002), if the population of the study is between 500 and 100 individuals, it corresponds to the sample which should correspond to a level of precision with marginal error as show in the table available at appendix.

The formula used to calculate sample size is  $nc = \frac{n}{1+\frac{n}{N}}$

$$= \frac{n}{\frac{N+n}{N}}$$

$$= \frac{n*N}{N+n}$$

nc: sample size

n: representation of sample size as indicated in the table of Alain Bouchard

N: total population

The researcher use precision between 99 and 100 because the population is known in each category, are those under psychosocial support program with representation of 125 as shown in the table.

In this study, the sample size is  $\frac{125*137}{137+125} = \frac{17125}{262} = 65$

The researcher uses purposive and stratified sampling as sample techniques. Purposive sampling by focusing on participants who are capable to provide the needed information using his owner judgment to select units from the target group. (Lopez & Whitehead 2013, and Amin 2003). According to Kothari (2004), when the target population is in different categories, stratified sampling technique is used to have representative in each category depending on their size in relation to sample size in general. The size of the select participants depends on the study, it should be large or small (Russell 2001),

After getting the number of individuals in each category, the researcher use proportion allocation to get specific number to consider from sample size using the following formula according to Kothari (2004):

$$n_1 = \frac{n * p_1}{N}$$

$n_1$  represents the size of subgroup or section as category in the population,  $n$  represents the total sample size,  $P_1$  represent the number of individuals in subgroup or division and  $N$  represents the total population of the study.

The sample size of inmates under psychotherapy is  $\frac{12*65}{137} = 6$

The sample size of inmates und Group support is  $\frac{98*65}{137} = 46$

The sample size of inmates under psychoeducation is  $\frac{27*65}{137} = 13$

**Table 1: The sample size in relation to each category**

Categories	subcategories	Population	Sample size
Inmates	Psychotherapy	12	6
	Group support or therapy	98	46
	Psychoeducation (peer educators)	27	13
<b>Subtotal</b>		<b>137</b>	<b>65</b>
staff	Psychologists from Ngoma prison, RCS HQs and DiDe and social worker from Ngoma prison	4	4
<b>Total</b>		<b>141</b>	<b>69</b>

Source: Field researcher 2021

**N.B.:** All psychologists are considered because they are working at different level, as specialists I consider them as having different opinions on the study depending on their owner judgments and experiences.

### 3.5. Data collection methods

Data refers to the fact that some information and knowledge is represented for better use, it is collected and analyzed, they can help to known deeply the situation and facilitate decision making. (Ajayi 2017). The researcher must collect relevant data using appropriate instruments.

Data collection is the process of getting data related to the research questions to test hypotheses and evaluate outcomes using tools, techniques or procedures which are appropriate to the nature of research and population of the study. (Kabir 2016, Kaplan 1964 and Mucchelli 1980).

The study to get relevant data and increase his validity, it is advisable to use triangulation methods. According to Yeasmin and Rahman (2012) triangulation is a process of using several methods in social sciences to collect data in order to increase his validity. In research methodology, there is to types of data: primary and secondary data. (Mahto 2011) with their instruments to collect data.

### **3.5.1. Primary data**

Primary data are those afresh data getting as first-hand information from the field or ground, by the researcher him/her self-related to the study. (Grinnel 1990, Bulman 2004 and Mahto 2011). The researcher will go on the ground at Ngoma prison to meet sampling population and informants (Psychologists and social worker) in their work place at RCS HQs, Ngoma prison and DiDe, in order to get afresh information.

The researcher uses interview in primary data as a conversation between interviewer and interviewee or a group of interviewees; it is organized in order to get information, (Grinnel 1990), with deep understanding of different point of views from interviewees and the interviewer uses interview guide during the process of conversation. (Bryman 2012). The 2 types of interviews are used as follow:

#### **3.5.1.1. Semi structured interview**

Semi structure interview is about conversation of interviewer and interviewee to get data with deep understanding of the problem under study. The researcher pre prepare the questions to ask as a guide to be used which should be flexible depending on the reactions of respondents. (Dawson 2002).



In this study, the researcher uses semi structured interview to key informants as psychologists who have information about psychosocial support in Ngoma prison and they are able to relate it to rehabilitation of inmates as their experiences in the area and social worker who interact with inmates in their daily social affairs.

### **3.5.1.2. Focus Group Discussion (interview)**

The researcher uses Focus Group Discussion (FGD) which is technique used with a given number of participants to answer the research questions orally, guided by a moderate. (Dawson 2002). A Focus Group Discussion (FGD) is an in-depth field method composed by a small homogeneous group (between six to twelve persons) with objective to interact on a topic of the study, his purpose is to use social dynamics of the group guided by a moderator who must be a researcher and stimulate participants to express their opinions and attitudes.

The Focus Group Discussion with sample size of 65 prisoners under psychosocial program for each category: one FGD for psychotherapy, one for Psychoeducation and three groups for inmates under Group therapy related to their number as 46 respondents, that to get relevant information on the role of psychosocial support in their rehabilitation

### **3.5.2. Secondary data**

Secondary data will be also used to analyze or assess the data collect by others, which are in written document. Secondary data are information gathered from data which have been collected and analyzed by author. (Lawrence 1990, Bluman 2004 and Mahto 2011). In this study, secondary data is used by documentary data as instrument.

#### **3.5.2.1. Documentary**

Documentary as tool to collect data is about examination of document which are relevant to the study to support the data from the ground. Those documents should be reports or other official documents, media, private sources of information printed or electronic. (Bryman 2012).

The researcher uses documentary data to assess different report from Ngoma prison on the implementation of psychosocial support with statistics to analyze and compare the data get on the ground and realities in the report.

### **3.6. Data analysis**

The researcher's analysis requires examining and interpreting data in order to make clear the meaning and understanding which is related to the context of the study. (Corbin and Strauss 2008). In research, the analysis of data is required to contextualize the meaning of data to the end state of the study that to get expected result.

The analysis of data will explain deeply the result from research about implementation of psychosocial program, its role and the perceptions of inmates under program as beneficiaries or peer educators in Ngoma prison.

#### **3.6.1. Narrative analysis**

It is an approach used to analyze a narrative interview with life story related to attention taken to what happened and how people make sense to it. According to Hinchman and Hinchman (1997), narrative analysis is considered as storied ways of knowing and communicating. It focused on oral narrative personal experience.

In this study, the researcher analyzes the sessions of interview with psychologists but also with prisoners in Focus Group Discussion.

#### **3.6.2. Hermeneutics:**

According to Mantzavinos (2016), Hermeneutic as methodology of interpretation of data is about analyzing meaningful human actions and the production of such actions. It is used to analyze a text in order to understand the meaning of it from the originated author and interpret it. It will help in interpretation of data related to the research.

### **3.7. Ethical considerations**

The researcher must respect the privacy of respondent and having consensus before collection of data; guarantee confidentiality of data and communication before any steps of research. The researcher, before going on the ground, will have an introductory letter to RCS and DiDe. The researcher will communicate before about the agenda of the study to all concerned. One of the limitations during data collection is the current situation with COVID 19, RCS administration; the situation was well managed in the line of general instruction and the nature of conditions in prison.

### **3.8. Summary**

The chapter 3 of the study focuses on research design as explorative with explanation (qualitative) to understand and assess deeply the findings get on the role of psychosocial program in rehabilitation of inmates in Ngoma prison, the population of the study are inmates under psychosocial support program which are 137 and 3 psychologists from Ngoma prison, RCS HQs and DiDe. The respondents are selected using Bouchard formula to get 65 respondents as simple size and 3 psychologists.

The data is collected from the field (primary data) and from data already published (secondary data) through documentary, the collection of data use different instruments as semi structured interviews and Focus Group Discussion (FGD) with interview guide and documentary tool which is about interpretation of data related to the study included in different documents. The analysis of data uses narrative analysis and hermeneutics with respect and confidentiality of respondents and observation of all instructions about research.

## **CHAPTER FOUR: INTERPRETATION OF FINDINGS**

### **4.0. Introduction**

This chapter is about interpretation of findings collected on the role of psychosocial support in rehabilitation of inmates in Ngoma prison about their perceptions using two theories as cognitive behavior theory and planned behavior theory.

The findings are oriented to three objectives of the study as to explore the role of psychotherapy, Group therapy and psychoeducation in rehabilitation of inmates as main programs used in psychosocial support in Ngoma prison and the interpretation of findings uses narrative analysis which is focused on oral narrative of personal experience according to Hinchman (1997) and hermeneutics about analyzing data from documents.

### **4.1. General characteristics of respondents**

The respondents have different characteristics grouped in six categories as marital social status; education background; time spend in prison; family size and social contacts as factors which should influence the level of understanding and management of the new situation in relation to mental status while being in prison. The second characteristics were focused on psychologists to consider their education background and their experiences.

#### **4.1.1. Age of the inmates respondents**

The age of respondents were considered to see if it should have any influence on mental status of inmates depending on the level of experiences on challenges face in social life and how they can be managed, that make strong or not the victims of critical situation like imprisonment, which will enable the researcher to assess the relationship between the two.

**Table 2: Age of respondents**

No	Age	Frequency	Percent	Cumulative percent
1.	19-30 years	39	60%	60%
2.	31-40 years	18	28%	88%
3.	41-50 years	6	9%	97%
4.	Above 50 years	2	3%	100%
<b>TOTAL</b>		65	100%	

*Source: Field research 2021*

The table 2 shows that, 39 respondents are between 19 and 30 years old representing 60% of respondents, 18 respondents are between 31 and 40 years old, representing 28%, 6 respondents are between 41 and 50 years old representing 9% and 2 respondents are above 50 years old representing 3%. The findings show that young people are more exposed to mental instability rather than old people because of life experiences which play a role in management of stress in critical situation.

#### **4.1.2. Education background**

The education background is considered as factor which should have influence on the mental status of respondents because the level of education is likely to increase the level of self-management in critical situation like imprisonment.

**Table 3: Level of education of respondents**

No	Education level	Number	Percent	Cumulative percent
1.	Illiterate	37	57%	57%
2.	Primary	21	32%	89%
3.	Secondary	5	8%	97%
4.	Bachelor's degree	2	3%	100%
5.	Master's degree	0	0%	-
6.	PHD	0	0%	-
<b>TOTAL</b>		<b>65</b>	<b>100%</b>	

*Source: Field research 2021*

The table 3 shows that, 37 respondents are illiterate and represent 57% of simple size, 21 respondents have primary level of education with representation of 32%, 5 respondents have secondary level of education with 8% of representation, 2 respondents have bachelor's degree with 3% of representation and with respondents there is no one who has masters or PHD. The findings show that inmates with low level of education have a big number related to the old inmates.

#### **4.1.3. Family size of inmates' respondents**

During the study, the researcher considers family size as a factor which can influence negatively mental status of inmates depending on the level of social responsibilities they had.

**Table 4: Family size for inmates' respondents**

No	Number of children	Number of inmates	Percent	Cumulative percent
1.	1-3	41	63,1%	63,1%
2.	4-7	16	24,6%	87,7%
3.	Above 7	5	7,7%	95,4%
4.	No child	3	4,6%	100%
Total		65	100%	

*Source: Field research 2021*

The table 4 shows that, 41 women representing 63,1% have number of children between 1 and 3, followed by 16 women with from 4 to 7 children representing 24,6%, those who have above 7 children are 5 with 7,7% and those who don't have any children are 3 with 4,6%. The findings allow the researcher to conclude that inmates with small number of children are more exposed to mental instability because they don't have enough experiences on social life on how to manage challenges faced in the life.

#### **4.1.4. Marital and social status of inmates' respondents**

The marital and social status is considered as element which is to be focused on because the life style plays a role on how inmates can manage the situation in relation to their social responsibilities.

**Table 5: Marital and social status of respondents**

<b>N<sup>o</sup></b>	<b>Social status</b>	<b>number</b>	<b>Percent</b>	<b>Cumulative percent</b>
1.	Married	14	21,5%	21,5%
2.	Divorced	3	5%	26,5%
3.	Separated	25	38%	64,5%
4.	Windows	16	24,5%	89%
5.	Single	7	11%	100%
Total		65	100%	

*Source: Field research 2021*

The table 5 shows that, 14 respondents are married with representation of 21,5%, 3 respondents are divorced with representation of 5%, 25 respondents are separated with their partners with representation of 38%, 16 respondents are windows with representation of 24,5% and 7 respondents are single with representation of 11%. The findings allow the researcher to say that the majority of respondents (45 inmates in 65 respondents) have social responsibilities alone without partners to take them while mothers is in prison, means that they should be stressed by how are their children without their mothers about where they are, how they live and what will be their future.

#### **4.1.5. Time spending in prison**

Depending on the time in prison, the respondents should have some feelings which can influence negatively their mental depending on the experiences in new life style.



**Table 6: Time spent in prison**

No	Time in prison	Number	Percent	Cumulative percent
1.	0-2 years	43	66%	66%
2.	3- 5 years	14	21.5%	87.5%
3.	6-8 years	4	6%	93.5%
4.	8-10 years	1	1.5%	95%
6.	Above 10 years	3	5%	100%
<b>TOTAL</b>		<b>65</b>	100%	

*Source: Field research 2021*

The table 6 show that 43 respondents have experience from 0 to 2years in prison and represent 66%, 14 respondents have between 3 and 5 years of experiences in prison and represent 21.5%; 4 respondents have between 6 and 8 years of experiences in prison with representation of 6%, 1 respondent has between 8 and 10 years of experiences in prison with representation of 1.5% and 3 respondents with experiences above 10 years in prison and represent 5%. The findings show that, inmates who have small experiences with prison (43 inmates in 65 respondents in the study) are likely exposed to mental instability because of lack of acceptance in new life in prison.

#### **4.1.6. Social network with families related to geographical area of origin**

The communication of prisoners and their families play a big role on the stability of mental status because having people to interact and make update on the families' situation; some stress come from lack of communication. During the study, social network was taken into consideration to mean that contact with society in relation with geographical area of origin with different level as frequently to those who are visited at least in every 3 months, rarely for visit done in between 4 months and above and never for those who don't benefit any family visit of family members.

**Table 7: The level of social visit by family members**

<b>Social visit 2019-2020</b>	<b>Number</b>	<b>Province of origin</b>	<b>Visit by province</b>	<b>Percent</b>	<b>Cumulative percent</b>
Frequently	8	East	5	12%	12%
		City of Kigali	3		
Rarely	18	East	10	28%	40%
		North	3		
		City of Kigali	3		
		West	2		
Never	39	East	23	60%	100%
		North	5		
		City of Kigali	4		
		West	0		
		South	7		

*Source: Field research 2021*

The table 7 shows that 8 inmates are visited frequently with representation of 12%, 18 inmates are visited rarely with representation of 40% and 39 inmates with representation of 60% are not visited by their families. The findings show that a big number of inmates are not visited regardless of their origin because a big number of inmates are from eastern province as location of Ngoma prison. Lack of contact with families can create negative emotions which should persist if no any intervention done.

#### 4. 1.7. Status of staff

The staff concerned in the study is from Ngoma prison as host, RCS HQs to collaborate and evaluate the process in order to plan for strategies to improve for some gaps and one from DiDe to support in planning and implementation of psychosocial support program.

**Table 8: Status of staff**

No	Staff	Gender	Education level and domain	Experience in domain
1.	Psychologist RCS	M	Bachelor's degree / clinical psychology	12
2.	Psychologist Ngoma prison	M	Bachelor's degree/ clinical psychology	19
3.	Psychologist DiDe	F	Bachelor's degree/ clinical psychology	5
4.	Social worker Ngoma prison	F	Bachelor's degree/ Sociology	8

*Source: Field research 2021*

The table shows that, 4 staff who are working at Ngoma prison include 2 men and 2 women, all have education background in the field of psychology and sociology and are able to plan and handle mental status in prevention and handling cases. The findings allow the researcher to conclude that, all staff considered are able to provide relevant information in the line of the stud.

#### 4.2. Presentation of study findings

The findings are from inmates under psychosocial support program and psychologists, the research is done using 5 focus group discussion for inmates composed by one group of inmates who are under psychotherapy as 6, one group for those who are under psychoeducation as 13 and

3 groups of those who are under Group therapy as 46 with 12 inmates in each group and semi structured interview with 4 staff from Ngoma prison, RCS HQs and DiDe.

#### **4.2.1. The role of psychotherapy in rehabilitation of inmates in Ngoma prison**

According to the findings get from FGD number 1 composed of 6 inmates under psychotherapy program which is a conversation between psychologist and client has a role to play in rehabilitation of inmates as to promote stability of mental status that make them able to take necessary commitments on a given situation related to the rehabilitation programs, some roles are highlighted as:

##### **4.2.1.1. Emotional healing**

Many inmates in Focus Group Discussion were emphasize on emotional healing as role played by psychotherapy to help them to come in normal way of thinking without any mental instability.

*“When I arrived in prison, I was confused by new life in prison which was not understandable for me, it was impossible to sleep, to eat and to interact, my only wish was to be alone and continue thinking on my future in prison which was not clear.*

*After different sessions with psychologist, it was an occasion to express myself to seek for help and from this time I started sleeping; eating and after the interaction with others come and starting to change my opinions thus retake my responsibility to build my future by think about what I have to do in prison which will help me in the future where, I started on basic knowledge as literacy to be used in vocational training therefore I am graduate from the program and I am waiting to start learning the tailoring as the profession skills.*

Some inmates experienced high level of confusion because they are young people with early responsibilities with children; example is that inmate who has 20 years old with two children who are under her duties.

*“After 1year in prison, while following literacy program, I received bad news through radio of the death of my first child, I was not informed on the current situation because of lack of communication through social visit or using telephone available at prison, I stopped all program*

*and I was coming mute with inability to sleep, but after having sessions with psychologist which was not easy because I was not ready to talk to anyone, but the psychologist persist to follow me and invite me to make a conversation with him and sessions are ended successfully, I was resumed and psychologist helped me to communicate with my family to have all information about the situation. Psychotherapy helped me to acknowledge the situation and see how I can manage it together with following the program then I started for better rehabilitation”*

The ideas from respondents were in the line of Bar (2019), psychotherapy provide ability to acknowledge the critical situation in the lives that may impede people to move forward. It's a process that allows inmates to take control of their thoughts, feelings and emotions as emotional healing.

#### **4.2.1.2. Restoration of hope to the future**

For respondents in FGD 1 about inmates under psychotherapy, they argue that it helps them to restore hope related to the future:

*“After being in prison, I had lose the hope for my future and reason to life and I started to stay alone dealing with negative thinking which were conflict in me, and make me in bad behaviours to make instability in prison as was my wish and some time I forced the correctional officers to allow me to go outside the prison for my personal interest. The session with psychologist bring me back to think about my future which is in my hands and the process ended well with hope for the future, for that, I am now learning basic knowledge as writing, reading and calculation; I hope that I will learn also tailoring as profession in my future and am able to follow civic education sessions to get and remind me on values of a good citizen”.*

Some old inmates were loss hope argue that they don't have chance to live for longue time and start their hopeless leave them in confusion:

*“Before the program I had internal dialogue as sign of mental instability, as if my dreams which put me in some bad behaviors like insomnia ,anxiety with high pressure and flux movements without reason, I had 52 years old had fear to be harassed by the neighboring family which accused me to be the source of killing of their family members during the genocide against the*

*Tutsi in 1994 in Rwanda, the situation was becoming alarming after 6 years in prison when I started to think about the end of my sentence of 8 years, it was a fear at high level with high pressure that cause lack of hope of the future. The sessions with psychologist and peer educators were helpful to me because with 5<sup>th</sup> session I expressed my feelings; root causes of the situation and they help me to follow the program of reconciliation done in prison by now I am in the process back to my village to seek for forgiveness and I am ready to tell the truth because I have to live in harmony with the survivors of those families after imprisonment”.*

Bar (2019) emphasize on this point of restoration of hope that when inmates are unable to accept the situation in prison, there is a need for psychologist to deal with them and help them to be able to manage their emotions for their future which will help them to follow different programs planned in prison to give skills for their future.

#### **4.2.1.3. Ability to control emotions**

Some prisoners lose control of their emotions and behave in a bad manner as a barrier of attending other programs in rehabilitation process, the psychotherapy help to address the ability to control emotions and orient them in good directions to reflect on needed behaviors to prisoners:

*“The first days in prison, I was confused with new life with its requirements, it was not easy to be separated with my family, and relate it with different programs in prison, I was not able to behave in a good way because some time I was unable to know what and why I do this, the reason why I was considered as crazy, inmates had fear of me ,it was impossible to approach me because many time I was brutal at the level that I can cause injuries to inmates, but after being under psychotherapy, I tried to be conscientious of what I have to do as inmates and what I can do which will help me in the future. During the sessions, I learned how I can manage any of the emotions from any situation in prison and now I am able to manage and control emotions in my interests which help me to think and plan on who I will be in the future using time I have in prison, now I am learning tailoring as my future life.*

The findings get from respondents in Focus Group Discussion remain in the line of Overholser 2005 and Deci 2008 cited by Ryan et al., 2011 where they emphasize on psychotherapy as a way to motivate inmates to change negative thinking to good results as behavior change.

The findings from psychologist focuses on big role played by psychotherapy in rehabilitation of inmates that:

*“Inmates in prison sometime time lose control and management of their emotions which can cause insecurity but also can stop them to attend rehabilitation program that need psychological interventions to help them to be strong and stabilize their thinking for good behaviors, to have sessions with them help us to know their mental status and plan how to handle it, at the beginning it is not easy because many of them are not aware of the problem they had and I use psychotherapy approach, still now the use is successful to restore inmates in right way of management of emotions, feelings and behaviors while some who have medical treatment to enforce psychological approach”*

The findings argue on the role of psychotherapy in rehabilitation of inmates as to help them to accept where they are and try to manage their emotions as said by one of the psychologists:

*“Inmates, because of new life come in prison with a certain level of stress which is normal to all human being when they are in critical condition, but this has to take a small time to become normal, some inmates their stress persist and psychotherapy help them to know their weakness and take appropriate action to fulfill the gap and meet others in rehabilitation programs”*

The psychotherapy is done to encourage inmates to be able to manage their emotions with hope of life in prison conditions for another psychologist:

*“ It is not easy to have direct adaptation in prison to inmates, using psychotherapy is to motivate inmates to acknowledge the critical situation and try to manage them with hope for their future by taking some decision which will help them to survive, but it is necessary to make daily follow up of inmates to avoid serious cases which should require medical intervention because it will require longtime with means to be addressed from medication to come back to psychology intervention , but small number of professionals and peer educators to cover all inmates in order to predict any crisis which still a challenge”.*

The findings from respondents on the role of psychotherapy on rehabilitation of inmates are in the line with Selva, (2012) and Ryan, (2011) that psychotherapy is to encourage inmates to be stable in their thinking and take their own decision (self-determination) or personal desire to change through professionals in psychology.

#### **4.2.2. The role of Group therapy in rehabilitation of inmates in Ngoma prison**

For Group therapy, the findings are from 3 FGD of prisoners with simple size of 36 inmates where every Group discussion has 12 respondents in order to get information from all participants, the following information are from inmate

##### **4.2.2.1. Self-exploratory**

The findings show that, in group therapy, inmates have opportunities to know who they are and how they can manage their emotions using shared experiences, Group therapy is helpful:

*“When I arrived in prison, I was afraid by the new life, separation with family and the future which was not clear. When I started in the program and during interaction with others guided by psychologist and peer educators, I realize that, many lessons, gain from different experiences, have been helping me to change the way of thinking. I knew who I was, my weaknesses, strength and try to learn from them and using the lessons learnt that I have to be able to manage every critical situation to survive, after many sessions, I am now able to know me about my characters and assess the situation to see how I can behave in my interest but also in general interest for security of others. I have to plan for the future, different sessions were inspired me and give some information about how can I manage and behave in any situation with good results “*

The inmates should not be able to know their characters and throughout the sessions in Group therapy with sharing experiences through how others were managed their emotions, they can have feelings that they can manage the situation properly to get solution.



#### **4.2.2.2. Group relationship**

Group therapy helps inmates to be familiar with others in new life together and guide them to know how they can collaborate and interact to serve their sentence but also to follow other rehabilitation programs.

*“Group therapy is like a bridge from normal life with my family to life in prison, before coming in the program, I was afraid by the new situation at the level that I was unable to interact with others with many confusion on how someone can be familiar with the life in prison, the thinking was oriented on how I will live in prison, I was angry for my family that it was limited social visit and come rarely when I needed them every week with some material support, with the program of Group therapy, I learnt that my family has taken my responsibilities in additional to theirs and take enough time to take care of my children with many requirements which need to work hard ,it was not easy to them to come always at prison, from now I started to apology for that and react properly with them considering the condition of their life with additional responsibilities.”*

Some inmates argue that Group therapy helped them to know the interest of interaction with others as a way of being able to know how to behave in certain situation to avoid miss behaviors:

*“Group therapy helps me to make serious attention on the role of social relationship in general. because in previous time I focused on myself without considering others as if I will live alone, I tried to solve and deal with my situation alone, after sessions in group therapy I realize that I can learnt a lot from others and I have to collaborate to learn from their experiences about how I can behave and what to do in the line of rehabilitation for better future. Some of them had experienced serious situation rather than mine and were able to manage them for their future. Now, I am confident to follow civic education programs and literacy program to have basic knowledge for any profession I will learn after”.*

#### **4.2.2.3. Compliance with regulations**

Group therapy helps to know how to behave in new life in order to cope with the regulations of prison, one respondent said that:

*“ In prison, there is regulations set by prison administration to be observed, I was unhappy to be in prison stressed by the situation and sometime try to steal properties for others as also my accused crime, I was always punished of this misbehaviors, but I was opt for that because of the confusion and stress of hopeless of the future and the family which was not in contact with me, when I started being in Group therapy I understand the experiences from others, I started to see that, my condition is not more critical than theirs and they are stable in all programs planned in prison and realize that I can observe the regulation to help me to remain in a good way and select what I can do for my future, additional to that I can be selected in conditional release as someone who has good behaviors as one of the signs of rehabilitation, now I am considered as good inmates who is in a good way of rehabilitation*

Group therapy through interactions helps to have attention on the relevance of internal regulations in prison and with prison administration and other stakeholders as highlighted by inmates in FGD.

The findings from psychologists argue that Group therapy in prison is used to encourage inmates with mental instability to be able to learn from others that to be stable in prison and think and plan about what they can do using time in prison for their future:

*“Group therapy is a way to encourage inmates to interact with others and learn from their experiences, during the session inmates are motivated to express their feelings to be addressed for better orientation, and it is helpful to inmates and can cover a big number if I relate it to psychotherapy”*

Another psychologist argues that:

*“Group therapy helps us to encourage inmates to interaction with others because from sharing experiences, they get lessons and be motivated of sharing theirs and from that, group members give advice which is guided by psychologist or peer educator”*

The findings get from respondents are emphasized also by Lewin 1951 as cited in Gladding (1994), that it is easily done to change behaviors in group therapy rather than in psychotherapy because participants have time to express their emotions, share some experiences and every one

learn from the session and by Morgan, et al., (2006) highlight that group therapy helps to learn from experiences for self-management, good relationship and institutional adjustments.

#### **4.2.3. The role of psychoeducation in rehabilitation of inmates in Ngoma prison**

Psychoeducation as said in literature review is a program of training on basic skills to be used in intervention together with psychologists to monitor and handle mental health issues. In prison, this program is known as peer programs by inmates for inmates who is about training inmates on psychological skills to make them working as peer educators. According to the findings, it has roles to play:

##### **4.2.3.1. Increase capability of inmates to intervene**

In prison to be able to monitor and intervene in psychosocial support program, inmates are used to work with psychologist and gain training as a tool to perform well their duties as said one of respondents:

*“my first time in prison was not easy because of abnormal situation with total separation with my family, but I was able to manage the situation after 2month that in my education background I had it as lesson, I was selected to work as peer educators to help others in management of abnormal situation in prison using my experiences and knowledge gain from trainings, I am benefited from the program because I have opportunity to help others but also I learn a lot throughout different reactions and experiences of others which help me in my own stress management using those experiences from others and make easy my program of rehabilitation, I do tailoring”*

Others inmates consider psychoeducation as a way to help them to have more skills that is used to perform their self-stability:

*“Working together with psychologist help me to have more experiences on how to manage mental instability using different technics depending on the character of clients that some are cooperative and others are not easy to talk to them, but the trainings gain give me the competence to be able to make the sessions workable in a good climate together with client to*

*get a way to manage emotions in a good manner and the skills gain will be used even in the future after imprisonment as my contribution to help people in stress management”*

This was also emphasized by Devilly et al., (2003), that psychoeducation increase capability of inmates to intervene and help others in the program known as program for inmates for inmates through trainings.

#### **4.2.3.2. Confidence to inmates**

The psychoeducation as one of psychosocial support program uses trained inmates to provide interventions in psychosocial support process but also it has a benefit to the providers:

*“The work of peer educators helps me to be aware of different characters and personality as reflection of behaviors which are sometime not appropriate to the situation, it helps me to know how I can deal with each other with an objective to make him able to accept the situation and try to found a solution by using time he has to gain additional knowledge and skills which will help him to survive without any criminal acts, for that I feel capable to work and provide the necessary needed”.*

Inmates who work with psychologist are confident to be considered as someone who can have help others with trust to do so well.

#### **4.2.3.3. Quality of service delivery**

Psychoeducation is considered as a way to extent the providers of psychosocial support using inmates peer educators as highlighted by inmates:

*“When I am in the program as peer educators I am seen as service provider, I have to be serious in my responsibilities and help inmates to be stable in prison throughout rehabilitation programs as a way of social protection, I try to follow all inmates to help them in order to deliver good service and help them to come in a right way for their rehabilitation, but we are still few as peer educators to cover all inmates and sometime it is not easy to find at time all inmates who need intervention to avoid serious or high level of mental instability”.*

For psychologists, psychoeducation helps them to fulfill at a certain level the gaps caused by a small number of professionals in the line of service delivery to prevent, promote mental status and handle mental instability:

*“The psychoeducation help me to have an additional manpower to support me in the program that to cover a given number of inmates in need and influence on service delivery at a certain level as benefit to me as professional to increase the level of service delivery, to peer educators to be responsible of what they have to do in the benefit of others and do it effectively, but this don't replace professionals in the area and also the number of peer educators are still low to cover all inmates in promotion, protection of mental stability”*

Other psychologist argues that:

*“Working with peer educators helps me to have necessary information at time because they live together in prison and because of sharing the same story as inmates, they trust them and tell them some realities which should not reveal to me as staff and from peer educators I gain the real situation and handle it properly, but the problem is that in case of any mistake, they are not accountable and some of inmates don't have trust in them same inmates who are in the same condition in prison which lead to lack of confidentiality as assumption ”.*

For social worker *“the psychosocial support help to able to manage inmates in relation to their character using peer program together with psychologist and me to intervene as soon as possible to enable inmate to get an adaptation in new life for behavior change through different program of rehabilitation”*

The findings get are also highlighted by McHugh (1998) cited in Devilly et al. 2003, that the vulnerability of inmates requires strong services to deal with psychosocial issues using program for inmates by inmates to fulfill the gaps, that because of small number of professionals.

#### **4.3. Interpretation of the study findings**

This point discusses the interpretation of findings in relation to theories used in the study as cognitive behaviors theory and planned behaviors theory, the link between empirical data and theoretical party is used to make clear understanding of the findings of the study.

#### **4.3.1. Interpretation of findings in relation to cognitive behavior theory**

The findings show that, some prisoners have mental instability which influence their thinking, feeling and end up by influencing their behaviors which influence negatively on the process of rehabilitation because some live some program like literacy, tailoring as main profession which is done in Ngoma prison and others are not able to follow civic education activities.

According to McLeod (2019), cognitive behavioral theory tries to develop alternative thinking to reduce psychological problems, for González-Prendes and Resko (2012) it has to consider individual 'cognition as key point of mental status (stability or instability) and Foa & Jaycox (1999) continue that it helps to come up with sustainability of emotions. It focused on feelings, judgments related to a specific life which determines the actions or behaviors to facilitate the process of adaptation in a given situation. (Foa & Riggs 1993 and Rachman 1980), as the respondents said that psychosocial support facilitates them to get adaptation in prison from psychological sessions which touch on their feelings and emotions as to determine attitudes to have.

Throughout the findings, the respondents confirm the relevance of psychosocial support program from individual consideration of the emotions which reflect their feelings during the sessions, as a way to restore and maintain stability of mental status and end up by changing behaviors and mental sustainability lead for self-commitment of inmates in rehabilitation programs as social protection of their future to gain skills and knowledge for better future after imprisonment.

#### **4.3.2. Interpretation of findings in relation to Theory of planned behavioral**

The theory of planned behavior shows that the attitudes are planned intentionally with self-commitment. (Conner and Norman, 2005), by combining attitudes with social norms and social pressure, inmates are from negatives behaviors which were done in criminal way without compliance with social norms and control to perform; the researcher relates it with findings that to be able to have good intention requires good thinking in the line of the society.

The psychosocial support help inmates to have positives feelings which enable them to change mind set and follow social norms and pressure using skills and knowledge gain from different rehabilitation programs in prison.

#### **4.4. Summary**

The chapter 4 focuses on presentation and interpretation of findings on the role of psychosocial support in rehabilitation of inmates collected from 5 FGD of inmates who are in 3 subcategories as psychotherapy, Group therapy and psychoeducation; and semi structure interview of 3 psychologists from Ngoma prison, RCS HQs and DiDe. The interpretation of findings is done using narrative analysis and hermeneutic.

The findings are mainly focused on exploration of the role of psychosocial support in rehabilitation of inmates from each approach used as psychotherapy, Group therapy and psychoeducation. The findings show that psychosocial has role to play in rehabilitation of inmates, because it helps to promote and stabilize mental status in order to motivate inmates to be committed to some activities as a way to gain knowledge and skills to be used to survive.

The findings are in the line with theories used in the study as cognitive behavior theory to show alternative way of thinking by working on emotions and feelings as said respondents are becoming stable after the sessions and Theory of planned behavior that, after psychological sessions, inmates are able to behave in intentionally way to be used to gain skills and knowledge to improve their wellbeing in the future.

## **CHAPTER FIVE: GENERAL CONCLUSION AND RECOMMENDATIONS**

### **5.0. Introduction**

This study intends to explore the role of psychosocial in rehabilitation of inmates: case of Ngoma prison. The chapter five has to make conclusions of findings and recommendations to be considered.

### **5.1. Conclusion**

The study emphasizes on three specific objectives to make clear exploration as:

The first objective focuses on the role of psychotherapy in rehabilitation of inmates, the findings show that, psychotherapy has different role to play in individual mental instability as emotional healing to help them to acknowledge the situation in prison in order to be able to manage it, ability to control emotions and restoration of hope which help inmates to think in a way they can think properly on what is necessary to them and how they can use time in prison to gain some skills and knowledge

The second objective focuses on the role of Group therapy in rehabilitation of inmates where the findings show that the approach help inmates to be aware of experiences from others to avoid any kind of internal conflict on how to deal with the situation, knowing the testimony of others help to gain self-exploration of how they should manage them self from experience shared, Group relationship lead to how to interact with others and compliance to regulations that to be stable in the mind and lead to commitment for any rehabilitation program as said respondents.

The third objective focuses on the role of psychoeducation in rehabilitation of inmates, the findings show that, with program for inmate by inmates, it helps to fulfill the gaps in service delivery and increase the quality because the first follow up is done by inmates who live together and through observation and interactions, they can be aware of someone who has abnormal behavior or who need special attention depending to the situation, it increases confidence and skills to providers for owner stress management but also for others.



Some challenges were highlighted by respondents like social network with families which should cause a shock to the vulnerability of inmates , small number of professionals led to poor service to inmates that, one psychologist in 1320 inmates is not enough to cover the needed in order to promote, protect mental health and handle the cases clashed, but throughout the literature and findings, peer program as using inmates in providing some services, is allowed to be used as other alternative to try to cover a big number of inmates , but still now the number of peer educators is low which led to some challenges like find late someone who need intervention with some services which go beyond the capacity of psychologist at prison level.

The findings show also other challenge on serious measures to protect and prevent mental instability, because some case occur from the gap caused by quality of service delivery, it is a need to for enough professionals and peer educators to intervene as quick as possible without any delay.

## **5.2. Recommendations**

The recommendations are from some challenges highlighted during the study and are addressed to RCS, MINISANTE and MINALOC as partners in rehabilitation of inmates with some responsibilities connected to the psychosocial well-being of inmates for better rehabilitation.

-To RCS together with Ministry of health (MINISANTE) to put more importance on psychosocial aspect as key foundation of rehabilitation of inmates by planning for all necessities including enough permanent professionals, enough trainings to all staff to empower the program because the psychosocial support intervenes in promotion, protection and stabilization of mental health of inmates for self-commitment while being in good conditions of thinking. The findings show that, in prison the program is not considered as key element which is observed in the very low number of professionals in the program (one psychologist at prison level),

-To the RCS together with Ministry of finance (MINECOFIN) to put more emphasize on increasing number of permanent professionals rather than number of peer educators to cover the minimum of psychosocial requirement from the time of entrance of inmates in prison, to help them on easy adaptation in new life as key element to consider,

-To the Ministry of local government (MINALOC), to plan for mobilization of families on their role in rehabilitation of inmates by maintaining social network as way to prepare their reintegration in the society, because the limitation and lack of family contact influence negatively on the way their manage the situation.

### **5.3. Suggestions for further research**

The following are suggestions for further research:

- Gender issues in psychological perspectives,
- Human security issues with mental health in prison,
- Prison conditions with mental health problems,
- Mental health and security in prison,
- The role of social network in rehabilitation of inmates.

## LIST OF REFERENCES

### Books

- Airth, M., 2017, *psychosocial interventions: Definition and examples*
- Ajayi, O.V, 2017, thesis; *Distinguish between primary sources of data and secondary sources of data*, Benue State University, Makurdi
- Amin, M.E., 2005, *Social science research; Conception, Methodology and Analysis*, Makerere University, Kampala.
- Andrews, D.A. and Bonta J,2010, *rehabilitating criminal justice policy and practice*, American Psychological Association, Vol. 16, No. 1, 39–55
- Andrews, D. A., Bonta, J., & Hoge, R. D. (1990). *Classification for effective rehabilitation: Rediscovering psychology. Criminal Justice and Behavior*, 17, 19-52.
- Antonio González-Prendes, A. and Resko, S.M., 2012: *Trauma: Contemporary Directions in Theory, Practice and Research*, Sage Publications.
- Bandura, A. 1996. *Self-efficacy: The exercise of control*. New York: Freeman
- Bar, Y., 2019, *Emotional healing: signs that you are on the right path*,
- Bouchard, A., 2002, *Statistique applique a la geographie*, Paris
- Conner, M and Norman, P 2005, *Predicting health behavior*, second edition, Publication data.
- Corbin, J and Strauss, S 2008, *Basic of qualitative research: Techniques and procedures for developing grounded theory* (3<sup>rd</sup> ed.), Sage Publications, Inc. <https://doi.org/10.4135/9781452230153>
- Corcoran, J 2009, *Building strengths and skills: a collaborative approach to working with clients*, DOI:10.1093/acprof:oso/9780195154306.003.0001.
- Dawson, C 2002, *Practical Research Methods*, Cromwell, United Kingdom
- Devill, G, J., et al., 2003, *Prison-based peer-education schemes*, Wellington, in *Aggression and Violent behavior* 10 (2005) 219-240.
- Farabee. D, 2005a, *Rethinking rehabilitation: Why can't we reform criminal?* Washington DC: The AEI Press.
- Fazel, S & Danesh, J 2002, *Serious mental disorder in 23,000 prisoners: A systematic review of 62 surveys*. *Lancet*, 359, 545-550.

- Foa, E B & Jaycox, L H 1999, *Cognitive-behavioral theory and treatment of posttraumatic stress disorder*. In D. Spiegel (Ed.), *Efficacy and cost-effectiveness of psychotherapy* (pp. 23–61). Washington, DC: American Psychiatric Press.
- Foa, E B & Riggs, D S 1993, *Post-traumatic stress disorder in rape victims*. In J. Oldham, M. B. Riba, & A. Tasman (Eds.), *Annual review of psychiatry*
- Frenk, V H & Joop, V D 2007, *Inmate emotion coping and psychological and physical well-being*. American Association for Correctional and Forensic Psychology
- Fortune, C A, Ward, T and Willis, G M 2011, *The rehabilitation of offender: Reducing risk and promoting better lives*, Research gate net DOI:[10.1080/13218719.2011.615809](https://doi.org/10.1080/13218719.2011.615809)
- Gendreau P. and Cullen FT 2000, *Assessing Correctional Rehabilitation: Policy, Practice, and Prospects*
- Gladding, S. T., 1994, *Effective group counseling*, Carolina
- Grinnel, J 1990, *Methods in Social Research*. New York: McGraw-Hill International.
- Haney C 2002, *the Psychological Impact of Incarceration: Implications for Post-Prison Adjustment*, California
- Harris, LR and Brown, GTL 2010, *mixing interview and questionnaire methods: Practical problems in aligning data*,
- Hayman, S at al. 2000, *Mental disorders*,
- Hinchman, L.P. and Hinchman, S.K. (eds) 1997, *Memory, Identity, Community: The Idea of Narrative in the Human Sciences*, Albany NY, State University of NY Press.
- IASC, (2010), *Mental Health and Psychosocial Support in Humanitarian Emergencies: What Should Humanitarian Health Actors Know?* Geneva.
- John, at al. 2015, *Effects of Imprisonment on Depression among Female Inmates in Selected Prisons in Kenya*. *Research on Humanities and Social Sciences* Vol.5, No. 16.
- Kabir, S.M.S., 2016, *Basic guidelines for research: An introductory approach for all disciplines, Methods of data collection*, Curtin University, Chapter 9.
- Kaplan, A., 1964, *The conduct of inquiry*, New York: Harper and Row.
- Kothari, C.R., 2004, *Research Methodology: Methods and Techniques*, New Delhi: New Age International (P) Ltd Publishers.

- Langat, K, C, 2015, *Efficacy of Rehabilitation programmes in psychosocial adjustment of elderly male offenders in Kakamega main prison, Kenya*,
- Lawrence, S. 1990. *Social Research, Strategy and Tactics*, (2nd ed.). New York: The Macmillan Company.
- Lopez, V. and Whitehead, D., 2013, *Nursing Midwifery Research: Methods and Appraisal for Evidence-Based Practice* (pp.123-140), ed.4, Chapter 7: *Sampling data and data collection in qualitative research*, Mosby.
- Mantzavinos, C., 2016, *Naturalistic hermeneutics*
- Loughry M and Eyber C, 2003, *psychosocial concepts in humanitarian work with children*, Washington DC
- Lulu, A. 2017, *Rehabilitation and Reintegration of Genocide Ex-Prisoners: Understand the correctional Role of Prisons in Rwanda*
- McNeill, F, 2012, *Four forms of offender 'rehabilitation; towards an interdisciplinary perspective. Legal and Criminological Psychology*, 17(1) pp.: 18-36 available at <http://eprints.gla.ac.uk/59166/>
- Mugenda, O.M and Mugenda, A.G 2003, *Research Methods: Quantitative and Qualitative Approaches*. Nairobi: African Center for Technology Studies (ACT)
- Nicole, Toutounji, Barrachit &Lebanon, 2009, *ARC resource pack Study material*, Foundation module 7 Psychosocial support, pp: 1-47, <http://www.arconline.org> NYHQ20070797/
- Siddhartha B, 2020, *why rehabilitation – not harsher prison sentences – makes economic sense*, 24 March 2020
- Official Gazette (OG) n° 17bis of 23/04/2018
- Official Gazette (*O.G*) special n° of 23 October 2006
- PRI, 2018, *mental health in prison: a short guide of prison staff*.
- Pollack, S. (1999), *Opening the window on a very dark day: A program evaluation of the Peer Support Team at the Kingston Prison for Women*.
- Ranchman, S. (1980). *Emotional processing. Behavior Research & Therapy*, 18, 51–60.
- Roberts, J. W. (1997). *Reform and retribution: An illustrated history of American prisons*. Lanham, MD: American Correctional Association
- Robinson, G & Crow I (2009), *Offender Rehabilitation Theory, research and practice*, Sage

Publication LTD, California

-Ryan, M.R., 2011, *Motivation and Autonomy in Counseling, Psychotherapy and behavior Change: A Look at Theory and Practice*, Sage Publications

-SaulMcLeod,2019,what is psychology, <https://www.simplypsychology.org/whatispsychology.html> updated 2019

-Selva, J., 2020, What is psychotherapy: 15 techniques and exercises

-Shivani, T. (2013), *The psychological effects of incarceration on inmates*. Delhi psychiatry journal vol.16 No 1

UNODC, 2010, *Handbook for prison leaders A basic training tool and curriculum for prison managers based on international standards and norms*.

UNDOC, *United Nations Standard Minimum Rules for the Treatment of Prisoners* (the Nelson Mandela Rules)

-Ward, T., 2001, *Good lives and the rehabilitation of offenders Promises and problems*, *Aggression and Violent Behavior* 7 (2002) 513 – 528

-Wormith, S., 2007, *The rehabilitation and reintegration of offenders: The current landscape and some future directions for correctional psychology*, Sage publication LTD.

-Welman, J.C. and Kruger SJ, 2001, *Research methodology*, 2nd edition, Cape Town; Oxford University press southern Africa.

-Yin, R. K., (1994). *Case Study Research: Design and Methods*. (2nd ed.). Thousand Oaks CA: Sage Publications Ltd.

-Zerihun D., 2005, *Introduction to sociology*, DOI: [10.13140/2.1.4222.0809](https://doi.org/10.13140/2.1.4222.0809)

## **Journals**

-Affizal, A & Nurul, H.M. 2014, *Stress and Depression: A Comparison Study between Men and Women Inmates in Peninsular Malaysia*. *International Journal of Humanities and Social Science*

-ARC resource pack 2009; <http://www.arconline.org> ARC resource pack 2009

-Jansen, Farkas and Penk, 2007, *psychosocial rehabilitation: Approach of choice for those with serious mental illnesses*, Washington. *The journal of rehabilitation research and development* 44(6): vii-xxi

- Maunder L et al. 2009 *Journal of mental Health: Effectiveness of self-help materials for anxiety adapted for use in prison-a pilot study*, Volume 18,pp 262-271 published online 13 August 2009
- McClure, B. A., (1990), *The group mind: Generative and regressive groups*, *Journal for specialist in group work*, 15,159-170.
- Mohammed, M., (2015), *A Critical Review on Role of Prison Environment on Stress and Psychiatric Problems among Prisoners*. *Mediterranean Journal of Social Sciences*, OxfordOX41RE, United Kingdom.
- Morgan, R.D et al. 2006, *Group psychotherapy in prison: Facilitating change inside the walls*. *Journal of contemporary psychotherapy* 36(3):137-144
- Murhula, P, B and Shanta B, S.2019, *African Journal of Criminology and Justice Studies: Critical Analysis on Offenders Rehabilitation Approach in South Africa: A Review of the Literature*, *AJCJS*, Vol.12, No.1A, Kwazulu-Natal, pp: 21-43
- Ngozwana, N ,2017, *Journal of Adult Learning on Adult offenders' perceptions of rehabilitation programs in Africa University of South Africa*, *Australian*, Volume 57, Number 2,pp:217-241, July 2017.
- Parker, E. A, 1990, *Journal of correctional education: The social psychological impact of college of education on the prison inmates*, Volume 41, issue 3, p140
- Randall C, Nowakowski s and Jason GE, (2019), *Journal: Behavioral sleep Medicine: Managing Acute Insomnia in Prison: Evaluation of a "One-Shot" Cognitive Behavioral Therapy for Insomnia (CBT-I) Intervention*, Volume 17, pp.: 827-836
- Raynor, P. (1997) 'Some observations on rehabilitation and justice', *Howard Journal of Criminal Justice*, 36, 3: 248–62.
- Tajudeen, A., and Yushau, A.A., 2017, *The journal of forensic science and medicine: Prison types and inmates' psychosocial profiles: A comparison between medium and maximum security in prison*.
- Saman, L.N. and Manjuala, M., 2007, *Psychosocial issues among prisoners: An exploratory investigation*, *India journal of psychiatry*, 23(1-2) 57-63
- Schnittker, J., Massoglia, M., & Uggen, C. (2012). *Out and Down: Incarceration and Psychiatric disorders*. *Journal of Health and Social Behavior*, 53(4), 448-464.  
<http://dx.doi.org/10.1177/0022146512453928>

-UNODC, *United Nations Standard Minimum Rules for the Treatment of Prisoners* (the Nelson Mandela Rules), Vienna, Austria

WHO, *Mental health and prisons*, [https://www.who.int/mental\\_health/policy/mh\\_in\\_prison.pdf](https://www.who.int/mental_health/policy/mh_in_prison.pdf)  
visited 2 nov 20

-Zeldman, A., Ryan, R. M., & Fiscella, K. (2004). *Client motivation, autonomy support and entity beliefs: Their role in methadone maintenance treatment*. *Journal of Social and Clinical Psychology*, 23, 675-696.

## **Reports**

RCS report February 2020

Ngoma prison report October 2020



## APPENDICES

**APPENDIX I: Table of Alain Bouchard**

	Precision								
	90 sur 100			95 sur 100			99 sur 100		
	10%	5%	1%	10%	5%	1%	10%	5%	1%
Infini	68	271	6765	96	384	9604	166	664	16589
1,000,000	68	271	6720	96	384	9513	166	663	16319
100,000	68	270	6336	96	383	8763	166	659	14229
50,000	68	269	5959	96	381	8057	166	655	12457
10,000	67	263	4035	95	370	4899	163	622	6239
5,000	67	257	2875	94	357	3288	161	586	3842
1,000	63	213	871	88	278	096	142	399	943
500	60	176	466	81	271	475	125	285	485
100	41	73	99	49	80	99	63	67	99
50	29	43	50	33	44	50	49	47	50

**Source:** Alain Bouchard, *Statistique applique a la geographie*, Paris, 2002, p.68

## APPENDIX II: Introductory letter

RWANDA NATIONAL POLICE

Musanze, 14 DEC 20



**NATIONAL POLICE COLLEGE**

TEL: (+250)788311956

P.O.BOX: 23 Musanze

E-mail: [npc@police.gov.rw](mailto:npc@police.gov.rw)

### TO WHOM IT MAY CONCERN

This is to certify that **SSP Marie Grace NDWANYI** is a student at Rwanda National Police College, undertaking a Master's Degree in Peace Studies and Conflict Transformation for the academic year 2020-2021. She is conducting a research on "THE ROLE OF PSYCHOSOCIAL PROGRAM ON REHABILITATION PROCESS OF INMATES IN NGOMA PRISON", for which she is required to collect data from relevant sources.

Any assistance rendered to her in this regard is highly valued by the College.

**C BIZIMUNGU**  
CP  
COMMANDANT



## APPENDIX III: Letter to RCS

NDWANYI Marie Grace  
University Of Rwanda  
Musanze Campus  
National Police College  
PSCSC 09/20-21  
Tel: 0788497547  
ndwanyig@gmail.com  
The 31<sup>th</sup> Dec 2020

The Commissioner General  
Rwanda Correctional Services  
**KIGALI**

RE: **REQUEST FOR PERMISSION OF DATA COLLECTION**

Sir,

1 I am kindly requesting for permission to collect data from the department in charge of Psychosocial Program of Inmates at RCS HQs and Ngoma prison, to be used in my research thesis required for completion of studies in Master's degree.

2 I am currently participating in The Police Senior Command and Staff Course intake 09/20-21, pursuing a Master's degree in Peace Studies and Conflict Transformation from University of Rwanda, Musanze campus at National Police College.

3 The research topic is **"THE ROLE OF PSYCHOSOCIAL PROGRAM ON REHABILITATION PROCESS OF INMATES IN NGOMA PRISON"**, and the targeted population is inmates under psychosocial program and peer educators. For the purpose of this research, staffs in charge of psychosocial program at Ngoma prison and RCS HQs along with related statistics will be required to support data collected from inmates.

4 In case this permission granted, I will observe all ethical standards regarding data collection for research purpose and I will adhere to all regulations of Rwanda Correctional Services (RCS). Find the attached To Whom It May Concern from University of Rwanda, Musanze Campus.


Respectfully,

  
NDWANYI Marie Grace

RWANDA CORRECTIONAL SERVICES	
FOR RECEPTION	
Received on:	05/01/20
Returned on:	
Checked on:	

## APPENDIX IV: Acceptance letter of RCS

RWANDA CORRECTIONAL SERVICE



OFFICE OF COMMISSIONER GENERAL

---

Kigali, on *05.01/2021*  
Ref. n° *0.14/CG/RCS/MM/2021*

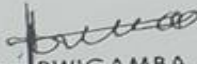
SSP Grace NDWANYI  
Student  
Rwanda National Police College  
**MUSANZE**


**PERMISSION TO CONDUCT RESEARCH AT RCS HQ AND NGOMA PRISON**

1. Reference is made to your letter dated 31<sup>st</sup> Dec 2020, requesting permission to conduct a research on the topic "**The role of psychosocial program on rehabilitation process of Inmates in NGOMA Prison**" by collecting data from the department in charge of Psychosocial program of inmates at RCS HQ and Ngoma Prison for your dissertation paper in master's degree program in Peace Studies and Conflict Transformation at the University of Rwanda, Rwanda National Police College, Musanze;

2. I am pleased to inform you that the permission has been granted and the director Ngoma Prison is requested to facilitate you in your research.

3. Regards,

  
George RWIGAMBA  
CG  
Rwanda Correctional Service



**Cc**  
-DCG/ RCS;  
-DP Ngoma Prison.

---

Kicukiro District, Kanombe Sector, Rubirizi Cell, Beninka Village, KK 18 Ave  
Website: [www.rcs.gov.rw](http://www.rcs.gov.rw), E-mail: [cgoffice@rcs.gov.rw](mailto:cgoffice@rcs.gov.rw)

**APPENDIX V: Letter to DiDe**

NDWANYI Marie Grace  
University Of Rwanda  
Musanze Campus  
National Police College  
PSCSC 09/20-21  
Tel: 0788497547  
ndwanyig@gmail.com  
The 31<sup>th</sup> Dec 2020

The Regional Delegate of Dignity in Detention  
**KIGALI**

RE: **REQUEST FOR PERMISSION OF DATA COLLECTION**

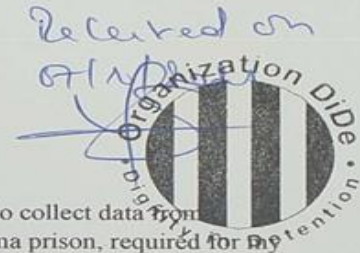
Madam,

1. Kindly accept this letter as a request to be granted permission to collect data from a psychologist in charge of Psychosocial Program of Inmates at Ngoma prison, required for my thesis research.
2. I am currently participating in The Police Senior Command and Staff Course intake 09/20-21, pursuing a Master's degree in Peace Studies and Conflict Transformation from University of Rwanda, Musanze campus at National Police College.
3. The research topic is "**THE ROLE OF PSYCHOSOCIAL PROGRAM ON REHABILITATION PROCESS OF INMATES IN NGOMA PRISON**" as one of the partners in the area of psychosocial program of inmates at Ngoma prison, your staff will be interviewed and related statistics are required, to support and boost my research.
4. In case this permission is granted, I will observe all ethical standards regarding data collection for research purpose and I will adhere to internal regulations of Dignity in Detention (DiDe). Find the attached To Whom It May Concern from University of Rwanda, Musanze Campus.

Thank you for your consideration.



NDWANYI Marie Grace



## APPENDIX VI: ACCEPTENCE LETTER FROM DiDe



DiDe Rwanda  
KN1 - Rd n°54 rue Muhima - Nyarugenge  
Tel.: +250788527263 • B.P. 3772 Kigali • Rwanda  
didekigali@yahoo.fr • info@diderwa.org • www.diderwa.org

Kigali, 08<sup>th</sup> January 2021

Ref: 01/01/DIDE/2021

NDWANYI Marie Grace

University of Rwanda\_ Musanze Campus

National Police College

PSCSC09/20-21

Tel: +250788497547

Re: Authorization of data collection

Dear Madam,

We would like to inform you that the permission to interview the staff of Dignity in Detention for the psychosocial program of Inmates from Ngoma Women prison has been granted, you will work particularly with DiDe psychologist. For prison data, you will need to work with prison staff.

We wish you all the best and good luck in your thesis research.

Yours sincerely,

MUKANSORO Odette

Executive Director

Dignity in Detention



## **APPENDIX VII: INTERVIEW GUIDE RESERVE TO INMATES UNDER PSYCHOSOCIAL SUPPORTS IN NGOMA PRISON**

### **I. Inmates under psychotherapy and group therapy programs**

Dear respondent,

I am Ndwanyi Marie Grace, I am doing a research on the role of psychosocial support in rehabilitation of inmates: Case of Ngoma prison with main objective of to explore the role of psychosocial support on rehabilitation of inmates, the information will be used in research to do to get a master's degree in university of Rwanda, Musanze branch in National Police College specially id peace studies and conflict transformation.

I guarantee that, the information collected will be used with secrecy on respondents and their opinions for their personal security. Your contribution is high appreciated.

The following questions have to be answered by putting a tick on the right answer

#### **Section A: Background information**

##### **1. Sex**

Female [ ]

Male [ ]

##### **2. Age**

19-30 years [ ]

31-40 years [ ]

41-50 years [ ]

Above 50 years [ ]

##### **3. Social status**

Married [ ]

Divorced [ ]

Separated [ ]

Single [ ]

Widow/widower [ ]



**4. Number of children**

1-4 [ ]

4-7 [ ]

Above 7 [ ]

No child [ ]

**5. Level of education**

PHD and Doctorate level [ ]

Masters level [ ]

Bachelor's degree [ ]

Secondary level [ ]

Primary level [ ]

Illiteracy [ ]

**6. How long have you jailed**

0-2 years [ ]

3-5 years [ ]

6-10 years [ ]

Above 10 years [ ]

7. What is your origin (province or country for foreigners)?

**Section B: Questions guide**

8. Are you under any psychosocial support programs? Yes [ ] No [ ]. Explain

9. How long have been under the program?

10. Why are you under the program?

11. Before coming in prison, have you had any mental instability?

12. Are you following the program to gain new knowledge and skills which will help you after imprisonment? Yes [ ] No [ ].

Explain?.....  
.....  
.....  
.....

13. Are there any benefits of the psychosocial support to good relationship with other in different programs done in prison?

Yes [ ] No [ ]. Explain.....  
.....  
.....  
.....

14. Are there any challenges faced by psychosocial support in connection with other programs done in prison? Yes [ ] No [ ]

Explain?.....  
.....  
.....  
.....

**II. INMATES UNDER PSYCHOEDUCATION PROGRAM**

15. Are you involved in psychosocial support program? Yes [ ] No [ ]

16. What is your role in the program?

.....  
.....  
.....  
.....

17. Have had trainings related to psychosocial support? Yes or No. Explain?

18. What are the boundaries of your role in collaboration with psychologist?

.....  
.....  
.....  
.....  
19. Are there any benefits of being peer educator? Yes [ ] No [ ] Explain?

.....  
.....  
.....  
.....  
20. Are any challenges faced during your activities as peer educators? Yes [ ] No [ ]  
Explain?

.....  
.....  
.....  
.....  
21. With peer educators responsibilities, are you able to follow other programs done in prison for  
your own changes? Explain?

22. Are there any benefits from psychosocial support in relation to rehabilitation of inmates?  
Yes [ ] No [ ]. Explain?

.....  
.....  
.....  
.....

## **APPENDIX VIII: INTERVIEW GUIDE RESERVE TO THE STAFF OF RCS HQS, NGOMA PRISON AND DiDe**

Dear respondent,

This interview guide has to collect information which will be used in research on” the role of psychosocial support in rehabilitation of inmates: case of Ngoma prison”, all information provided will be only used for research purpose and analyzed with confidentiality. Your contribution is high appreciated.

The following questions have to be answered by putting a tick on the right answer

### **Section A: Background information**

#### **1. Sex**

Female [  ] Male [  ]

#### **2. Age**

19-30 years [  ]

31-40 years [  ]

41-50 years [  ]

51 and above [  ]

#### **3. Level of education**

PHD and Doctorate level [  ]

Masters level [  ]

Bachelor’s degree [  ]

Secondary level [  ]

4. What is your experience in psychosocial support area?

5. How long have you been working with Ngoma prison?

## **Section B: Questions guide**

6. What are the objectives of psychosocial support programs to inmates in Ngoma prison?
7. Are inmates committed to follow the program? Yes [ ] No [ ]
8. What are the achievements of psychosocial support on rehabilitation of inmates?
9. What are the challenges faced in psychosocial support to prisoners?
10. What should be improved to cover all requirements in psychosocial support of inmates?

## APPENDIX X: TURNITIN

### NDWANYI M GRACE THESIS ON PSYCHOSOCIAL

#### ORIGINALITY REPORT

<b>8%</b> SIMILARITY INDEX	<b>7%</b> INTERNET SOURCES	<b>1%</b> PUBLICATIONS	<b>4%</b> STUDENT PAPERS
-------------------------------	-------------------------------	---------------------------	-----------------------------

#### PRIMARY SOURCES

<b>1</b>	<b>rimwe.com</b> Internet Source	<b>1%</b>
<b>2</b>	<b>ir-library.ku.ac.ke</b> Internet Source	<b>&lt;1%</b>
<b>3</b>	<b>Submitted to Mount Kenya University</b> Student Paper	<b>&lt;1%</b>
<b>4</b>	<b>www.researchgate.net</b> Internet Source	<b>&lt;1%</b>
<b>5</b>	<b>erepository.uonbi.ac.ke</b> Internet Source	<b>&lt;1%</b>
<b>6</b>	<b>mak.ac.ug</b> Internet Source	<b>&lt;1%</b>
<b>7</b>	<b>Submitted to International Health Sciences University</b> Student Paper	<b>&lt;1%</b>
<b>8</b>	<b>Submitted to University of Rwanda</b> Student Paper	<b>&lt;1%</b>
<b>9</b>	<b>www.unodc.org</b> Internet Source	<b>&lt;1%</b>



UNIVERSITY of  
RWANDA

COLLEGE OF ARTS AND SOCIAL SCIENCE (CASS)

---

CENTER FOR CONFLICT MANAGEMENT (CCM)

**AUTHORIZATION TO SUBMIT THE CORRECTED DISSERTATION**

I, undersigned, DR. CELESTIN HATEGEKIMANA member of the panel of examiners of the dissertation done by Ms. NDWANYI Marie Grace

Entitled:

*THE ROLE OF PSYCHOSOCIAL SUPPORT IN REHABILITATION OF INMATES: A CASE OF NGOMA PRISON*

Hereby testify that, he successfully entered the suggested corrections by the panel of examiners and stands with my authorization to submit required copies to the administration of the CCM for administrative purpose.

Done at: Musanze

Date: 19/June/ 2021

Name and Signature of the Main Examiner,

**DR. CELESTIN HATEGEKIMANA**

A handwritten signature in black ink, appearing to read 'Hategek', with a horizontal line drawn underneath it.

---

EMAIL: [ccm@ur.ac.rw](mailto:ccm@ur.ac.rw)

P.O. Box 56 Huye

WEBSITE: [ur.ac.rw](http://ur.ac.rw)