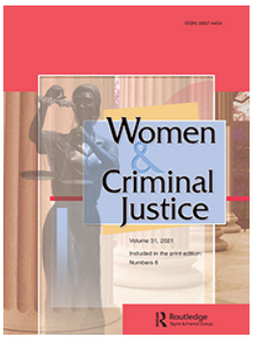

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Gender-Responsive Programing in Kenya: Time is Ripe

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ABSTRACT

Globally, gender responsive programing has become a concern for researchers and practitioners alike. Such programs address issues that may hinder offenders' reentry. This study sought to determine the effectiveness of rehabilitation programs that address the psychological needs of women prisoners in Kenya. The relational theory of women's psychological development and the Risk-Needs-Responsivity (RNR) model were used to analyze inmate programs in Kenya's 17 women's prisons. Purposive and simple random sampling techniques were used to select 350 participants within the prisons to ask about the programs offered. We found that there is a lack of gender responsive programming in Kenya's women's prison; and, the rehabilitation programs that are offered within the Kenyan prison system are not effectively addressing women offenders' unique psychological needs which contributed to their criminal behaviors.

KEYWORDS

Correctional facilities/ prisons; gender responsive programming; rehabilitation; women prisoners/ offenders; unique psychological needs

INTRODUCTION

The effective rehabilitation of women offenders has become a concern in the last two decades following global reports about the fast growth rate of female prisoners (Institute for Criminal Policy Research, 2015). The Institute for Criminal Policy Research (Institute for Criminal Justice Policy Research [ICPR], 2018) shows that there were over 700,000 women held in penal institutions throughout the world; the number includes women who were remanded prisoners and those who were convicted or sentenced in 2017. Reporting for the Prisons Policy Initiative 2019, Sawyer and Wagner (2019) noted that of all the women incarcerated globally, the United States had the highest number of jail and prison female inmates in 2017, totaling to 219,000. According to the Prisons Policy Initiative, other nations with high incarceration populations of women include China (over 103,7660), the Russian Federation (53,304), Thailand (44,751), Brazil (37,380), Vietnam (20,553), India (18,188) and Mexico (13,400). The report indicated that the total prison population is lowest in African countries where the incarceration rate is 2.5 percent per 100,000 of the national population (Sawyer & Wagner, 2019), and not surprisingly there are less female offenders than male offenders in Africa (National Institute on Drug Abuse, 2018). Despite fluctuations in the prisoner count from year to year, Kenya's national data indicates that the number of female prisoners in Kenya rose from 2,081 in 2009 to 3,762 in 2016, an almost 3 percent increase in the number of female inmates (ICPR, 2018). Regardless of whether there is a large or a small number of female inmates, it is important for the field of corrections to address the particular needs of women inmates.

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Emerging literature on women prisoners suggests that women have unique pathways to crime that can be effectively addressed if rehabilitation are provided to them (Belknap, 2007; Bloom et al., 2005; Collica-Cox, 2018; Morita, 2013; Van Voorhis et al., 2008). To address issues of the psychological and mental health needs of women offenders programs must respond to the women's histories of abuse, dysfunctional relationships, parental distress, posttraumatic stress disorders, low self-esteem, need to build self-efficacy, and substance abuse.

LITERATURE REVIEW

Gender Responsive Rehabilitation of Women Prisoners

At the inception of prisons facilities in Kenya in the 1950s, the nation's primary purpose for punishment was the incapacitation of inmates, not rehabilitation. The inmates' confinement was to ensure that convicted prisoners fulfilled the terms of their imprisonment as laid out in the Kenya Prisons Act (Government of Kenya [GOK], 1977). In more recent years, the ideal of rehabilitation has been partially introduced into Kenya's correctional facilities for women. Rehabilitation programs are usually aimed specifically to address illiteracy, poverty and unemployment (Andrews & Bonta, 2003); Kenya's programs provide a traditional rehabilitation focus on economic empowerment of prisoners. As Kenya develops gender sensitive programs, the nation will need staff to have screening tools to assess the individual's needs. Treatment may then combine the rehabilitation ideals of responding to offending behaviors while promoting social responsibility, social justice and empowerment of offenders with life skills which will enable the women to contribute to the betterment of society (United Nations, 2010). Models for gender-based treatment of women offenders has gained popularity in the United States, Canada, Australia, and the United Kingdom within the past two decades. However, among emerging concerns for women inmates, particularly in Kenya, is the slow development of specific gender-responsive programs (Anderson et al., 2019; Lanctôt, 2018).

In general, gender-specific programs were created because male models of rehabilitation may not be appropriate for women. Institutions that provide gender-specific programs aim to place an emphasis on the psychological needs and pragmatic realities of women's lives within the context of a therapeutic community model (Jespersen, 2006; Joiner, 2011; Morita, 2013). Researchers found that most of the empirical data used to develop the first evidence-based practices for rehabilitating offenders came from male-only samples and that such practices were not, as had been claimed, gender-neutral, and could not simply be transposed to a female clientele (Lanctôt, 2018; Lynch et al., 2013; Van Voorhis et al., 2009, Belknap et al., 2016). Advocates for women perspectives argue that because women's pathways to crime are different from men, correctional interventions for women should take a different approach from correctional interventions for men (Hollin & Palmer, 2006; Van Voorhis, 2013). Factors affecting female criminality (such as dysfunctional relationships, trauma and victimization, parental distress, low self- esteem and efficacy) should be addressed when engaging in the rehabilitation of female offenders. Holtfreter and Morash (2008) observed that unless appropriate gender-specific programs acknowledge the psychological development of women, female offenders will remain prone to re-offending and re-incarceration. Moreover, scholars argue that gender responsive programs should be staffed with trained personnel, preferably women who can serve as role models to the offenders. Holistic rehabilitation may be considered to be a viable solution in addressing unique factors associated with criminality in women (Jespersen, 2006; Ward & Stewart, 2003).

Salisbury (2007) suggests that lower educational levels and therefore lack of economic empowerment contribute significantly to women's problems such as parental distress, victimization and reduced self-efficacy in women offenders. Wright et al. (2008) and Van Voorhis et al. (2010) linked economic empowerment and poverty to criminality of women across the globe.

Further, as noted by Van Voorhis et al. (2010) and Covington and Bloom (2007), women inmates need assistance because they are wives and mothers. Rehabilitation advocates also argue that programs need to address the specific and unique psychological issues of women offenders during incarceration (see Salisbury, 2007, Salisbury et al., 2006; Van Voorhis & Salisbury, 2014; Zaplin, 2008).

A Gendered Model of Rehabilitation

A Risk Need Responsivity (RNR) model for offender rehabilitation was developed by Andrews and Bonta (2003) and Miller (1976) and Relational Theory of Women's Psychological Development colleagues (Gilligan, 1982; Jordan, 1984; Kaplan, 1984; Surrey, 1985). These two approaches suggest the need for effective rehabilitation of offenders in restoring an individual to a prior state and reducing chances for recidivism. A Risk-Need- Responsivity (RNR) model of offender rehabilitation is based on three principles: 1) the risk principle asserts that criminal behavior can be reliably predicted and that treatment should focus on the higher risk offenders; 2) the need principle highlights the importance of criminogenic needs in the design and delivery of treatment; and 3) the responsivity principle describes how the treatment should be provided (Andrews & Bonta, 2003). According to the RNR model, the identification of the risk/needs factors of offenders should occur by using validated instruments, such as the gender-neutral tool Level of Service Inventory Revised (LSIR-R) and the gender validated *Women's Risk/Needs Assessment* tool (Bloom, 2006; Gorsuch, 1998; Holtfreter & Morash, 2008; Van Voorhis, 2013). Use of these tools enables female inmates and program staff to account for the types of relationships women have, analyze the women's sense of self-worth and account for prior victimization and dysfunctional relationships within the framework of relational theory. Without healthy connections in their relationships, women's positive growth and self-worth are eroded which could lead to their criminal behaviors (Jespersen, 2006; Trotter et al., 2012). Such disturbed relationships and abuses in women's lives contribute to lack of empathy, distress and low self-esteem attributed to criminal behaviors such as fraud, substance use and abuse, among others (Covington, 2007; Salisbury, 2007; Van Voorhis, 2013).

Gender programs in the programs should offer content and activities that match the needs and risks commonly found among this clientele, especially substance abuse, mental health issues, exposure to violence, low self-esteem, abuse-related trauma, socioeconomic deprivation, and low employability prisons (DeHart & Moran, 2015; Nowotny et al., 2014). The These rehabilitative programs should attend to the stated needs of the individual women offenders and ascribe to program environment that promotes respect, empathy, safety, agency, and privacy (Barnett, 2012; Bloom, 2006; Garcia & Lane, 2010, 2013; Goodheart et al., 2006; Ravoira et al., 2012; Sharp, 2003; Van Voorhis, 2013). Examples of such programs include *Helping Women Recover, Beyond Trauma, Voices, Prochaska DiClemente model of change (1996) and The Sanctuary Model*. These programs are noted as promising programs which emphasize the psychological development and realities of women and adapt a therapeutic community model for women inmates (Greene et al., 2000; Jespersen, 2006; Joiner, 2011; Morita, 2013). Gender informed programs are specific to the inmate but share some commonalities because they are holistic in nature while they address the co-occurring disorders of women offenders simultaneously and in a sequential order. Specifically, the programs address violence and traumatic events in women's lives, substance abuse problems, and offer training in childcare and mentorship opportunities to the women inmates (Foderaro & Ryan, 2000; Jespersen, 2006; Messina et al., 2003). The programs equally provide a process for self-discovery and empowerment (Covington & Bloom, 2007; Radosh, 2002). Above all, the programs help offenders learn skills in decision making process, fostering relationships and identifying support systems (Bloom, 2006; Gendreau et al., 2001; Trotter et al., 2012).

Some of the successful gender responsive programs such as, Helping Women Recover, Beyond Trauma: A Healing Journey for Women (Covington & Bloom, 2007) are comprehensive in design, incorporating content and activities that match the needs and risks commonly found among women offenders. In an extensive outline on program strategy for women offenders, Correctional Services of Canada (2004) suggests a need for living skills in rehabilitation in response to tackling its deficit common among women in conflict with the law. To enhance the living skills in women offenders, CSC developed the "Reasoning and Rehabilitation Program" also referred to as "Cognitive skills training program" and the Anger and Emotional Management Program. Such programs if embedded in rehabilitation programs could help women prisoners correct their behaviors and learn to survive in a socially desired way. According to Red Cross (2013), life skills are essential elements in empowering people to cope with life and its challenges and changes. Life skills support psychosocial well-being, by promoting good communication, positive thinking, analytical skills and goal setting, cooperation and coping. Strengthening life skills helps individuals and communities to manage challenges and risks, maximize opportunities and solve problems in cooperative, nonviolent ways.

Akunesiobike (2016) citing American correctional association observes that religious programs facilitate the social integration. Further, the author argues that religion helps to instill the feeling of guilt on inmates and revealing to them the wrong act they have committed and how it negates moral principle, especially as set by the supernatural. This could be a powerful way of making the inmates reflect on the crimes committed against the society making them reform. However, it is important to take cognizant that religion may not provide practical ways in which the inmates may address their psychological needs. Akunesiobike (2016) found that in Nigeria, religion helped 65.7% of participants cope with prison life, but only 9.3% said that religion helps them to address their psychological needs. This has the implication that religion may be limited in enhancing psychological well-being of many prisoners.

Kenya's Correctional Programs

Documentation on rehabilitation programs in Kenya suggests improvement in the development of programs over the past two decades. Wekesa (2013), found that vocational training, formal education, counseling and spiritual rehabilitation were the major rehabilitation programs that positively changed both male and female offenders' lifestyles through behavior change. Although the author recommends that these programs be replicated across other prisons in Kenya, the study is not clear if psychological differences between male and female offenders are addressed, or if risk needs assessment and programs address female specific issues such as victimization, dysfunctional relationships, low self-esteem and parental distress associated with female offenders. To address gendered needs of women offenders, the proposed Kenya Prisons Policy (GOK, 2015) recommends that two-thirds of the staff in women's prisons be women wardens; however the policy but remains silent on how to identify and respond to women offenders' particular needs. Although the same policy suggests the need for assessment of risk-needs of women offenders, it does not spell out how this should be done. In Kenya, rehabilitation concerns have led to the introduction of programs such as: farming, computer studies, numeracy, cookery, bakery, pottery, beading, art, hair dressing and tailoring within the Kenyan women prisons (GOK, 2008; Murugi, 2012; Njeru, 2012; Nordahl, 2013). In addition, spiritual guidance and counseling are emphasized (Wekesa, 2013). Although introduction of the programs is commended by the general public, it is not always clear whether the programs took into consideration the psychological needs of the women offenders, a gap that this study addresses.

Barriers to provision of gender-responsive treatment programs in Kenya are multilayered. According to Katz (2000) and Renzetti and Goodstein (2009), barriers occur due to a combination of factors ranging from theoretical, administrative and structural issues that places a

continued focus on traditional approaches of therapy that tends to fit male offenders but ignores the unique needs of female offenders (Covington & Bloom, 2007; Joiner, 2011; Zaplin, 2008). Deficient budgetary allocation by governments toward the development and implementation of gender-responsive programs remains yet another big challenge for correctional facilities. Joiner (2011) attributes this to the difficulty posed in changing society's response to women's crime from punishment and retribution into rehabilitation. The issue of staffing is another major issue in women's correctional settings. Jespersen (2006) argues that lack of training and use of less qualified staff contributes to the unattainability of rehabilitation programs. On the same note, understaffing of women's prisons create challenges in the running of programs (Van Voorhis, 2013). Onyango-Israel (2013) and Oketch (2006) confirm challenges experienced by women's correctional facilities in Kenya, however, the scholars do not explore the issues around rehabilitation programs for women offenders but rather limit their discussions to issues of infrastructure and human rights concerns of women offenders. Although the Kenya government is continuously working toward prisons reforms in areas of infrastructure, food, uniforms, wardens' welfare, among others, the budgetary allocation put in financing the development and implementation of rehabilitation programs remains scanty (KNCHR, 2005).

RESEARCH METHODS

This study investigates women's rehabilitation programs within the Kenyan prison system. In addition to determining what types of programs are offered, this research looks at whether the programs were addressing the psychological needs of women offenders. The study was conducted within the women's correctional facilities across the 47 counties in Kenya between July and September, 2018. At the time of this research, there were 1,409 women prisoners held in Kenya's 17 major women prisons. Using Yamane's (1967) formula to determine a correct sample size where "n" is a sample size, "N" is the population size, and "e" is the level of confidence $[(n = N/1 + N\ e^2]$, we studied a random sample of women from the various women's prisons.

Within each of the 17 prisons, 1409 women had an equal chance of being selected for the sample. Purposive sampling was thereafter employed to select the women inmates to participate in the FGDs. Using this technique, three women correctional facilities were selected from the records of the Kenya Prisons Headquarters (September 2017) as having high incidences of convicted women offenders. Our sample resulted in 350 women who participated in the research from 16 prisons. A total of 314 women inmates completed the questionnaires while 36 women inmates participated in the focus group discussions held in three prisons. For each of the three selected correctional facilities for the focus group discussions, six participants (inmates) were selected to participate in each of the group. One institution was not part of the research because we tested our research survey and sampling technique in that institution prior to finalizing our research protocols.

Women offenders with at least six months' continuous stay in the prison facility were sampled since they were believed to have enough experience at the particular institution to provide in-depth information. In addition, purposive sampling was employed to interview a total of ten interviews of professionals working with the rehabilitation of female inmates: three prison officers-in-charge at the three correctional facilities, three officers of Non-Governmental Organizations, three officers of Faith Based Organizations, and one director of rehabilitation and social welfare who was based at the Kenya Prison Headquarters.

The study adopted a cross-sectional descriptive research design employing both quantitative and qualitative data analysis. Primary data was collected by use of questionnaires, FGDs and interviews with the women inmates and correctional professionals. The interviews and FGDs were used to solicit in-depth information on the participants' experiences. Secondary data from the prisons and prisons headquarters' documents were then reviewed to analyze the types of

Table 1. Current available rehabilitation/treatment programs.

Available program	No. of facilities offering the program	%
Tailoring/Dress making	15	93.8%
Knitting	14	87.5%
Spiritual care	14	87.5%
Individual counseling	14	87.5%
Training in Agriculture	9	56.3 %
Group counseling	9	56.3%
Primary and Secondary Education	8	50.0%
Hairdressing	7	43.8 %
Catering	2	12.5 %
Pottery	2	12.5 %
Computer studies	1	6.3%

Source: Researchers, 2018.

crimes women are convicted of, their sentences, and the types of programs offered. Respondents were asked open ended questions individually and in focus group discussions. Responses were analyzed thematically to understand psychological needs of women offenders and how this would facilitate their rehabilitation. The ultimate aim of the study was to open dialogue on gender responsive treatment relating to women offenders which has received very little coverage in the academic field in Kenya. The identities of all the participants were kept anonymous and all participated voluntarily. Participants were assured that their responses would be confidential and only used for research purposes.

FINDINGS

Available Programs within the Women Prisons in Kenya

The current available rehabilitation and treatment programs within the women prisons in Kenya is presented in Table 1. Kenya's available rehabilitation and treatment programs in Kenya are not uniformly provided in each of the women's correctional facilities. The most common programs included dressmaking, offered at 15 facilities (93.8%); and, spiritual care, individual counseling, and knitting each offered at 14 facilities (87.5%). Other programs that might be offered included group counseling and agriculture represented (9 facilities, 56.3%). Formal literacy (i.e. primary and secondary levels of education) was only offered at eight prisons (50%); while hairdressing was offered at seven facilities (43.8%).

Gender Responsive Programming

The study explored how the available programs within the women prisons address issues identified with women offenders such as, parenting and parental skills, drugs and alcohol use/abuse, victimization and whether the programs provided a framework for empowering offenders with life skills training and means of reconciliation and family bonding. Such programs are those that target gender specific issues, such as trauma, dysfunctionality in women's lives, parental distress, reduced self-efficacy and poor self-esteem often responsible for paving a woman's path toward incarceration (Clark, 2009; Salisbury et al., 2006; Van Voorhis & Salisbury, 2014; Zaplin, 2008). In view of this, the respondents were asked to identify by ticking [✓] in the boxes that were provided the gender programs/treatments that were offered within their respective correctional facilities. Since individual and group counseling had been part of the current rehabilitation programs, these were not included in the presented list. The results of the gender-responsive programs/treatment focuses and level of participation in the programs are shown in Table 2. We did not find any programs pertaining to parental training, drug and alcohol treatment, or programs for inmates with histories of sexual and physical abuse.

Table 2. Gender-responsive (need based) programs and treatments offered within the women's prisons in Kenya and the participation level.

Gender responsive program/treatment	No. of facilities offering program	% of facilities offering program	Percentage of participants in the program. Note: Number of participants ($n = 314$)
Prison Open Day- for family reunion/bonding	7	43.8%	35.0%
Life Skills Training (conflict, anger, stress, time management	2	12.5%	18.8%
Skills on improvement of interpersonal/ improvement of relationships between prisoners and their spouses, significant others	1	6.3%	19%
Parental skills training	0	0.0%	nil
Screening, Detoxification and alcohol and drug use and treatment	0	0.0%	nil
Treatment program on Victimization (Sexual and Physical) Abuses	0	0.0%	nil

Source: Researchers, 2018.

Only a few facilities have programs on life skills training ($N = 2$, 12.5%) necessary in the enhancement for adaptive and positive behavior in women offenders in dealing effectively with the demands and challenges of everyday life. Moreover, life-skills would promote reflective skills such as problem solving and critical thinking; personal skills such as self-awareness and interpersonal skills leading to qualities such as self-esteem, sociability and tolerance, and competencies to take action and generate change. Closely related, only one correctional facility provided training or assistance geared toward improvement of interpersonal relationships to women inmates who have dysfunctional relationships with their significant others. Less than half of the correctional facilities ($N = 7$, 43.8%) had an "open day" program, commonly referred to as "remote parenting. The remote parenting program was introduced into Kenya's prisons in 2011 to provide an opportunity for prisoners to address their children's issues and to provide an opportunity for inmates and families to address other relational issues for bonding purposes (Onyango-Israel, 2013).

Extent of Participation in the Available Programs

Since the findings gave an indication of the process of development and implementation of gender-sensitive programming, it was also important to address the question of whether a noted program was effectively addressing the needs of the offenders. We found that 35.0% ($N = 110$) of the 314 respondents were actively involved in the open day program in seven facilities which offered it. In the one facility that offered training on skills on interpersonal relationships with spouses or family members, only 19% ($N = 60$) of the women participated in the program. These findings may imply that despite research on women and crime, rehabilitation programs and services available to women offenders in Kenya do not, as of yet, address the psychological needs of women offenders. The perceived goals of the open day's program are a positive move toward addressing issues of dysfunctional/strained relationships, reconciliation and building stronger ties between inmates and their spouses and other family members. Although there is acknowledgement that gender matters in the rehabilitation of women offenders in Kenya, we found the concept of gender responsive programming in rehabilitation of offenders to be rather silent, and not

systematically integrated in the various rehabilitation processes. Programs are target gender specific issues, such as trauma, dysfunctionality in women's lives, parental distress, reduced self-efficacy and poor self-esteem often responsible for paving a woman's path toward incarceration are significantly lacking in the rehabilitation of women prisoners in Kenya. Few programs offered within the women prisons in Kenya seem to address such needs. In addition, because many of the women's prisons do not offer programs, women are not able to participate in gender responsive programming.

Life Skills Training

On general life-skills program and training, the study revealed that 12.5% of the correctional facilities offered life-skills education to the inmates, and only 18% of the respondents indicated that they had participated in such programs. Two FGDs respondents highlighted the nature of the life-skills program in the correctional facilities. They said:

> Apart from supporting prisons by improving facilities, our organization is engaged in rehabilitation of prisoners. When time allows we put those interested into small groups where we give talks on issues such as anger management, time management etc … … we work only with those who are interested … .therefore we deal with only a few of the inmates. (NGOf)

On the same note, an officer in-charge of a correctional facility responded as quoted below:

> We rely on our stakeholders in teaching the inmates on life-skills as they meet them for counseling or prayers … … .these are interns from colleges, chaplaincies and other permit holders working with us … . I don't think that there is any program to follow. … .I have not seen one, but we try our best. (OICn)

These statements show that some rehabilitation programs for the women offenders are only provided for those inmates who are interested and there are no life-skills programs offered on their own or incorporated into other core rehabilitation programs for Kenyan women offenders. The respondents who noted having participated in the life-skills training may have been amongst the few inmates who had the opportunity to take part in the training offered by the stakeholders. The lack of curriculum on life-skills in Kenya women prisons may imply that most of the women return to the community ill prepared in handling everyday life challenges, for example, anger or conflict, financial management, thus, the high chances of them returning to prison.

Education and Job Training

Most of the rehabilitation programs that are offered in the Kenyan women in prisons seem to be based on the assumption that majority of women commit crimes due to lack of economic empowerment. We found that 66.9% of the 314 women inmate respondents in Kenyan prisons ($N = 210$) had low educational and employment levels; specifically, the majority of the inmates were primary (elementary) school dropouts and had trouble securing employment. The women did not have the financial capability to initiate activities toward their economic sustainability.

Family Economic Needs

Slightly more than a third of the women prisoner respondents in Kenya are single parents and often unable to provide the basic needs for their child and family (37%; 119 of the 314 respondents). Many of them are forced engage in prostitution or fraud offenses; the crimes that are usually associated with their criminal behavior and punishment. Most of these women have no financial support from the fathers of their children. The common practice in Kenya's rehabilitation of women prisoners is informed by the women's need for money to support themselves and their children. The programs are those traditionally associated with the Kenyan female gender

such as tailoring, dressmaking, embroidery, crocheting and hairdressing with the hope that upon release from prison the women may be able to engage in self-employment activities. However, these hopes are not always realized because the prison aftercare services do not provide loans or financial support to released offenders to begin self-employment opportunities. In a few cases, some of the offenders on release may get minimal financial support from some Faith- Based Organizations and Non- Governmental Organizations committed to supplementing rehabilitation and aftercare services to the offenders. Through the FGDs, the respondents confirmed their lack of parenting skills as a contributory factor to their engagement in crime as can be seen from the quote below:

> Today I look back to that day and deeply regret… … At age 15 I did not feel ready to becoming a mother. I could not imagine being tied down to care for a child while my friends were enjoying life… My mother refused to help me take care of the baby. I did not know how to feed the baby or what to do when she was crying… … It was too much for me and so I killed her. I was in police custody for two years before I was condemned to life imprisonment. (FGD3)

Another respondent had the following to say in yet another FGD:

> I am haunted today when I think of my baby. I keep asking myself, why did I do it? …. if I had known what to do, I could have not done killed my innocent baby; just because I was feeling not ready to be a mother… … I feel terrible about this… (FGD1)

Family Visits

The need for women inmates to maintain family relationships and mother their children while incarcerated has been implemented in some Kenyan prisons. Female inmates in this study said that they experienced parental distress. The distress was associated depression, self-harm and sometimes harm they committed against their young children (including murder). Remote parenting is offered in Kenyan women's prisons but unfortunately the programs have no definite structure and family connections are strained. Visits by family members and friends can demonstrate acceptance of the offender despite her behaviors and provide the women with inner peace which can then lead to the desired prosocial changes in offenders (Maslow, 1943; Wilkins, 2010).

In this study, we found that there were no concrete policy guidelines or clear plans on how the open family days are to be organized to ensure their effectiveness. The prisons varied in how they implemented the open days for family visits. purpose. The open day programs may not have any curriculum or content in place to guide a systematic process for the offenders and families to have quality time for relational concerns nor is there a guide for a reconciliatory process though restorative justice. Moreover, not all the correctional facilities have implemented the open day program. In one of the correctional facilities, an inmate had the following to say:

> This is usually one of my best days in prison and I could say the same for most inmates whose family members: spouse, children and friends get to come. The prisons usually cook for the inmates and their families. It usually feels like one BIG Party of about 800 people! We work ourselves to the bone but it is worth every bit! A part from the eating, we entertain our guests… on this day all our worries vanish away… .I love to see inmates bond with their families especially their children… (FGD1)

While the quote above suggests that some of the inmates feel that the open day program is an avenue for them to bond with their family members, the quote also suggests that a big part of the day entails planning for and actual feasting and entertainment.

We also found in our study that not all the inmates received visitors on the remote parenting (open) days. According to the quantitative findings (see Table 2), only 35% of the respondents indicated that their families or friends visited on open days; 65% of the respondents did not receive any visitor on these days. It is therefore possible that amongst many other factors, many

of the families and friends do not participate due to lack of information about open days as noted in the quote below:

> Most inmates are never in touch with their families … .we do not have a system in place yet on how to contact families for the open days … … those who have contacts may request the welfare office to contact relative through the phone at a cost … .such days are not officially dated for a specific time that could allow relative to plan. (OIC-l)

The quote above confirms lack of clear information to inmates' family members for whom the day is meant to relate openly with their kin and prisons authority. To that end, it is arguable that the idea behind remote parenting is a noble one however, the program is yet to meet its goals. This implies that offenders with relational issues from either spousal or with other family members eventually return home having not addressed or learned ways of addressing these concerns and therefore may find themselves in similar situations that may have contributed to their current imprisonment. They are therefore likely to return to prison if they do not learn skills to refrain from previous crimes.

Mothers and Prison

Van Voorhis (2013) indicates that lack of parental skills together with the shame and guilt women mothers experience can impact their ability to cope with their incarceration and be a spiral toward reoffending upon release. According to Gonzalez et al. (2007), parenting programs seek to improve women's psychological well-being by increasing their confidence, self- esteem, and motivation to abstain from crime. Radosh (2002) identifies the Bedford Hills' parenting child and childcare program offered by the New York women's prison as an example of a successful parenting program. The program's broad content includes amongst other focus topics as prenatal care, parenting classes, counseling skills and visitation policies on visits by children to ensure bonding, critical in the psychological development of the children.

We found that there are no programs designed to support the large numbers of young women who would return back to their parenting roles and responsibilities on release from prison. Approximately 65% of the respondents in this study reported parental distress that they attributed to lack of parenting skills. Most of the mothers noted their lack of preparation to parenthood as a factor that led them to crimes and subsequently into prison. Many young mothers may end up in the Kenyan prisons due to crimes instigated by distress of motherhood. Majority of such mothers often times lack adequate empowerment on parenting and its responsibilities. However, the findings revealed that none of the correctional facilities provided training in parenting and childcare skills. This implies that many of these young mothers on reentry to the community do not yet possess the necessary skills in parenting practices and developmental needs of children that would help them cope with their parenting roles suggesting that they remain at risk of reoffending. Thus, there is need for a holistic and comprehensive treatment plan that addresses all of the underlying issues connected to their criminal behaviors and incarceration.

Furthermore, considering the adverse effects that incarceration has on children and their mother child-relationship, successful reunification and management of children may be difficult without the skills in parenting. As presented in Tables 1 and 2, the study found that none of the women's correctional facilities in Kenya offered a definite training program in parenting and parenting skills and therefore none of the offenders learned skills related to parenting. It is important to note that in a previous study to determine the unique psychological needs of women offenders in Kenya, it was established that a majority of the respondents recorded criminal behaviors such as child neglect, forgery, and fraud as motivated by their lack of pre- and post-natal skills amongst other factors. However, the current study findings reveal that there is no rehabilitation program to address parental distress in women offenders. Parental distress, often associated with lack of preparedness in parental roles in women offenders indicates a need for programs

geared toward the empowerment of young mothers with necessary parental skills (Berman, 2005; Ross et al., 2004; Salisbury, 2007).

Considering that the young mothers would eventually return home to resume their parental roles and responsibilities, such programs would perhaps provide them with hands on skills in childcare and other skills thus reduce their chances of re-incarceration. Arguing on the importance of gender sensitive programs, Ferraro and Moe (2003) and Salisbury et al. (2006) note the necessity of empowering mothers in correctional facilities with parenting skills in reducing their level of parental distress and therefore crimes related to the same as substance abuse, forgery, child neglect and murder of their own children (Nordahl, 2013). Due to the findings on lack of programs that directly help mothers acquire coping strategies in their parental roles and responsibilities it may imply that those incarcerated mothers with the need for parental skills return home less prepared to deal with similar issues that may have led to their incarceration. The finding suggests the ineffectiveness of rehabilitation programs in addressing the need for parental training of women offenders in Kenya.

Psychological and Spiritual Need Programs

Kenya programs have a lack of focus on the unique psychological needs of women offenders notably, victimization, dysfunctional relationships, trauma, posttraumatic disorders, parental distress, abuse of drugs and alcohols, low self-esteem and reduced self-efficacy. For example in all correctional facilities where the study was conducted ($N = 16$), none of these has programs for the inmates to deal with issues of parenting, victimization; screening, detoxification and treatment for substance abuse. However, due to the positive publicity that counseling services has received in the most recent years in the helping profession (Nordahl, 2013; Onyango-Israel, 2013), most correctional facilities ($N = 14$, 87.5%) are committed to its implementation however in most cases with no trained counselors and therefore no assessments and theoretical approaches used, unavailability of conducive healing environments and non-referral services.

Spirituality is viewed as a powerful tool in guiding offenders to reform their lives and deal with personal issues. Although it may be argued that religion on its own may not cure psychological problems, positive psychology identifies religion as a source of resilience (Southwick & Charney, 2015). In six focused group discussions, the women discussed their encounters with the chaplains or pastors or faith community as a form of counseling experience that helped them deal with incarceration. This is reflected in the number of the correctional facilities offering spirituality or worship ($N = 14$, 87.5%) as one necessary rehabilitation program. Such encounters may have contributed to the reason for the high number of facilities reporting on the availability of individual counseling ($N = 14$, 87.5%) and group counseling ($N = 9$, 56.3%) while considering the broad challenges that were associated with the counseling practices within the women prisons.

Dysfunctional Relationships

The current study established that only 7.7% of the women's correctional facilities in Kenya had a program that provided skills in dealing with issues associated with dysfunctional relationships. The quantitative finding was corroborated with the finding from the FGDs that showed that currently less attention is given in rehabilitation on issues of dysfunctional relationships in the lives of women offenders. Dysfunctional relationships and its subsequent consequences are one of the most common pathways to incarceration of women offenders. Such relationships contribute to depression, anxiety and substance use that propagate their offending behaviors.

In Kenya, women inmates need programs to help them heal from spousal abuse or deal with family dysfunctional relationships and, the correctional system should strive to provide a system in which relational theory provides the underlying philosophy that shapes gender programs.

Women inmates are involved in dysfunctional relationships. A person in the corrections department in Kenya acknowledges that most women offenders end up in prison because of issues related to dysfunctional relationships in their lives.

> All these women do have issues from either family or spouses. Many of the them are used to a life of fighting and are always bitter from the experiences … … .this is what they bring to us. It is up to them to seek for counseling if they need help to deal with their own issues and to learn to survive. We do not have a program that clearly identifies those with family and spousal issues … … .trying to reconcile them with their families may not be possible due to time and the large numbers of the women prisoners … (OIC-l)

However, it does not seem like rehabilitation programs focus on helping women offenders who may be struggling to amend their disconnected relationships. The above statement suggests that most prisons do not have programs to help the women offenders to address broad psychological issues steaming from such poor relationships.

Substance Abuse Programs

While there may be an assumption that through incarceration the addicted woman may desist from substance use or abuse, corrections need to provide a comprehensive care for the 'sick woman" to learn more about the addiction as a disease for complete recovery. It is likely that if the problem of substance abuse is not considered and treated during rehabilitation, chances are that women who enter the facilities with the problem are likely to "relapse" from the forced mode of quitting the use of substance on release from prison. The available data and the findings of the current study seem to be convincing and suggests an urgent need for women's corrections in Kenya to incorporate a comprehensive rehabilitation program and treatment focus for women who enter prison with alcohol and drug use and addiction problems. Such a program might help many of the women to learn about the negative effects of substance use including ways of dealing with issues in a constructive way rather than use of substance to numb their pains.

As noted in Tables 1 and 2, the current study established a lack of focus on substance abuse and addiction treatment for women offenders in Kenya despite ($N = 26$, 8.3%) of the respondents noting addiction to substance prior to their incarceration. Issues of substance abuse among the women offenders were further noted in the focus group discussions however this was not the primary reason for their incarceration. No programs responded to the needs of these substance abuse dependent women. It will be recalled from previous excerpts on how some of the offenders noted the difficulties they went through as they tried to cope with the serious withdrawal symptoms of alcohol and drug use at the beginning of their imprisonment. Not only do the facilities lack a specified drug recovery program such as alcoholic anonymous (AA), we found that none of the correctional facilities provided assessment or clinical detoxification as a first step toward treatment and recovery. One respondent narrated her experience of coping with withdrawal symptoms due to the lack of treatment focus for alcohol/drug addiction as seen in the quote below.

> I have not had an access to heroine since I was jailed. … I was used to taking the drug that I began using over 7 years … .I became very sick when I could not get it here in prison, but I am getting better now … . I had bad diarrhea and abdominal pains. … I still sweating badly and at times I vomited so much … I thought I would die, but God saved my life … . I still cannot get my sleep easily and my eyes are very painful. (FGD4)

An almost similar experience by another respondent was as follows:

> I'm suffering for not taking the alcohol that I was so used to. "My sleep pattern is so bad … . are not OK., I feel emotionally down; Sometimes I feel fine and at times I feel like I am dying. (FGD5)

The above quotes depict cases of two substance users who struggled to cope with "protracted withdrawal symptoms (PAWS)" days into weeks in their imprisonment. Although the

consequences of withdrawal from dependency of drugs or alcohol are severe and may result into death, the study found that currently there are no clinical interventions in place to support inmates with addiction or abuse of drugs and alcohol at incarceration time. The majority of inmates with drug dependency syndromes ($N = 26$, 8.3%) go through the painful withdrawal symptoms without medical support in all the women's correctional facilities in Kenya. The findings of this current study on the substance use among women offenders in view of lack of treatment programs implies that women offenders will return to the community ineffectively prepared to deal with the issues and their outcomes. Chances remain high for those who had alcohol or drug problems to relapse to substance use when released from prison. The result may lead them to recommit crimes and return to prison.

DISCUSSION

The study further showed that although 18.8% of the participants indicated that they had participated in life-skills training, none of the correctional facility had a life-skills program nor was there an indication that it was incorporated into other programs related to rehabilitation. While acknowledging that traumatic life experiences are critical factors and may highly be associated with criminality in women offenders, several studies (Covington, 2014: Belknap, 2007) show that most women offenders lack basic life-skills to negotiate through life challenges which explain their tendencies to criminal behaviors. On the same note, scholars (Gerber & Fritsch, 1995; Lindsay & Michelle, 2013) argue that majority of inmates pose serious handicaps including little or no experience in life skills related to job hunting, uncontrolled anger, inability to establish healthy personal relationships, and failure to establish realistic—or any—goals; making it hard for them to reintegrate into society. The scholars attribute the inability or unwillingness among most women offenders to choose ethical behavior over unethical behavior to their lack of life skills.

To elucidate the currently available programs within the women correctional facilities in Kenya, the officers' in-charge of the correctional facilities through interview schedules were asked to comment on whether or not the rehabilitation programs were informed by any model or theory. One of the officers in-charge commented as quoted below:

> Yes, the programs offered are guided by the "risk-need" model of rehabilitation … .when the women are brought to us we train them so that when they go back home they have skills to use that can enable them earn a living and also be able to feed their children without engaging in criminal activities again. (OICs)

Another officer in-charge had the following to add:

> The programs offered are guided by the 'needs' principle. … …. We provide the vocational training or education to the women because we realize that they need skills that can boost their economic empowerment … … We keep learning from corrections in other parts of the world through visits and conferences. (OIC-l)

In Kenya, we did not find any specific model guiding the current development and implementation of rehabilitation programs in women's prisons. Moreover, due to lack of documentation on the same, the researchers had no clarity on what guided the programs. It may be assumed that the respondents in the above excerpts may have been referring to the R-N-R model of offender rehabilitation (Andrews & Bonta, 1998) but this is a "guess" as both statements lacked any mention of risk assessment, screening and placement of the offenders to programs according to individual's needs as is necessary in a R-N-R model of rehabilitation.

Nonetheless, the corrections department in Kenya assumes that almost all women offenders' lack the skills needed for economic empowerment which automatically qualifies them to be assigned into a skills-based program. Although vocational training may be a need for majority of the offenders considering that most of them lack skills and education for formal employment, the current study also showed a critical need for treatment of other psychological needs of

victimization, trauma, parental distress and drug use/abuse. If treatment focuses only on empowerment of the offenders with skills geared toward economic empowerment, this would mean that a range of psychological needs of women offenders remain unaddressed in rehabilitation. However, with gender responsive programming not currently in place this may only be a noble practice but with no much effect since what is learned is unimplemented fully. Overall, from the forerunning discussion, there seem to be an urgent need for the government and policy makers to move the new knowledge on rehabilitation of women offenders to an actual action plan if rehabilitation is to be effective and meaningful in the lives of women offenders.

Effectiveness of the Rehabilitation Programs in the Women Prisons in Kenya

The effectiveness of the rehabilitation programs is measured by the availability of gender-responsive programs and participation level by the offenders in the programs. Gender-responsive programs for women addresses the unique needs and characteristics of women that influence their patterns of offending. In acknowledging that gender is a consideration in rehabilitation, the Kenya Prisons Services, like other global correctional services, considers the accommodation and treatment of female offenders from their male counterparts a step toward effective rehabilitation as reflected in the Prisons Act, Cap 90 (GOK, 1977):

> Male and female prisoners shall be confined in separate prisons, or in separate parts of the same prison in such a manner as to prevent, as far as practicable, their seeing or conversing or holding any communication with each other (Section 36)

The Kenyan corrections department deems as necessary that the confinement of male and female offenders be in separate facilities. While the move may be a reflection that the corrections department acknowledges that gender matters in rehabilitation, the quote above does not explicitly explain the reasons women's rehabilitative needs. The first step in rehabilitation that involves screening of offenders before assigning them to a program is not a mandatory practice in rehabilitation in the correctional facilities. One of the correctional officer respondents noted:

> When the police bring prisoners to us after they have been convicted by the courts, they are received by the admissions board … .however admissions usually focuses more on details of the offender's crime; and any recommendation by the courts. The offenders assigned to their sleeping wards and duties. Some are lucky, depending on space available to learn a form of trade in the industry (OIC-l)

Responding to the question as to whether assessment and screening tools are available in determining needs and placement of offenders in a program or treatment, the correctional officer also said:

> The admission board is responsible for interviewing/screening the inmates on their needs …. .but I must admit that this does not always happen … .we do not assess for drug use in any of the prisons in Kenya because we do not have the capacity … (OICn)

Screening is necessary as it facilitates the aligning of rehabilitation programs to identified needs for effective rehabilitation. Similarly, it may imply that the Prisons Act (GOK, 1977), confirms the lack of screening of the inmates before placement into rehabilitation programs as noted below:

> At every prison, there shall be a Reception Board consisting of the officer in charge and other persons as the Commissioner may determine, who shall interview every long sentence prisoner as soon as possible after reception in prison and consider what arrangements are to be made for his training. Cap 90

Thus, Kenya prisons do not have a clear process to screen inmates in place for gendered treatment programs, other than training programs which are available in the correctional facilities. The current study also established there are no treatment approaches to addresses the varied needs of women for release to stem their pathways toward crime. The current environment

within the Kenyan women's correctional facilities seems to lack a caring environment which is conducive to treatment for the varied needs of female inmates. Asked how the women experienced the prisons' environment, the majority of the respondents expressed the same view as stated below by one inmate:

> Life in prison is so ugly. … …. many at times I just cannot stomach how some of the officers shout at us … .They humiliated us! … .I hate in particular when they come to do the contraband searches … … .it is painful to imagine a fellow woman stripping you naked … .what is that? (FGD2)

Women prisoners in Kenya live in fear, suspicion, and mistrust due to their experiences and perceived unwelcoming, unwarm, prisons environment. In general, prison culture across the globe tend to conflict with a treatment culture. Prison culture is formed on control and security, while treatment is based on the concern for safety and change (Covington, 1999). While corrections may apply tough principles, particularly to restrain offenders with difficult personality traits, relational theory suggests that for effective rehabilitation of women, the prison environment must be warm and caring. Joiner (2011) and Van Voorhis (2013) posit that if women in the criminal justice system are to change, grow, and recover, it is critical that they be in programs and environments in which relationships and mutuality are core elements. Covington (1999) further argues that there is need for the provision of a setting that makes it possible for women to experience healthy relationships both with staff and with one another as opposed to discouraging women from coming together, trusting, speaking about personal issues, or forming bonds of relationship, currently the reflection in the criminal justice system. This often discourages women offenders from associating with other women upon release from prison.

CONCLUSION

Based on the findings and presentation on gender responsive programming in the Kenya women prisons, the study concludes that the current rehabilitation programs are not effectively addressing the psychological needs of women offenders. The study found that the focus on gender responsive programming is minimal although there is acknowledgement within the criminal justice system that women's offending behaviors are highly influenced by specific psychological needs unique to women. While there are women with healthy internal locus and therefore may naturally bounce back and succeed in life with minimal rehabilitation less focused on their psychological issues, a majority may not maneuver through life successfully thus finding themselves' re-offending and returning to prisons.

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