SEEING THE PERSON, NOT JUST THE NUMBER

Needs-based rehabilitation of offenders in South African prisons

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South Africa has one of the highest crime and recidivism rates in the world. Although widely accepted that crime is a complex and multi-nodal social phenomenon, it is indubitably causally linked to South Africa's historical and current socio-political circumstances, poverty and unemployment, as well as the ineffective rehabilitation and treatment of offenders. Anecdotal evidence suggests that offenders are often apportioned the blame for reoffending and written off as incorrigible, without any real reflection on the efficiency and/or relevance of the prison programmes to which they were subjected to begin with. Accurate and relevant assessment of criminogenic risk factors is not only connected to the major outcomes of meta-analyses, but forms the foundation for treatment-planning and decision-making pertaining to risk and safety, and ultimately abstinence from aberrant behaviour. This article critically addresses the issue of South African needs-based offender rehabilitation in a systemic and diagnostic manner by aligning theory with relevant case scenarios in order to expose the essence of the therapeutic challenges in the South African custodial environment.

The overarching goal of offender rehabilitation should be to increase public safety. This can be achieved by adding incremental validity to the risk assessment and risk management repertoires and related treatment-planning decisions made by professionals who provide supervision and offence-specific treatment to incarcerated offenders. Assessment should be the first step in the development itinerary of an inmate, and the needs of the offender should be harmonised with the necessary resources to ensure maximum support.[1] The time has arrived to look into offender assessment as a basis for the treatment of offenders, specifically on a personal level.[2] This must be done against the background of a greater emphasis on human rights, visible and working treatment and development programmes, and greater efforts to reduce recidivism in a country where crime, while starting to stabilise and moderate somewhat, is still endemic. The need for individualised assessment of offenders is

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supported by section 38(2) of the Correctional Services Act, 1998 (Act 111 of 1998). Here it is stipulated that individual assessments are important for the development of individualised treatment programmes for offenders who have a right to an individualised assessment plan.[3] Regrettably the individual treatment of offenders is not the norm, and a one size fits all approach is often pursued by South African corrections – this despite the White Paper on Corrections underscoring the fact that there is a definite need to introduce more individualised treatment and assessment of offenders to coordinate and facilitate effective rehabilitation efforts. Professional staff shortages in the Department of Correctional Services (DCS) are unfortunately notorious, and showcased by the fact that in 2010/2011 there was a 51% vacancy rate for psychologists and that social workers were overburdened with caseloads of up to 3 000 per person.[4]

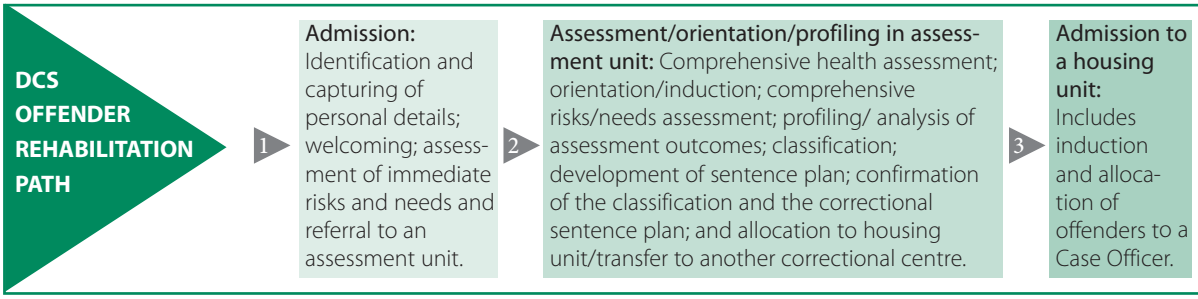
CURRENT OFFENDER ASSESSMENT PRACTICES

In South Africa, offender needs and risk assessment practices are based on first generation assessments – one-on-one, in-depth and personal assessments that mostly draw on the assessor's knowledge, intuition, practical experience and personal judgement of offending behaviour. Portentously, however, the specific rehabilitation needs of only 38% of sentenced offenders and those under correctional supervision and/or parole have been subjected to regular assessments and correctional programmes to address their offending behaviour.[5] DCS itself cites lack of capacity in management areas and the absence of a consistent appointment structure as reasons for the underperformance within correctional centres.[6] Notwithstanding, the foregoing first generation assessment indicators (criteria) are drawn from second to fourth generation assessment needs and risk actuarial scales that represent standardised, theoretically based assessment instruments.

Second to fourth generation assessment scales determine offender needs and risk factors comprising the following: dynamic factors (i.e., substance abuse and support structure); static factors (i.e., age and criminal history); offender risk prediction foci; and a sentence plan that ultimately incorporates all identified offending needs and risks for rehabilitation and management purposes.[7] South African correctional rehabilitation, intervention and offender management efforts are, therefore, directed through individualised assessment indicators (first generation assessments) that also guide and inform correctional therapists and authorities regarding appropriate and unique offender needs and risk indicators. Due to capacity constraints, however, criminologists often assist the DCS with extreme offender management cases, risk prediction of ostensibly high-risk offenders, and pre-parole evaluations on a one-on-one first generation basis.

CORRECTIONAL SERVICES' OFFENDER REHABILITATION PATH

The offender rehabilitation path (ORP) entails converting certain guiding principles from the White Paper on Corrections in South Africa into practice.[8] The mission of the DCS is to place rehabilitation at the centre of all departmental activities, in partnership with (private and public) external stakeholders.[9] The ORP has accordingly been embedded in the mandate of the DCS. Notwithstanding the noble aspirations of this



process, rehabilitation per se can only be achieved through the delivery of vital services to offenders, including modification of the offending behaviour and the development of the human being involved.[10]

The intention within the DCS is that reformation is facilitated through a holistic sentence planning process that engages offenders at all levels – social, moral, spiritual, physical, vocational, educational, intellectual and mental.[11] In some, but not all, correctional centres, rehabilitation practices would be entirely feasible – but it depends on the availability of psychologists and social workers, and the specific centre's overcrowding rate. For instance, it might work in smaller correctional centres, but not necessarily at the larger, more metropolitan centres such as the Johannesburg Correctional Management Area, where the current occupancy rate is in excess of 235%, and severe staff shortages are being experienced.[12]

According to the DCS, the rehabilitation of offenders is based on:

- *Needs and risk assessments,* including a unique profile of each offender, summarising needs, risks, and intervention strategies; classification of risk level (maximum, medium or low); correctional sentence plan stipulating the offender's rehabilitation path; and a quality assured correctional programme[13] dealing with substance abuse, anger management, sexual offences, parenting skills, HIV/AIDS, moral renewal programme, spiritual care, alternative to violence project, drug peer educator programme, anti-violence project, crime prevention initiatives[14] and more.
- *Rehabilitation*, comprising structured day programmes, a business process mapping exercise, social reintegration, sport, recreation, arts and culture, education (including literacy, Adult Basic Education and Training, and correspondence studies), vocational skills and training, professional counselling and therapy, and providing needs-based personal development services to all offenders. The provision of needs-based care programmes are aimed at maintaining the well-being of prisoners and social reintegration. Providing services focused on offenders' preparation for release and reintegration into society forms part of the rehabilitation process of each inmate.

It is important to note that the 'rehabilitation' of an offender should ideally start when that offender enters the DCS structure, and continue until a parolee is released back (reintegrated) into the community, where such an individual is still monitored and might be subjected to rehabilitation programmes and counselling endeavours. Of course the success or lack thereof all depends on factors such as the availability of professional staff, their morale and passion, and work commitment.[15]

AWAITING TRIAL DETAINEES (ATDs)

In contrast to international practices, where ATDs are generally the sole responsibility of correctional authorities, it is the responsibility of DCS to house, secure and care for them even though they are exclusively the liability of the South African Police Service (SAPS). These individuals have a unique status and are protected by a set of rights and requirements different to those of sentenced offenders.[16] ATD's rights are enshrined in section 12 and section 35(2) of the Constitution, and have a direct bearing on their detention.[17]

4 **Intervention:** Implementation of the correctional sentence plan and case review (progress, updating of correctional sentence plan and offender profile).

5 **Monitoring and evaluation:** Decisions are made according to the offender's progress or lack thereof. Feedback reports and reclassification.

6 **Placement:** Reassessment and recommendation (pre-release needs/risks, review community profile, possible placement on parole/correctional supervision, pre-placement report); effecting instructions/recommendations (capture decisions/recommendations on pre-placement profile and roll out to pre-release unit).

7 **Allocation to pre-release unit:** Preparation for release and reintegration; transfer offender to correctional centre closest to where s/he will reside six months prior to placement or release; pre-release assessment occurs during this phase.

ATDs do not have to attend correctional programmes until sentenced, or wear prison clothes designed for sentenced offenders,[18] because all ATDs are the legal responsibility, and under the care, of the SAPS, even though they are housed at correctional centres. Thus, these detainees do not fall within the rehabilitation mandate of the DCS and any and all rehabilitative and/or counselling efforts pertaining to these detainees are placed on the shoulders of non-governmental organisations (NGOs) and/or practicing students (i.e. training social workers and psychologists) who need to complete a practical/experiential period for professional registration/degree purposes.

A case in point is that of Shrien Dewani, who is accused of paying for the murder of his wife Anni while on honeymoon in South Africa. It was successfully argued before a London court that one of the major challenges encumbering his extradition is the current prison conditions in South Africa for ATDs, and that the accused's human rights would be severely violated should extradition to South Africa be granted.[19]

Ramagaga notes that conditions in South African prisons are so severe (overcrowding, inadequate human resources, offender treatment programmes and services, and infringement of prisoners' human rights), that they do not meet international minimum standards.[20] Another problem is the length of time that awaiting trial detainees spend in prison before their matters are finalised. Current figures show that 29,8% of all inmates are awaiting trial detainees, spending between three months and five years awaiting the finalisation of their cases.[21] Lastly, there are no separate confinement facilities or categories for mentally ill, terminally ill or disabled persons, and appropriate accommodation arrangements for these awaiting trial detainees are still a major challenge.[22]

Case study one: 'Sipho'

The following scenario, obtained from a volunteer student criminologist presently assisting DCS with criminological needs, risk, and pre-parole assessments, illustrates the quandary facing ATDs. Sipho is a 24 year-old male being detained at an awaiting trial correctional facility. He was arrested for rape, assault and attempted murder. He has no prior criminal record. Upon entering the awaiting trial facility he is recruited into a correctional centre gang known as the twenty-sixes, and subsequently becomes involved in two gang fights. In all probability more charges will now be added to the crimes he was arrested for before he is sentenced. There is no assessment practice available for this type of detainee, thus no precautions are in place to discourage and/or prevent gang involvement, or to manage aggressive and violent behaviour/tendencies, and he has no access to psychological or social work services. These practices (assessment) and services (specialist intervention) are only available to sentenced inmates.

RESTORATIVE JUSTICE AS A CORNERSTONE OF REHABILITATION

Restorative justice is an important component of rehabilitation and common practice within the DCS. It forms the basis of several programmes and counselling endeavours, facilitated by DCS in partnership with NGOs such as NICRO and Khulisa.[23] Certain types of offenders (i.e. economic offenders, rapists, murders) are encouraged to engage with victims and the community in order to bridge the gap between crime, criminality, rehabilitation and society. Restorative justice offers hope and support to offenders and focuses on healing and recompense in the wake of crime. Within the context of South African corrections, restorative justice emphasises the importance of the victims, families and community members by actively involving them in the justice process. Restorative justice challenges therapists to examine the root causes of violence and crime in order to break these cycles. This process helps offenders to identify their responsibilities and to promote healing. It seeks to restore personal responsibility for criminal behaviour and its consequences, restore a sense of control, make amends, and restore a belief that the justice process and outcomes were fair and just.[24]

Restorative justice offers the offender an increased awareness regarding the impact of the crime itself as well as its effect on other people; the capacity to contribute productively to the community; social and decision-making skills; improving self-image and improved public image; a sense of belonging to the community; and enables greater forgiveness by the community towards the offender.[25]

Consequently the DCS has decided to place rehabilitation and restorative justice at the centre of its operations, aligning it with the need for individualised assessment regimes, as dealing with criminal behaviour is a complex social matter that cannot be transacted effectively through retributive justice alone.[26]

Case study two: 'Peter'

The following authentic case illustrates the diversion process. Peter, a 36 year-old male, is arrested for domestic violence. Peter, who has no criminal record, is a chartered accountant. After his arrest Peter is referred to the Centre for Restorative Justice (CRJ) at Pretoria for possible consideration of sentence diversion and restorative justice process initiation. The CRJ is known to assist in diversion with first offenders in domestic violence cases, especially where the perpetrator is the only breadwinner. He undergoes several restorative justice assessments and completes various restorative justice programmes, and as such a positive recommendation is made to prevent a possible imprisonment sentence. Since his arrest Peter has complied with all restorative justice criteria, is currently involved in community-based anger management and self-esteem programmes, and participates in regular risk monitoring processes instituted for restorative justice candidates.

CORRECTIONAL ASSESSMENT OF INMATES

The general principles of offender assessment are described in the Correctional Services Act 111 of 1998 (Sections 37-38, 42). According to these principles, each sentenced offender has to participate in an assessment process as soon as possible after admission, in order to, amongst others, determine:[27]

- security classification
- health and emotional needs
- social and psychological needs
- specific development programme needs
- needs regarding reintegration into the community

This assessment is conducted by a multi-disciplinary team comprising an educationalist, psychologist, social worker, religious worker and health care worker, significantly enhancing the holistic treatment of an offender. This goal is unfortunately often stymied by capacity constraints, making it, in the main, somewhat aspirational. Section 42(2) of the Correctional Services Act, 1998 stipulates that the Case Management Committee must ensure that each sentenced prisoner has been assessed.[28] Ironically, until April 2003, no assessment structure existed in DCS for the effective treatment of offenders. In this vein it is argued that safe and progressive prisons cannot exist without proper classification and assessment systems.[29] Assessment should, and indeed must, be the first step in the development of an inmate, and the needs of the offender should be matched with the resources to ensure maximum support.

According to Coetzee, offender assessment in South Africa stems from the following models:[30]

- The medical model, based on the conviction that certain causes of criminal behaviour can be diagnosed and treated.
- European models, based on assessment instruments designed for white European or Hispanic males. Given that the majority of offenders in South African prisons are black and coloured, this is not necessarily the most appropriate approach.
- Culture deprivation, based on the unique sub-cultures that exist in South Africa, affecting the nature and focus of assessment efforts.

THE NEED FOR INDIVIDUAL ASSESSMENT OF OFFENDERS

Individual treatment of offenders is not the norm. A 'one size fits all' approach is often pursued by South African corrections, even though the White Paper on Corrections stresses the need to introduce more individualised treatment and assessment of offenders to coordinate and facilitate effective rehabilitation and attenuation efforts. This view is supported by the Correctional Services Act, 1998 (Section 38(2)) which stipulates that individual assessments are important for the development of individualised treatment programmes for offenders who have a right to an individualised assessment-based development plan.[31] Individual assessment is necessary to verify the type of crime committed, the criminal history, the offender's needs and risks, the motives and causes of criminal behaviour, predictors for reoffending and the individual's responsiveness to treatment.

COUNSELLING, TREATMENT AND REHABILITATION ROLE PLAYERS

The following professional staff and NGOs are responsible for counselling and service delivery at the DCS:[32]

- *Health care workers*
  Various DCS health care workers offer health care oriented personal care, including HIV counselling, to awaiting trial and sentenced offenders. Nurses, medical doctors, contracted psychiatrists, dentists, and contracted physiotherapists assist inmates with daily medical problems, medical evaluation, counselling and treatments.
- *Educationalists*
  Educationalists are tasked with tertiary, primary and post school counselling and education of inmates. Various didactic programmes and schooling projects are offered to offenders. Funding for post schooling endeavours are the responsibility of the offenders although the department assists inmates to apply for study bursaries.
- *Religious care workers*
  A variety of religious and spiritual care workers assist offenders with personal, religious/spiritual care, and familial support and/or counselling services representative of all denominations.
- *Social workers*
  DCS-employed social workers address familial and intimate relationship difficulties among all prisoners and probationers. The service is aimed at maintaining and improving social functioning, and contributing to reintegration. Treatment covers a wide spectrum of social problems ranging from supportive services to intensive counselling provided mostly on an individual basis and/or through case or group work. Social workers act as a link in maintaining family and social ties. Other areas of concern are orientation of imprisonment, HIV/AIDS counselling, substance abuse, adaptation problems, marital and family problems, aggressive and sexual behaviour, support services, trauma debriefing, and preparation, release and after-care services.
- *Psychologists*
  Departmental psychologists assist in the identification and treatment of personality insecurities and cognitive distortions, as well as with in-depth, long-term therapy of offenders. Correctional psychologists primarily focus on the mental health functioning of sentenced prisoners. Target areas for psychological services include suicide risk management, psychological intervention when requested by a court of law, psychological counselling, risk management of persons under supervision inside the community, and offenders guilty of aggressive and sexual offences. According to the Departmental Psychological Services Review and Needs Analysis, current psychological services offer individual, group and family therapy.[33] However, current psychological service shortages within the department, as alluded to previously, limit effective therapy, intervention and treatment efforts.[34]
- *Criminologists*
  In South Africa, volunteer criminologists, usually affiliated to academic institutions, and students of criminology from honours level play a comprehensive role in the assessment, analysis

and treatment of offenders. Tasks include applying knowledge and an understanding of criminal behaviour, analysis of the criminal mind, profiling, the identification of causes, motives, triggers and high-risk situations of crime, a scientific explanation of criminal behaviour, empowerment and the reintegration of offenders. Through this the criminologist determines individualised and unique treatment, therapy, and offender management needs and risk indicators for sentence plans and rehabilitation efforts aimed at correcting offending behaviour.

- *Non-governmental organisations*
  Prominent NGOs such as faith-based entities, Khulisa and NICRO assist DCS with counselling, programme delivery, offender rehabilitation and reintegration services. These organisations focus on spiritual guidance and support, education, prevention of crime, diversion of youth, personal development, community-based support for children before/after release from awaiting trial or places of safety, behaviour change, crime awareness, community liaison, violence in relationships and conflict management, HIV/AIDS, life skills, pre-release and reintegration, restorative justice, securing employment for inmates about to be released and ex-offenders (economic opportunities project), leadership skills, human rights, community empowerment, upliftment and victim support, first aid and self defence, rape and sexual offences counselling, project design, administration, and study bursaries. These services are theoretically available in all DCS facilities, but are usually easier to access at urban centres than rural ones.

Case study three: 'Joseph'

The following authentic case illustrates the DCS inmate assessment path. Joseph, an adult male, is a second-time offender serving a 15-year sentence for his index crimes, namely armed robbery and attempted murder. His criminal record reveals previous assault, house breaking, and entering and trespassing, for which he served a seven-year sentence.

The inmate holds that during his first incarceration he did not undergo any form of inmate assessment, that is, the initial DCS assessment (medical assessment and assessment of immediate needs and risks), an in-depth assessment (comprehensive needs and risk assessment to guide his sentence plan) or a pre-parole assessment process (to determine risks and danger levels for reoffending future behaviour). Classification occurred on the basis of his sentence, i.e., any inmate serving a sentence less than ten years is automatically classified as a 'medium' category offender. During his first incarceration period Joseph never consulted with any social workers or psychologists in order to address any personal/criminal problems. He did, however, attend anger management and HIV/AIDS programmes and he completed matric. The attendance of these programmes and the completion of scholastic education supported Joseph's successful parole application and release from the correctional facility.

Regarding the inmate's current imprisonment, he has now, the second time around, finally been subjected to an initial assessment during which it was established that he is a prominent correctional centre gang member (twenty-sixes gang), addicted to dagga (marijuana) and heroin, and is HIV positive. Because the inmate voluntarily participated in an 'HIV/AIDS: Responsible Sexual Behaviour' programme his positive HIV/AIDS status was discovered. Since then, he has actively received HIV/AIDS counselling and he follows a special immune-strengthening diet. The circumstances surrounding Joseph's index crimes relate to long-standing criminal associations, and these crimes were committed in a group/organised crime context. Joseph is not only a member of a correctional centre gang, but also a member of a community gang, to which the co-accused of his index crimes also belong. Joseph and his co-accused were involved in an ATM bombing and assaulting a security guard.

The following issues are pertinent to his case:

- Childhood: Joseph is one of six siblings (the second youngest child), his parents passed away

in 1995 during a bus accident. The inmate's three oldest siblings successfully took over the child-headed household, providing for all the remaining children's needs. Joseph is the only member of his family who has clashed with the law; all other siblings are educated and hold secure positions. The inmate grew up in a close-knit family environment and he reports that his parents had a loving marriage and were devoted Christians.

- Early onset of antisocial and criminal behaviour: At the age of 11 years, Joseph was arrested for theft (shoplifting). He also stole alcohol from his parents and was often caught intoxicated. He ran away from home due to physical abuse and general non-conformance to the house rules.
- Schooling: Joseph failed Grade 6 due to antisocial peer involvement, substance abuse, truancy and a general disinterest in schoolwork. After various involvements in physical fights with fellow learners and disobedience, he was eventually expelled. During this period he became involved in a local boy-gang within his community. He left his parental home and stayed with two of his co-accused on the streets. Since Joseph's expulsion he lost contact with his family, and has only now re-established it.

According to Joseph's need and risk assessment outcomes, he was scheduled to attend the following programmes/therapy: anger management, substance abuse, HIV/AIDS, decision-making skills, addressing self-esteem and assertiveness, and in-depth psychological counselling for health-related issues and personal problems/development.

During the inmate's parole application criminologists highlighted the following risks that should be taken into account for sound pre-parole decisions (i.e., predicting future dangerousness and criminality): early onset of antisocial and criminal behaviour, history of gang/criminal associations, no prior legitimate employment, criminal diversity and criminal record, history of substance abuse, history of aggressive and violent behaviour, no law-abiding acquaintances, an inability to form and maintain non-criminal relations, and a limited non-criminal support structure.

Research on offender risk assessment demonstrates that all of the aforementioned risk factors are positively linked to future criminal involvement, relapse into crime and personal dangerousness.[35] Due to the criminological pre-parole risk indication, Joseph was only granted parole after serving 12 years of his sentence. He is currently actively involved in a community 'anti-crime and gang' project that targets high-risk school children who might be prone to juvenile delinquency, gang involvement and substance addiction. Joseph is one of three ex-offenders involved in this project and a prominent motivational speaker in this regard.

CONCLUSION

The South African corrections, remedial and counselling programme is, although far from being faultless, a progressive and directed endeavour, focusing on the successful rehabilitation and reintegration of offenders through the application of holistic and comprehensive counselling initiatives within a containment approach. Although faced with intrinsic challenges that make many endeavours temporal and, therefore, somewhat aspirational instead of achievable, the South African DCS aims to entrench its role as a leader in the field of African behaviour modification and rehabilitation.

It is clear that professional capacity within the DCS needs to be urgently addressed and the energies and acumen of external role players harnessed and directed if the ultimate goal of effective rehabilitation and reintegration is to be achieved. The DCS should gravitate away from the rigid constabulary role it is fulfilling, and galvanise behind its resolve to strategically address the rehabilitation and recidivism dilemmas currently plaguing the corrections sector in a prompt and effective manner, conducive to the interests of both offenders and society at large. Although fractional successes have been achieved, the DCS should not rest on its laurels, and must continue to aggressively pursue its rehabilitation mandate in accordance with the mantra 'facta non verba' – deeds, not words.

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NOTES

1. L Holtzhausen, *Social Work: A South African Practice Framework for Professionals Working with Offenders and Victims,* Cape Town: Juta, 2012.
2. WFM Luyt, *Unit management in prisons,* Doctor of Literature and Philosophy in Penology, Pretoria: University of South Africa, 1999.
3. AE Hesselink-Louw, *Criminological assessment of prison inmates: A constructive mechanism towards offender rehabilitation,* Doctor of Literature and Philosophy in Criminology, Pretoria: University of South Africa, 2004.
4. Department of Correctional Services Annual Report for the 2010/2011 Financial Year, Pretoria: Department of Correctional Services; Department of Correctional Services 2011 Budgetary Review, DCS briefing to the Portfolio Committee on its 2010/2011 Annual Report, Department of Correctional Services, Republic of South Africa; Department of Correctional Services 2011 Budgetary Review, DCS briefing to the Portfolio Committee on its 2010/2011 Annual Report, Department of Correctional Services, Republic of South Africa.
5. DCS Budgetary Review, 4.
6. Ibid.
7. S Aegisdottir, MJ White, PM Spengler, AS Maugherman, LA Anderson, RS Cook, & GR Cohen, The meta-analysis of clinical judgment project: Fifty-six years of accumulated research on clinical versus statistical prediction, *The Counseling Psychologist*, 34, 2006, 341-382.
8. White Paper on Corrections, Department of Correctional Services, 2005.
9. White Paper on Corrections, 7.
10. Department of Correctional Services Annual Report for the 2006/07 Financial Year, Pretoria: Department of Correctional Services, 2007, 9, 1.
11. T Magadani, Musicians reap rewards of being rehabilitated, *SA Corrections Today*, July/August 2007.
12. Magadani, Musicians reap rewards, 11.
13. Magadani, Musicians reap rewards, 14.
14. Magadani, Musicians reap rewards, 12.
15. Magadani, Musicians reap rewards, 13.
16. Ibid.
17. Constitution of the Republic of South Africa 1996, Act 108 of 1996, Pretoria: Government printer. Furthermore, section 35(2) of the Constitution, affords each detainee, amongst others, the right to:
    - Be informed promptly of the reason for being detained;
    - Challenge the lawfulness of the detention in person before a court, and if the detention is unlawful, to be released;
    - Conditions of detention that are consistent with human dignity, including exercise, adequate accommodation, nutrition, reading material and medical treatment; and
    - To communicate with, and be visited by a spouse or partner, next of kin, chosen religious counsellor and chosen medical practitioner.
18. W Clack, N Du Preez, & J M Jonker, *Introduction to corrections science. Only study guide for PEN1025, Department Penology*. Pretoria: University of South Africa, 2007.
19. T Ramagaga, The conditions of Awaiting Trial Prisoners look set to improve in South Africa, *Institute for Security Studies*, News on ISS Africa, 7 March 2011.
20. Ibid.
21. Judicial Inspectorate for Correctional Services: Annual Report 2010/2011, Treatment of Inmates and Conditions in Correctional Centres, Republic of South Africa.
22. JICS Annual Report 2010/2011, 24.
23. JICS Annual Report 2010/2011, 17.
24. A Skelton & M Batley, Restorative justice: A contemporary South African review, *Acta Criminologica*, 21(3) (2008), 37-51.
25. Ibid.
26. Skelton & Batley, Restorative justice, 27.
27. Ibid.
28. W Coetzee, The Assessment of Inmates: A philosophical historical perspective of the South African situation, Unpublished document, 2003, 1-49.
29. N du Preez, *Integrated offender administration through correctional case management*, Doctor of Literature and Philosophy in Penology, Pretoria, University of South Africa, 2003.
30. W Coetzee, The Assessment of Inmates, 32.
31. W Coetzee, The Assessment of Inmates, 19.
32. W Coetzee, The Assessment of Inmates, 18.
33. Ibid.
34. Du Preez, Integrated offender administration, 30.
35. DA Andrews, J Bonta & JS Wormith, The Level of Service (LS) assessment of adults and older adolescents, in RK Otto & K Douglas (eds.), *Handbook of violence risk assessment tools,* New York, NY: Routledge, 2010, 199-225; DA Andrews, J Bonta, JS Wormith, L Guzzo, A Brews, J Rettinger & R Rowe, Sources of variability in estimates of predictive validity: A specification with Level of Service General Risk and Need, *Criminal Justice and Behavior*, 38(5) (2011), 413-432; M Bäckström & F Björklund, The measures of criminal attitudes and associates (MCAA) further testing of structural and criterion-related validity, *Criminal Justice and Behavior*, 35(11) (2008), 1398-1410.