

BINDURA UNIVERSITY OF SCIENCE EDUCATION



**FACULTY OF COMMERCE AND HUMANITIES
DEPARTMENT OF INTELLIGENCE AND SECURITY**

**Investigating the causes of recidivism of inmates in Zimbabwe Prisons and
Correctional Service: A Case Study of Harare Central Prison**

A Dissertation Submitted in Partial Fulfillment of the Requirements for the Bachelor
of Commerce, Honours Degree in Police and Security Studies

A RESEARCH

BY

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DEDICATION

This research is dedicated to the God almighty for His faithfulness and grace to keep on pressing. I also dedicate this dissertation to my parents, siblings and family who have been praying for me to press on with the studies.

ABSTRACT

This qualitative study investigated the causes of recidivism among inmates at Harare Central Prison, within the framework of the United Nations Nelson Mandela Rules and the Zimbabwe Prisons and Correctional Service Act. The study was guided by three objectives: to examine the socio-economic factors contributing to recidivism, to investigate the influence of correctional rehabilitation programmes on recidivism, and to establish effective strategies for reducing recidivism.

Adopting an interpretivist paradigm and a case study research design, the study employed semi-structured in-depth interviews with 25 participants comprising 15 recidivist inmates, 5 correctional officers and rehabilitation staff, and 5 key informants including former correctional officials, academics, NGO programme managers and a parole board member. The study was guided by the integrated theoretical framework of the Risk-Need-Responsivity Model and Social Support Theory.

The findings revealed that socio-economic factors, including unemployment and economic marginalization, substance abuse and addiction, family breakdown and social isolation, and housing instability and homelessness, are the primary drivers of recidivism.

The study established that reducing recidivism requires a comprehensive, multi-faceted approach that includes expanding access to rehabilitation programmes, improving programme quality and relevance, implementing individualized rehabilitation based on the Risk-Need-Responsivity Model, strengthening post-release support through community-based corrections, and addressing socio-economic barriers.

The study concludes that the high recidivism rate at Harare Central Prison reflects systemic failures rather than individual failings and that the Zimbabwe Prisons and Correctional Service is failing to fulfil its rehabilitative mandate as established in the Zimbabwe Prisons and Correctional Service Act and the Nelson Mandela Rules.

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CHAPTER ONE

INTRODUCTION AND BACKGROUND ISSUES

1.1 BACKGROUND OF THE STUDY

Recidivism remains one of the most pressing challenges facing correctional systems globally, undermining the rehabilitative goals of imprisonment and perpetuating cycles of crime and incarceration that impose significant social and economic costs on communities (Muntingh & Ballard, 2020). Durnescu (2019) further argued that high recidivism rates indicate systemic failures in rehabilitation, reintegration, and post-release support structures, suggesting that correctional systems are not fulfilling their fundamental mandate to prepare inmates for law-abiding lives upon release. The United Nations Standard Minimum Rules for the Treatment of Prisoners, known as the Nelson Mandela Rules, to which Zimbabwe is a signatory, explicitly emphasize that imprisonment should focus on rehabilitation and reintegration rather than punishment alone as the primary purpose of correctional systems (United Nations Office on Drugs and Crime, 2015). According to the United Nations Office on Drugs and Crime (2015), the Nelson Mandela Rules establish that correctional systems must provide education, vocational training, psychological counselling, and social support services to prepare inmates for law-abiding lives upon release, and that failure to provide such services constitutes a violation of inmates' fundamental rights.

Globally, recidivism has been extensively studied as a critical indicator of correctional system effectiveness and a key measure of the success of rehabilitation interventions. According to the World Prison Brief (2025), recidivism rates vary significantly across countries, ranging from approximately 25 percent in Norway to over 60 percent in the United States, reflecting fundamental differences in rehabilitation philosophy, programme availability, quality of correctional staffing, and the adequacy of post-release support structures. Aebi and Tiago (2020) argued that countries with rehabilitation-focused correctional systems, including comprehensive education, vocational training, mental health services, and substance abuse treatment, consistently report lower recidivism rates than countries that prioritize punitive approaches. Durnescu (2019) posited that the global evidence demonstrates unequivocally that punitive approaches alone do not reduce reoffending, and that addressing underlying

causes such as substance abuse, unemployment, lack of education, mental illness, and social marginalization is essential for breaking cycles of crime and incarceration.

The Nelson Mandela Rules have provided a global framework for correctional reform that is squarely focused on rehabilitation as the primary purpose of imprisonment. According to the United Nations Office on Drugs and Crime (2015), the Nelson Mandela Rules establish that all inmates have the right to access programmes that address their individual criminogenic needs, including education, vocational training, work, counselling, and social services. Aebi and Tiago (2020) argued that the Rules emphasize the importance of individualized sentence planning, classification based on risk and need, education and vocational training, psychological and social counselling, and pre-release preparation as essential components of effective correctional systems. Durnescu and McNeill (2019) posited that the Rules' requirement for post-release follow-up represents a recognition that recidivism prevention extends beyond prison walls and requires coordinated action between correctional authorities, social services, employers, and community organizations. Penal Reform International (2022) further noted that implementation of the Nelson Mandela Rules remains uneven globally, with low- and middle-income countries facing particular challenges in providing adequate rehabilitation programmes due to chronic underfunding, overcrowding, and limited trained personnel.

Globally, research has identified a range of factors consistently associated with recidivism across different jurisdictions and populations. According to Andrews and Bonta (2010), the strongest predictors of recidivism include criminal history (the number and severity of previous offences), substance abuse disorders, antisocial attitudes and associates, unemployment and low educational attainment, family dysfunction and marital conflict, and lack of prosocial leisure activities. Durnescu (2019) argued that these dynamic risk factors, known as criminogenic needs, are amenable to intervention through evidence-based rehabilitation programmes that target them directly, unlike static risk factors such as age at first offence which cannot be changed. The World Prison Brief (2025) reported that effective recidivism reduction programmes achieve reductions of 10 to 30 percent in reoffending rates compared to no intervention, with cognitive-behavioural interventions, vocational training, and educational programmes showing the strongest evidence of effectiveness.

Across Sub-Saharan Africa, recidivism rates are generally high due to under-resourced correctional systems, severe overcrowding, limited rehabilitation programmes, and weak or non-existent post-release support structures. According to Muntingh and Ballard (2020), studies conducted across Southern Africa indicate recidivism rates between 40 and 60 percent within three years of release, with substance abuse, unemployment, lack of housing, and family rejection consistently identified as the primary drivers of reoffending. Chirwa and Nsingo (2021) argued that the region's correctional systems face chronic underfunding, resulting in inadequate rehabilitation programmes that reach only a small fraction of inmates, poorly trained staff who lack skills in evidence-based rehabilitation, and infrastructure that is dilapidated and unsafe. Agazue (2024) posited that pre-release preparation is often minimal or entirely absent, and post-release supervision is virtually non-existent in many Sub-Saharan African countries, meaning that inmates are released with no support, no job, no housing, and no follow-up. The African Correctional Services Association (2024) further reported that stigma against former inmates is pervasive across African societies, creating significant barriers to employment, housing, and social reintegration that dramatically increase the likelihood of reoffending.

In Southern Africa specifically, the relationship between correctional system characteristics and recidivism has been examined in several country studies. According to Muntingh and Ballard (2020), research conducted in South African correctional facilities found that recidivism rates exceed 50 percent within three years of release, with unemployment (reported by 70 percent of recidivists), substance abuse (reported by 55 percent), and lack of family support (reported by 40 percent) as the primary factors cited by former inmates for their return to crime. Chirwa and Nsingo (2021) argued that the success of recidivism reduction interventions depends critically on their ability to address these specific factors through integrated programmes that combine in-prison rehabilitation with post-release support. Agazue (2024) posited that the South African experience provides important lessons for other Southern African countries, demonstrating that recidivism reduction requires sustained investment in programme quality, staff training, and community-based reintegration services, not merely the construction of more prison cells.

In Zimbabwe specifically, the recidivism challenge has emerged as a growing concern for the Zimbabwe Prisons and Correctional Service (ZPCS) and the Ministry of Justice,

Legal and Parliamentary Affairs. Chirwa and Nsingo (2021) posited that in Zimbabwe, recidivism rates have been increasing steadily over the past decade, placing significant strain on an already overstretched prison system that operates with chronic resource constraints and severe overcrowding. According to the Zimbabwe Prisons and Correctional Service (2023), the national recidivism rate increased from 28 percent in 2015 to 38 percent in 2023, representing a 10 percentage point increase over eight years that reflects deteriorating conditions within the correctional system and weakening post-release support structures in the context of prolonged economic crisis. Manyena et al. (2020) argued that Zimbabwe's prolonged economic contraction, which has seen formal sector employment shrink dramatically and unemployment rates exceed 80 percent among young people, has dramatically exacerbated recidivism by eliminating legitimate employment opportunities for former inmates. Mavhura (2020) posited that inmates released from Zimbabwean prisons face significant barriers to employment, including employer discrimination, lack of marketable skills, lack of identification documents, and the stigma of a criminal record in a small, interconnected labour market.

In the Zimbabwean context, the Zimbabwe Prisons and Correctional Service Act (Chapter 7:11) mandates the Zimbabwe Prisons and Correctional Service to ensure the rehabilitation and social reintegration of inmates as a core function of the correctional system. According to the Government of Zimbabwe (2019), the Act establishes that correctional facilities should provide education, skills training, psychosocial support, and pre-release preparation to reduce reoffending and promote successful community reintegration. Chikwanha and Mupedziswa (2022) argued that despite this legal framework, implementation of rehabilitation programmes in Zimbabwean prisons remains inconsistent, under-resourced, and inadequately evaluated, with significant gaps between policy aspirations and ground-level realities. Mavhura and Collins (2020) posited that overcrowding, inadequate funding, limited staff training, poor infrastructure, and weak post-release support structures have systematically undermined efforts to reduce recidivism across Zimbabwe's correctional system.

Harare Central Prison, as the study site, exemplifies these national challenges in an acute form. According to the Zimbabwe Prisons and Correctional Service (2024), Harare Central Prison houses sentenced inmates only and does not hold remand prisoners, with a current population exceeding 3,200 sentenced male inmates against a

designed capacity of 1,500, representing overcrowding of more than 113 percent. The prison has a recidivism rate of 42 percent, meaning that nearly half of all inmates released from this facility return to custody within three years, many within the first twelve months (Zimbabwe Prisons and Correctional Service, 2024). Chirisa and Mazhandu (2023) argued that overcrowding has resulted in limited access to rehabilitation programmes, with fewer than 30 percent of inmates participating in any form of skills training, education, or counselling, meaning that the vast majority of inmates receive no rehabilitative services whatsoever during their incarceration. Murewanhema et al. (2024) posited that the prison's recidivism rate of 42 percent is among the highest in the country, with inmates frequently returning to custody within two years of release, suggesting that current rehabilitation and reintegration efforts are failing. The Zimbabwe Human Rights Commission (2024) further reported that inmates released from Harare Central Prison frequently cite lack of employment, housing instability, substance abuse relapse, family rejection, and the complete absence of any post-release support as the primary reasons for reoffending.

1.2 STATEMENT OF THE PROBLEM

Recidivism among inmates in the Zimbabwe Prisons and Correctional Service remains persistently high, undermining the rehabilitative goals of imprisonment and contributing to cycles of crime, severe overcrowding, and community insecurity that impose significant social and economic costs. According to the Zimbabwe Prisons and Correctional Service (2024), the national recidivism rate stands at 38 percent, with Harare Central Prison recording a rate of 42 percent, meaning that nearly half of all inmates released from this facility return to custody within three years of release, many within the first twelve months. Manyena et al. (2020) argued that despite the existence of rehabilitation programmes in Zimbabwean prisons, the persistently high recidivism rate indicates that these interventions are either inadequate in scope and quality, inaccessible to most inmates due to overcrowding and resource constraints, or misaligned with inmates' actual criminogenic needs. Mavhura (2020) posited that the absence of systematic pre-release preparation and post-release support leaves former inmates ill-equipped to navigate life outside prison, as they are released with no job, no housing, no savings, no family support, and no connection to services that could help them transition successfully.

The core of the problem lies in the limited understanding of the specific causes driving recidivism among inmates at Harare Central Prison, which makes it impossible to design targeted, evidence-based interventions that address the actual drivers of reoffending. According to Chikwanha and Mupedziswa (2022), while recidivism has been acknowledged as a problem in Zimbabwe for many years, there has been no systematic, empirical investigation of the factors that lead released inmates to reoffend, meaning that policy and practice are based on assumptions rather than evidence. Murewanhema et al. (2024) argued that existing correctional data captures recidivism rates but does not explain why inmates return, leaving policymakers, correctional managers, and programme designers without the evidence needed to guide intervention design, resource allocation, or programme improvement. Chirisa and Mazhandu (2023) posited that the absence of inmate perspectives on recidivism means that interventions are designed without understanding the lived realities of those they are meant to serve, resulting in programmes that do not address the actual barriers and challenges that inmates face. Kelman (2020) argued that this represents a classic gap between policy and practice, where interventions are implemented without adequate understanding of the problem they seek to address, resulting in wasted resources and continued high recidivism rates.

Current statistics illustrate the severity of the problem at Harare Central Prison. According to the Zimbabwe Prisons and Correctional Service (2024), of the 3,200 sentenced inmates currently held at Harare Central Prison, approximately 1,344 individuals (representing 42 percent) are repeat offenders who have been incarcerated two or more times, with many having cycled through the prison multiple times over many years. The Zimbabwe Prisons and Correctional Service (2023) reported that among recidivist inmates surveyed by prison staff, 65 percent returned to custody within two years of their most recent release, 48 percent cited unemployment as a primary factor driving their reoffending, 35 percent cited substance abuse as a primary factor, and 30 percent cited lack of housing as a primary factor. The Zimbabwe National Statistics Agency (2024) argued that former inmates face unemployment rates exceeding 70 percent, compared to the national average of approximately 20 percent, indicating that the labour market barriers facing former inmates are severe and systemic. The Zimbabwe Human Rights Commission (2024) further noted that fewer than 15 percent of inmates at Harare Central Prison receive any form of post-release

support or follow-up after release, meaning that the vast majority are released with no safety net and no assistance in finding employment, housing, or treatment.

The breakdown of family and community support structures represents an additional dimension of the problem that has received insufficient attention in Zimbabwean correctional policy. According to Manyena et al. (2019), the erosion of extended family networks in Zimbabwe's urban areas, driven by economic pressures, migration, and social change, has left many former inmates without the family support that historically facilitated reintegration after release from prison. Mavhura et al. (2021) argued that stigma against former inmates, including rejection by families, neighbors, and communities, dramatically increases social isolation and the likelihood of reoffending, as individuals who feel rejected and hopeless are more likely to return to criminal networks and behaviours. Chirisa and Mazhandu (2023) posited that the absence of structured community reintegration programmes, including halfway houses, supported employment, and community-based supervision, means that inmates are released with no formal support system whatsoever, leaving them entirely dependent on their own resources, which are typically inadequate.

The research problem is that there is insufficient understanding of the specific causes of recidivism at Harare Central Prison, and without this understanding derived from the lived experiences of recidivist inmates themselves, effective, evidence-based interventions cannot be designed or implemented to break the cycle of reoffending. The United Nations Office on Drugs and Crime (2015) contended that such gaps in evidence-based practice undermine the fundamental principles of the Nelson Mandela Rules, which emphasize the importance of individualized, needs-based rehabilitation. Durnescu and McNeill (2019) further contended that the Nelson Mandela Rules' requirement for post-release follow-up and community support remains largely unimplemented in Zimbabwe, representing a significant gap between international standards and national practice.

1.3 AIM OF THE STUDY

The study aims to investigate the causes of recidivism among inmates in the Zimbabwe Prisons and Correctional Service, focusing on Harare Central Prison, within the

framework of correctional rehabilitation principles articulated in the United Nations Nelson Mandela Rules and the Zimbabwe Prisons and Correctional Service Act.

1.4 OBJECTIVES OF THE STUDY

The study will be guided by the following objectives:

1. To examine the socio-economic factors contributing to recidivism among inmates at Harare Central Prison.
2. To investigate the influence of correctional rehabilitation programmes on recidivism among inmates at Harare Central Prison.
3. To establish effective strategies for reducing recidivism among inmates at Harare Central Prison.

1.5 RESEARCH QUESTIONS

The study will seek to answer the following research questions:

1. What socio-economic factors contribute to recidivism among inmates at Harare Central Prison?
2. How do correctional rehabilitation programmes influence recidivism among inmates at Harare Central Prison?
3. What effective strategies can reduce recidivism among inmates at Harare Central Prison?

1.6 SIGNIFICANCE OF THE STUDY

The proposed study on the causes of recidivism at Harare Central Prison holds significant value for multiple stakeholders, particularly in advancing correctional rehabilitation practice and policy in Zimbabwe. According to Muntingh and Ballard (2020), recidivism reduction remains a critical challenge for African correctional systems, with limited empirical evidence available to guide the design and implementation of effective interventions. Chikwanha and Mupedziswa (2022) argued that the study's focus on Harare Central Prison, a facility with documented high recidivism rates and severe overcrowding, will generate evidence that can inform

correctional policy and programming across Zimbabwe and potentially in similar contexts in the Southern African region. The United Nations Office on Drugs and Crime (2015) posited that the Nelson Mandela Rules' call for evidence-based, individualized rehabilitation cannot be realized without research that generates context-specific knowledge about the drivers of recidivism in specific correctional settings.

The study has particular significance for the Ministry of Justice, Legal and Parliamentary Affairs, which holds oversight responsibility for the Zimbabwe Prisons and Correctional Service. According to the Government of Zimbabwe (2019), the Ministry is responsible for developing correctional policy, overseeing ZPCS operations, and ensuring alignment with international standards including the Nelson Mandela Rules. Muntingh and Ballard (2020) argued that without empirical evidence on recidivism causes, ministry-level policy reforms remain disconnected from ground realities and are unlikely to achieve their intended outcomes. The study's findings will provide the Ministry with evidence to support the development of targeted policies addressing the specific drivers of recidivism identified at Harare Central Prison, including employment barriers, substance abuse treatment gaps, and inadequate post-release support.

The study also holds significant value for the Parliament of Zimbabwe, particularly the Portfolio Committee on Justice, Legal and Parliamentary Affairs, which exercises oversight over the correctional system. According to Chikwanha and Mupedziswa (2022), parliamentary oversight of correctional services in Zimbabwe has been significantly hampered by limited empirical data on correctional outcomes, including recidivism rates and their causes. The study will provide parliamentarians with robust, context-specific evidence to guide budget allocations for rehabilitation programmes, legislative reforms to address identified gaps, and monitoring of ZPCS performance in reducing recidivism.

Non-governmental organizations working in criminal justice reform, prisoner rehabilitation, and community reintegration will benefit significantly from the study's findings. According to Penal Reform International (2022), organizations such as the Zimbabwe Human Rights Commission, the Legal Resources Foundation, the Prison Fellowship Zimbabwe, and various international NGOs require context-specific, empirical evidence to design programmes that effectively address the actual drivers of

recidivism. Mavhura (2020) argued that NGO programmes often operate without adequate understanding of recidivism drivers in specific correctional contexts, limiting their effectiveness and potentially wasting scarce resources.

The Zimbabwe Prisons and Correctional Service itself will be a primary beneficiary of the study's findings. According to the Zimbabwe Prisons and Correctional Service (2023), the service has identified recidivism reduction as a strategic priority but lacks empirical data to guide intervention design, programme improvement, and resource allocation. Manyena et al. (2020) argued that correctional managers and rehabilitation staff require evidence on which rehabilitation programmes are most effective for which types of inmates, and what post-release supports are most critical for preventing reoffending. The study will inform ZPCS policy, programme design, staff training curricula, pre-release preparation protocols, and resource allocation decisions, enabling the service to move from assumption-based to evidence-based practice in recidivism reduction.

Finally, the study holds significant value for academia and research. According to Durnescu (2019), while recidivism has been extensively studied in high-income countries, there is limited research from Sub-Saharan African correctional settings, and virtually no empirical research on recidivism causes in Zimbabwe specifically. The study's application of the Risk-Need-Responsivity Model and Social Support Theory will enrich theoretical understanding of recidivism dynamics in resource-constrained, overcrowded correctional contexts. The study will thus make a substantial theoretical and empirical contribution to correctional scholarship, criminology, social work, and security studies, filling a significant gap in the literature and providing a foundation for future research in Zimbabwe and the region.

1.7 DELIMITATION OF THE STUDY

The scope of this study is delimited geographically to Harare Central Prison in Harare, Zimbabwe. According to the Zimbabwe Prisons and Correctional Service (2024), Harare Central Prison is specifically selected as the study site due to its status as one of Zimbabwe's largest correctional facilities, characterized by severe overcrowding exceeding 113 percent of designed capacity, a recidivism rate of 42 percent which is among the highest nationally, and significant rehabilitation challenges that make it a

critical case for understanding recidivism. It is important to note that Harare Central Prison houses sentenced inmates only and does not hold remand prisoners, which means the study focuses exclusively on individuals who have been convicted and sentenced, not those awaiting trial. The research focuses specifically on the causes of recidivism, examining these phenomena through the perspectives of recidivist inmates, correctional officers, rehabilitation programme staff, and key informants within the framework of the Nelson Mandela Rules and the Zimbabwe Prisons and Correctional Service Act. The study will concentrate on recidivism defined as return to custody within three years of release for a new criminal offence or for violation of parole conditions. The research will focus on adult male inmates aged 18 years and above who are serving sentences at Harare Central Prison, as well as key informants including correctional officers with at least two years of experience at the facility, social workers, psychologists, vocational trainers, and community reintegration practitioners. Broader comparisons with other prisons in Zimbabwe or with female correctional facilities will not be included in this study in order to maintain a focused, in-depth examination of the phenomenon of recidivism within a specific correctional context that has been identified as a hotspot for recidivism in the Zimbabwean correctional system.

1.8 LIMITATIONS OF THE STUDY

The study acknowledges several limitations arising from the chosen qualitative methodology and the nature of the research topic. According to Braun and Clarke (2021), qualitative research prioritizes depth of understanding over breadth of generalizability, making the findings context-specific to Harare Central Prison and not statistically generalizable to all prisons in Zimbabwe or to correctional systems in other countries. However, Silverman (2019) argued that the detailed contextual information provided in the study will enable readers to assess the transferability of findings to similar correctional settings, consistent with the qualitative research principle of transferability rather than statistical generalizability. Creswell (2018) posited that the depth of understanding achieved through qualitative methods justifies the trade-off in breadth of coverage, particularly for complex social phenomena like recidivism that are shaped by multiple interacting factors and cannot be adequately understood through quantitative methods alone.

Secondly, the research may be affected by social desirability bias, as inmate participants may underreport their criminal history, minimize their responsibility for reoffending, or overreport their engagement with rehabilitation programmes due to social norms, fear of judgment, or perceived expectations of the researcher or prison authorities. According to Neuman (2018), social desirability bias is a recognized limitation of self-report research, particularly on sensitive topics such as criminal behaviour, substance abuse, and personal failures. Denzin and Lincoln (2019) argued that triangulation of data from multiple sources, including recidivist inmates, correctional officers, rehabilitation staff, and key informants, can significantly mitigate this limitation by cross-validating findings across different perspectives and data sources. The researcher will address this limitation by triangulating data from in-depth interviews with recidivist inmates, key informant interviews with correctional staff and external experts, and document analysis of correctional records and programme documents, and by building rapport with participants through multiple contacts to encourage honest, candid responses.

Thirdly, the reliance on self-reported data may not fully capture actual recidivism causes, as participants' memories may be incomplete or inaccurate, or participants may not fully understand the factors that influenced their behaviour. According to Patton (2023), self-reported behaviours and reasons may differ from actual behaviours and causes due to recall bias, limitations in self-awareness, or deliberate misrepresentation. Creswell and Poth (2018) argued that triangulation with observational data from correctional staff and document analysis from official records can partially address this limitation by providing multiple perspectives on the same phenomenon. The study will mitigate this limitation through triangulation with correctional records, rehabilitation programme documents, and staff observations where possible, and by using detailed probing techniques during interviews to elicit specific, concrete descriptions of actual behaviours and circumstances rather than general, abstract explanations.

Logistical and ethical considerations within the correctional setting may also limit the sample size, as the recruitment of inmates for a study on recidivism requires careful attention to confidentiality, security protocols, and the vulnerability of incarcerated populations. According to Kothari (2022), qualitative research typically uses smaller sample sizes than quantitative research, with adequacy determined by data saturation rather than by statistical power calculations. Kumar (2021) argued that sample sizes in

qualitative research are determined by the depth of information required to answer the research questions rather than by statistical considerations, and that smaller samples are appropriate when the goal is in-depth understanding rather than statistical generalization. The study will use data saturation as the guide for sample size, continuing data collection until no new insights or themes emerge from additional interviews, ensuring that sufficient depth of understanding is achieved.

Finally, the study's focus on a single correctional facility and on individual-level factors may not capture the full range of factors influencing recidivism, including systemic factors operating at the national policy level, regional economic conditions, or broader social and cultural dynamics. According to Wisner et al. (2020), recidivism is shaped by multiple factors operating at different scales from the individual through the institutional to the societal, and single-site qualitative studies cannot capture the full complexity of these multi-level interactions. Kelman (2020) argued that the depth of understanding achieved through focused case study research can complement broader quantitative and comparative studies by providing rich contextual detail and revealing causal mechanisms that large-scale studies cannot capture.

1.9 DEFINITION OF KEY TERMS

1.9.1 Recidivism

According to Aebi and Tiago (2020) this refers to reoffending or return to custody following release from prison, typically measured within a specified time period such as one, two, or three years following release. For the purposes of this study, recidivism refers to the return of a former inmate to custody at Harare Central Prison for a new criminal offence or for violation of parole conditions within three years of release from a previous period of incarceration.

1.9.2 Rehabilitation

United Nations Office on Drugs and Crime (2015) defines rehabilitation as the range of programmes and interventions designed to address criminogenic needs, including education, vocational training, substance abuse treatment, psychological counselling, and social skills training, with the goal of preparing inmates for successful, law-abiding lives upon release from prison.

1.9.3 Reintegration

According to Durnescu and McNeill (2019) this is the process of supporting former inmates to successfully transition from prison to community life, including assistance with employment, housing, family reunification, health care, social participation, and community connection, with the goal of preventing reoffending and promoting social inclusion.

1.9.4 Correctional rehabilitation programme

The Penal Reform International (2022) defines Correctional rehabilitation programme as a structured intervention delivered within a prison setting that is designed to reduce reoffending by addressing identified criminogenic needs, including education classes, vocational training workshops, substance abuse treatment groups, cognitive-behavioural therapy, and social skills training.

1.9.5 Post-release support

According to Muntingh and Ballard (2020) this is the range of services and assistance provided to inmates after their release from prison, including employment assistance, housing support, substance abuse treatment continuation, mental health counselling, family reunification services, and community supervision through parole or probation.

1.9.6 Criminogenic needs

These are defined by Durnescu (2019) as dynamic risk factors that contribute to criminal behaviour and are amenable to change through intervention, including substance abuse, antisocial attitudes and associates, unemployment, low educational attainment, family dysfunction, and lack of prosocial leisure activities.

1.9.7 Nelson Mandela Rules

According to the United Nations Office on Drugs and Crime (2015) this is the United Nations Standard Minimum Rules for the Treatment of Prisoners, which are the international standards for prison management adopted by United Nations member states, emphasizing humane treatment, rehabilitation as the primary purpose of imprisonment, individualized sentence planning, and community reintegration.

1.9.8 Overcrowding

The Penal Reform International (2022) defines overcrowding as the condition that occurs when a prison holds more inmates than its designed capacity, resulting in reduced access to rehabilitation programmes, increased violence, poorer health outcomes, increased mental health problems, and reduced ability of staff to provide individualized attention to inmates.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 INTRODUCTION

This chapter reviews the existing literature on recidivism, correctional rehabilitation, and post-release support, organized into four main sections. The first section presents the theoretical framework that guides this study, comprising the Risk-Need-Responsivity Model and Social Support Theory. The second section reviews the global perspective on recidivism, examining research from high-income countries. The third section reviews the regional perspective, focusing on Sub-Saharan Africa and Southern Africa. The fourth section reviews the local perspective, examining the limited research available on recidivism in Zimbabwe specifically. The chapter concludes with a summary of the literature and identification of the research gap that this study seeks to address.

2.2 THEORETICAL FRAMEWORK

This study utilizes two complementary theoretical frameworks to guide the investigation of the causes of recidivism among inmates at Harare Central Prison. The first framework is the Risk-Need-Responsivity Model, and the second framework is the Social Support Theory. According to Andrews and Bonta (2010), the Risk-Need-Responsivity Model provides a structured framework for understanding the factors that drive reoffending and for designing effective rehabilitation interventions that address those factors. Furthermore, Cullen (1994) argued that Social Support Theory extends this understanding by emphasizing the social and community contexts in which former inmates attempt to desist from crime and build law-abiding lives after release from prison. These frameworks are integrated with the principles of the Nelson Mandela Rules, which emphasize individualized, needs-based rehabilitation, pre-release preparation, and post-release community support as essential for reducing recidivism (United Nations Office on Drugs and Crime, 2015). More so, Durnescu and McNeill (2019) posited that integrating established criminological theories with international

correctional standards provides a comprehensive, evidence-based approach to understanding and addressing recidivism in diverse correctional contexts.

2.2.1 Risk-Need-Responsivity Model

2.2.1.1 Overview of the Theory

The Risk-Need-Responsivity Model, originally developed by Andrews, Bonta, and Hoge in 1990, has become the most widely used and empirically supported framework for understanding and reducing recidivism in correctional settings worldwide. According to Andrews and Bonta (2010), the Risk-Need-Responsivity Model is grounded in decades of research on the predictors of criminal behaviour and the characteristics of effective rehabilitation programmes. Durnescu (2019) argued that the model provides a structured, evidence-based approach to assessing offenders, matching them to appropriate interventions, and evaluating the effectiveness of those interventions in reducing reoffending. In the context of Harare Central Prison, the Risk-Need-Responsivity Model guides the investigation of whether rehabilitation programmes appropriately match inmates' risk levels, address their specific criminogenic needs, and are delivered in ways that are accessible and engaging for inmates given their learning styles, cognitive abilities, and motivational levels. Furthermore, the model's emphasis on matching intervention intensity to offender risk level is particularly relevant in overcrowded correctional settings like Harare Central Prison, where resources are scarce and must be targeted to those at highest risk of reoffending.

2.2.1.2 Tenets of the Risk-Need-Responsivity Model

The Risk-Need-Responsivity Model is built upon three core principles which are the Risk Principle, the Need Principle, and the Responsivity Principle. Each principle provides specific guidance for the design and delivery of correctional rehabilitation programmes.

The Risk Principle states that the intensity of correctional intervention should be matched to the offender's level of recidivism risk. According to Andrews and Bonta (2010), high-risk offenders require more intensive, more comprehensive, and longer-duration interventions than low-risk offenders, while low-risk offenders may be harmed

by intensive interventions that expose them to high-risk peers and disrupt their prosocial connections. Durnescu and McNeill (2019) argued that providing intensive interventions to low-risk offenders may actually increase recidivism by disrupting their existing prosocial networks and exposing them to antisocial influences. This principle further posits that correctional systems must invest the majority of their rehabilitation resources in high-risk offenders, as this is where the greatest reductions in recidivism can be achieved. In the Zimbabwean context, this principle will be used to examine whether recidivists at Harare Central Prison received appropriate intervention intensity during their previous incarcerations, and whether the current rehabilitation programmes at the prison are appropriately matched to inmates' risk levels as determined by validated risk assessment instruments. Furthermore, the Risk Principle suggests that correctional systems must have reliable risk assessment tools to classify inmates accurately, a capacity that may be lacking at Harare Central Prison due to resource constraints and limited trained personnel.

The Need Principle states that correctional interventions should target dynamic criminogenic needs, which are the changeable factors directly linked to criminal behaviour. According to Andrews and Bonta (2010), the major criminogenic needs include substance abuse, unemployment and underemployment, low educational attainment, antisocial attitudes and cognitions, antisocial associates, family and marital dysfunction, and lack of prosocial recreational activities. Durnescu (2019) argued that addressing these specific needs through targeted interventions reduces recidivism, while addressing non-criminogenic needs such as self-esteem, anxiety, or physical health, while worthwhile for other reasons, does not directly reduce reoffending. This principle further posits that correctional programmes must conduct comprehensive assessments to identify which criminogenic needs are most salient for each offender, and then target those specific needs through evidence-based interventions. Muntingh and Ballard (2020) argued that many correctional programmes fail to target criminogenic needs effectively, instead focusing on activities that are not linked to recidivism reduction. This study will examine whether rehabilitation programmes at Harare Central Prison address the specific criminogenic needs of recidivist inmates, and whether gaps in addressing these needs contribute to continued reoffending.

The Responsivity Principle states that correctional interventions should be delivered in ways that match the learning styles, abilities, characteristics, and motivation levels of

offenders. According to Andrews and Bonta (2010), cognitive-behavioural interventions have the strongest evidence of effectiveness across diverse offender populations because they address the thinking patterns and decision-making processes that underlie criminal behaviour. Durnescu (2019) argued that responsivity also includes consideration of gender, culture, language, literacy level, cognitive ability, mental health status, and motivational stage, as interventions that do not match these characteristics will be less effective regardless of their content. This principle further posits that correctional programmes must be delivered by well-trained staff who can adapt interventions to individual offenders, and that programmes must be delivered in a therapeutic environment that supports behaviour change. In the Zimbabwean context, this principle will be used to examine whether rehabilitation programmes at Harare Central Prison are delivered in ways that are accessible, engaging, and effective for the inmate population, given the high rates of low educational attainment, potential language barriers, and the high prevalence of mental health and substance abuse issues.

2.2.1.3 Relevance of the Risk-Need-Responsivity Model to the Study

The Risk-Need-Responsivity Model is highly relevant to this study for several reasons. Firstly, the model provides a structured framework for examining whether the rehabilitation programmes at Harare Central Prison are appropriately matched to the risk levels of recidivist inmates. By applying the Risk Principle, the study will assess whether high-risk recidivists receive more intensive interventions than low-risk offenders, and whether the current allocation of rehabilitation resources at the prison is optimal for reducing recidivism. Secondly, the model's Need Principle will guide the investigation of whether the rehabilitation programmes at Harare Central Prison target the specific criminogenic needs that drive reoffending among recidivist inmates. By identifying which criminogenic needs are most prevalent among recidivists and whether existing programmes address these needs, the study will generate evidence to guide programme improvement. Thirdly, the Responsivity Principle will guide the examination of whether rehabilitation programmes are delivered in ways that are accessible and effective for the inmate population, considering factors such as literacy levels, language, cognitive abilities, and cultural background. Fourthly, the model will help explain why some recidivists continue to reoffend despite exposure to rehabilitation programmes, as the study can identify gaps in the application of the Risk, Need, or Responsivity principles. Finally, the model will provide a framework for the

recommendations generated by the study, as evidence-based strategies for reducing recidivism must adhere to the three principles of the Risk-Need-Responsivity Model.

2.2.2 SOCIAL SUPPORT THEORY

2.2.2.1 Overview of the Theory

Social Support Theory, as applied to correctional and reentry contexts by Cullen (1994) and extended by subsequent researchers including Visser and Travis (2003) and Berg and Huebner (2011), provides a complementary framework for understanding how post-release social support influences recidivism outcomes. According to Cullen (1994), social support refers to the assistance, encouragement, resources, and connections provided by family members, friends, community organizations, social services, and prosocial networks that facilitate successful community reintegration and desistance from crime. Durnescu and McNeill (2019) argued that inmates who receive strong, consistent social support upon release are significantly less likely to reoffend than those who are socially isolated, rejected by family, or disconnected from prosocial community institutions. In the Harare Central Prison context, Social Support Theory guides the investigation of how family support, employment assistance, housing stability, community connections, and involvement in prosocial activities influence recidivism among released inmates. Furthermore, the theory is particularly relevant in the Zimbabwean context, where economic pressures and migration have eroded traditional extended family support networks, leaving many former inmates without the social safety net that historically facilitated reintegration.

2.2.2.2 Tenets of Social Support Theory

Social Support Theory is built upon several core tenets that explain how social support influences individual behaviour, particularly the behaviour of individuals transitioning from prison to the community. These tenets include the types of social support, the mechanisms through which social support reduces recidivism, and the role of social networks in desistance from crime.

Social Support Theory identifies four distinct types of social support that are relevant to understanding recidivism. According to Cullen (1994), the first type is material support, which includes tangible resources such as employment, housing, money, food,

clothing, and transportation that are essential for survival and lawful living. Former inmates who lack material support are forced to rely on illegal means to meet their basic needs, increasing the likelihood of reoffending. The second type is emotional support, which includes encouragement, belonging, acceptance, affirmation, and empathy that counters the shame, stigma, and isolation of incarceration. Former inmates who receive emotional support are more resilient in the face of challenges and less likely to return to criminal behaviour. The third type is informational support, which includes guidance, advice, practical knowledge, and referrals about how to navigate employment, housing, health care, and social service systems. Former inmates who lack informational support may fail to access available resources simply because they do not know how. The fourth type is appraisal support, which includes feedback, affirmation, and constructive criticism that helps former inmates evaluate their progress, make better decisions, and maintain motivation for desistance. This study will examine which types of social support are most critical for preventing recidivism among inmates released from Harare Central Prison.

Social Support Theory proposes that social support reduces recidivism through multiple interconnected mechanisms. According to Cullen (1994), the first mechanism is the provision of resources, where social support directly provides the material, emotional, informational, and appraisal resources that former inmates need to survive and thrive in the community without resorting to crime. The second mechanism is the reduction of stress, where social support buffers the negative effects of stressful life events and transitions, including the highly stressful transition from prison to community. Lower stress levels are associated with better decision-making and lower likelihood of reoffending. The third mechanism is the promotion of mental health, where social support reduces the risk of depression, anxiety, post-traumatic stress, and other mental health conditions that are associated with recidivism. The fourth mechanism is the support of recovery, where social support helps former inmates maintain sobriety from substances, adhere to treatment regimens, and avoid relapse. The fifth mechanism is the provision of prosocial models, where supportive individuals model law-abiding behaviour and provide alternatives to criminal associates. Muntingh and Ballard (2020) argued that inmates lacking social support face significant, often insurmountable barriers to successful reintegration, as they are released with no safety net, no resources, and no one to turn to for help when challenges arise. This study will examine which

mechanisms are most important for preventing recidivism among inmates released from Harare Central Prison.

Social Support Theory also emphasizes the role of social networks in supporting desistance from crime. According to Durnescu (2019), desistance is the process by which individuals who have engaged in criminal behaviour cease offending and adopt law-abiding lifestyles. Social networks, including family networks, friendship networks, and community networks, play a critical role in desistance by providing the support, accountability, and prosocial connections that make desistance possible. Former inmates with strong, prosocial social networks are more likely to desist from crime, while those with weak networks or networks dominated by criminal associates are more likely to persist in offending. Furthermore, social networks can change over time, and interventions can strengthen networks to support desistance. In the Zimbabwean context, where extended family networks have been eroded by economic pressures and migration, and where formal post-release support structures are largely absent, Social Support Theory predicts that recidivism rates will be high because former inmates lack the social networks necessary for successful reintegration. This study will examine the social networks of recidivist inmates and how these networks influenced their reoffending.

2.2.2.3 Relevance of Social Support Theory to the Study

Social Support Theory is highly relevant to this study for several reasons. Firstly, the theory provides a framework for examining the socio-economic factors that contribute to recidivism, which is the first objective of this study. By investigating the material, emotional, informational, and appraisal support that recidivist inmates received after their previous releases, the study will identify which types of support are most critical for preventing reoffending. Secondly, the theory's emphasis on the mechanisms of social support will guide the investigation of how and why social support (or its absence) influences recidivism, providing explanatory depth to the study's findings. Thirdly, the theory's focus on social networks and desistance will help explain why some inmates with similar backgrounds and offence histories successfully desist from crime while others reoffend, as differences in social support may account for different outcomes. Fourthly, the theory will inform the study's examination of post-release support structures at Harare Central Prison, as the theory predicts that inmates released

without adequate support are at high risk of reoffending. Finally, the theory will provide a framework for the recommendations generated by the study, as strategies for reducing recidivism must include strengthening social support for released inmates through family reunification services, mentoring programmes, peer support groups, and connections to community-based organizations.

2.2.3 Integration of the Two Theories

The integrated theoretical framework for this study combines the Risk-Need-Responsivity Model and Social Support Theory to provide a comprehensive understanding of recidivism causes at Harare Central Prison. The Risk-Need-Responsivity Model focuses on what happens inside prison, emphasizing that rehabilitation programmes must target criminogenic needs, match intervention intensity to risk level, and be delivered in a responsive manner. Social Support Theory focuses on what happens after release, emphasizing that former inmates need material, emotional, informational, and appraisal support to successfully reintegrate and desist from crime. Together, these two theories recognize that recidivism reduction requires both effective in-prison rehabilitation and adequate post-release support. A failure in either domain can lead to reoffending. Furthermore, the two theories are aligned with the principles of the Nelson Mandela Rules, which require individualized sentence planning, education and vocational training, pre-release preparation, and post-release follow-up (United Nations Office on Drugs and Crime, 2015). The study's focus on recidivism causes and reduction strategies thus directly addresses the core principles of both the Risk-Need-Responsivity Model and Social Support Theory, providing a theoretically grounded, policy-relevant investigation of recidivism at Harare Central Prison.

2.3 GLOBAL PERSPECTIVE ON RECIDIVISM

The global literature on recidivism has consistently identified a range of factors that predict reoffending across different jurisdictions, populations, and correctional systems. According to Aebi and Tiago (2020), comprehensive meta-analyses synthesizing hundreds of studies have demonstrated that the strongest, most consistent predictors of recidivism include criminal history, particularly the number and severity of previous offences and the age at first offence; substance abuse disorders, including

both alcohol and illicit drug use; antisocial attitudes, values, and beliefs that support criminal behaviour; antisocial associates, including peer groups that encourage and reward criminal activity; unemployment and low educational attainment; family dysfunction, including marital conflict, parental criminality, and poor family relationships; and lack of prosocial leisure activities. Andrews and Bonta (2010) argued that these dynamic risk factors, known as criminogenic needs, are amenable to change through evidence-based rehabilitation programmes that target them directly, unlike static risk factors such as age, gender, or criminal history which cannot be changed.

Durnescu (2019) posited that recidivism rates vary significantly across countries, with Nordic countries achieving rates below 30 percent through intensive, well-funded rehabilitation programming and comprehensive post-release support, while many other countries report rates exceeding 50 percent due to underfunded, punitive approaches. The United Nations Office on Drugs and Crime (2021) reported that effective recidivism reduction requires a continuum of care that begins at intake with comprehensive assessment, continues throughout incarceration with targeted, evidence-based programming matched to risk and need, and extends through pre-release preparation and post-release community support for a minimum of twelve months following release. The World Prison Brief (2025) further noted that recidivism reduction requires sustained investment in programme quality, staff training, and post-release support, and that short-term, underfunded interventions are unlikely to produce meaningful reductions in reoffending.

The effectiveness of correctional rehabilitation programmes in reducing recidivism has been extensively studied and debated in the criminological literature. According to Andrews and Bonta (2010), programmes that adhere faithfully to the Risk-Need-Responsivity Model principles reduce recidivism by approximately 10 to 30 percent compared to no intervention or to standard custodial sentences without rehabilitation programming. Durnescu and McNeill (2019) argued that cognitive-behavioural interventions, which address the thinking patterns and decision-making processes that underlie criminal behaviour, have the strongest evidence of effectiveness across diverse offender populations and settings. Vocational training and educational programmes, particularly those that lead to recognized credentials and genuine employment opportunities, also have demonstrated effectiveness in reducing recidivism. Penal Reform International (2022) reported that programmes that are poorly implemented, do

not target criminogenic needs, are delivered by inadequately trained staff, or are too short in duration may actually increase recidivism by wasting scarce resources that could have been used for effective interventions or by exposing low-risk offenders to high-risk peers.

Visher and Travis (2003) examined the transition from prison to community, identifying several key factors that influence recidivism. Their research found that successful reentry depends on a combination of individual characteristics, in-prison experiences, and post-release circumstances. Inmates who maintained family contact during incarceration, participated in educational and vocational programmes, and had employment and housing arranged before release were significantly less likely to reoffend. Conversely, inmates who lost family contact, had no marketable skills, and were released without employment or housing faced overwhelming barriers to successful reintegration. Berg and Huebner (2011) extended this research by examining the role of social ties in reentry, finding that strong family support, employment, and involvement in prosocial community organizations were independently associated with lower recidivism, and that the absence of any of these factors dramatically increased reoffending risk.

Research from the United States has consistently found that recidivism rates are highest in the first six months following release, with approximately 30 to 40 percent of all reoffending occurring within this critical period (World Prison Brief, 2025). This finding underscores the importance of pre-release preparation and immediate post-release support, as the transition from prison to community is a period of extreme vulnerability. Durnescu (2019) argued that the first days and weeks after release are particularly critical, as former inmates face immediate challenges of finding food, shelter, and employment while simultaneously navigating the psychological shock of release and the stigma of their criminal record. Without structured support during this period, many former inmates quickly become overwhelmed and return to criminal behaviour.

2.4 REGIONAL PERSPECTIVE: SUB-SAHARAN AFRICA AND SOUTHERN AFRICA

In Sub-Saharan Africa, recidivism research has focused on the region's unique challenges, including chronic underfunding of correctional systems, severe overcrowding, limited rehabilitation programmes, and weak or non-existent post-release support structures. According to Muntingh and Ballard (2020), studies conducted across Southern Africa have consistently identified unemployment, substance abuse, lack of housing, family rejection, and lack of any formal post-release support as the primary drivers of recidivism. Chirwa and Nsingo (2021) argued that the region's correctional systems face chronic underfunding, with many countries spending less than 1 percent of national budgets on corrections, resulting in inadequate rehabilitation programmes that reach fewer than 20 percent of inmates, poorly trained staff who lack skills in evidence-based rehabilitation, and infrastructure that is dilapidated, unsafe, and grossly overcrowded. Agazue (2024) posited that pre-release preparation is often minimal or entirely absent in Sub-Saharan African prisons, with inmates released with no discharge planning, no employment or housing lined up, and no connection to community services.

The African Correctional Services Association (2024) further reported that post-release supervision through parole or probation is virtually non-existent in many Sub-Saharan African countries, meaning that inmates are released with no monitoring, no support, and no accountability, dramatically increasing the likelihood of reoffending. This finding is consistent with the broader literature on correctional systems in low- and middle-income countries, which has documented the near-total absence of community-based corrections and post-release support in most African countries (Penal Reform International, 2022). The United Nations Office on Drugs and Crime (2021) emphasized that this represents a fundamental violation of the Nelson Mandela Rules, which explicitly require post-release follow-up and community support as essential components of effective correctional systems.

Research in South Africa, the most developed correctional system in the region, has provided important insights into recidivism dynamics in Sub-Saharan African contexts. According to Muntingh and Ballard (2020), studies of South African correctional facilities have found that recidivism rates exceed 50 percent within three years of

release, with unemployment reported by 70 percent of recidivists as a primary factor, substance abuse reported by 55 percent, lack of family support reported by 40 percent, and lack of housing reported by 35 percent. Chirwa and Nsingo (2021) argued that South Africa's experience demonstrates that even with more resources than most neighbouring countries, recidivism reduction requires integrated, multi-sectoral approaches that address employment, housing, substance abuse treatment, family support, and mental health services simultaneously. Agazue (2024) posited that the South African experience provides important lessons for Zimbabwe and other Southern African countries, demonstrating that recidivism reduction requires sustained investment in programme quality, staff training, and community-based reintegration services, not merely the construction of more prison cells or the enactment of harsher sentencing laws.

The African Correctional Services Association (2024) further reported that countries in the region that have invested in community-based corrections, including parole, probation, and halfway houses, have achieved significantly lower recidivism rates than those that rely primarily on incarceration without rehabilitation or post-release support. For example, Botswana's correctional system, which has invested in vocational training and community reintegration programmes, has achieved recidivism rates below 30 percent, while other countries in the region with less developed rehabilitation systems report rates exceeding 50 percent. However, the Association noted that even in countries with relatively advanced correctional systems, recidivism remains a persistent challenge, with many former inmates struggling to find employment and housing due to stigma and discrimination.

2.5 LOCAL PERSPECTIVE: ZIMBABWE

In Zimbabwe specifically, recidivism research remains extremely limited, with no published empirical studies specifically examining the causes of recidivism at any correctional facility. According to the Zimbabwe Prisons and Correctional Service (2023), the national recidivism rate increased from 28 percent in 2015 to 38 percent in 2023, representing a 10 percentage point increase over eight years that reflects deteriorating conditions within the correctional system and weakening post-release support structures in the context of prolonged economic crisis. Manyena et al. (2020) argued that Zimbabwe's prolonged economic contraction, which has seen formal sector

employment shrink dramatically and unemployment rates exceed 80 percent among young people, has dramatically exacerbated recidivism by eliminating legitimate employment opportunities for former inmates. Mavhura (2020) posited that inmates released from Zimbabwean prisons face significant barriers to employment, including employer discrimination, lack of marketable skills, lack of identification documents, and the stigma of a criminal record in a small, interconnected labour market.

The Zimbabwe National Statistics Agency (2024) reported that unemployment among former inmates exceeds 70 percent, compared to the national average of approximately 20 percent, indicating that former inmates face a labour market that is even more hostile than the already difficult general employment environment. This finding is consistent with research from other Sub-Saharan African countries, which has documented the severe employment barriers faced by former inmates due to both structural economic factors and employer discrimination (Muntingh & Ballard, 2020). Chikwanha and Mupedziswa (2022) further noted that the absence of systematic post-release follow-up and community reintegration programmes represents a critical gap in Zimbabwe's correctional system, as inmates are released with no formal support, no supervision, and no connection to services that could help them transition successfully.

Studies of Harare Central Prison specifically, while not focused on recidivism causes, have identified overcrowding as a critical issue that shapes all aspects of prison life and rehabilitation. According to the Zimbabwe Prisons and Correctional Service (2024), Harare Central Prison holds over 3,200 sentenced male inmates against a designed capacity of 1,500, representing overcrowding of more than 113 percent. Chirisa and Mazhandu (2023) argued that overcrowding at Harare Central Prison has resulted in limited access to rehabilitation programmes, with fewer than 30 percent of inmates participating in any form of skills training, education, or counselling, meaning that the vast majority of inmates receive no rehabilitative services whatsoever during their incarceration. Murewanhema et al. (2024) posited that the prison's recidivism rate of 42 percent, one of the highest in the country, reflects these systemic failures to provide adequate rehabilitation programming and post-release support.

The Zimbabwe Human Rights Commission (2024) further reported that inmates released from Harare Central Prison frequently cite lack of employment, housing instability, substance abuse relapse, family rejection, and the complete absence of any

post-release support as the primary reasons for reoffending, suggesting that the failures occur both within the prison and in the community after release. This finding is consistent with the broader literature on recidivism in Sub-Saharan Africa, which has documented the critical importance of post-release support for successful reintegration (Muntingh & Ballard, 2020; Agazue, 2024). The Zimbabwe Human Rights Commission (2024) also noted that the Zimbabwe Prisons and Correctional Service lacks any systematic data collection on post-release outcomes, meaning that recidivism rates are calculated based on re-incarceration data only, without any tracking of former inmates who successfully desist from crime.

2.6 SUMMARY OF LITERATURE AND RESEARCH GAP

The literature reviewed in this chapter has demonstrated that recidivism is a complex, multi-faceted phenomenon shaped by individual, institutional, and societal factors. At the global level, research has identified consistent predictors of recidivism including criminal history, substance abuse, unemployment, low education, family dysfunction, and antisocial attitudes (Andrews & Bonta, 2010; Durnescu, 2019). Effective recidivism reduction requires evidence-based rehabilitation programmes that adhere to the Risk-Need-Responsivity Model principles, combined with comprehensive post-release support as emphasized by Social Support Theory (Cullen, 1994; Visser & Travis, 2003). At the regional level, research from Sub-Saharan Africa has documented the severe challenges facing correctional systems, including chronic underfunding, overcrowding, limited rehabilitation programmes, and the near-total absence of post-release support (Muntingh & Ballard, 2020; Chirwa & Nsingo, 2021). At the local level, Zimbabwe faces similar challenges, with recidivism rates increasing steadily over the past decade and reaching 42 percent at Harare Central Prison (Zimbabwe Prisons and Correctional Service, 2023, 2024).

However, the literature review has also identified a significant research gap. While recidivism has been extensively studied in high-income countries and to some extent in South Africa, there have been no empirical studies investigating the causes of recidivism from the perspective of recidivist inmates themselves at Harare Central Prison or any other Zimbabwean correctional facility. Existing correctional data captures recidivism rates but does not explain why inmates return, leaving policymakers, correctional managers, and programme designers without the evidence

needed to guide intervention design, resource allocation, or programme improvement (Chikwanha & Mupedziswa, 2022). Furthermore, the literature has not adequately explored the specific socio-economic factors, rehabilitation programme gaps, and post-release support needs that are most relevant to the Zimbabwean context, particularly given the severe resource constraints and overcrowding that characterize Harare Central Prison.

This study seeks to address this gap by providing empirical evidence on the causes of recidivism at Harare Central Prison, as experienced and understood by recidivist inmates themselves, correctional officers, rehabilitation staff, and key informants. By applying the integrated theoretical framework of the Risk-Need-Responsivity Model and Social Support Theory, the study will generate context-specific insights that can inform evidence-based correctional policy and practice in Zimbabwe. The study's findings will contribute to filling the significant gap in the literature on recidivism in Sub-Saharan African correctional settings and will provide a foundation for future research in Zimbabwe and the region.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter presents the research methodology that will be employed to investigate the causes of recidivism among inmates at Harare Central Prison. The chapter outlines the research paradigm, research approach, research design, study setting, target population, sampling techniques, sample size, inclusion and exclusion criteria, data collection methods, data collection instruments, data analysis procedures, ethical considerations, and strategies for ensuring the trustworthiness of the findings. The methodological framework is designed to generate rich, contextually grounded insights into the causes of recidivism at one of Zimbabwe's largest correctional facilities, contributing to evidence-based correctional policy and practice.

3.2 RESEARCH PARADIGM

The research will adopt an interpretivist paradigm, also known as social constructivism, which asserts that individuals develop subjective and complex meanings of their experiences rather than discovering a single, objective reality that exists independently of human interpretation. According to Reiter (2021), the interpretivist paradigm is particularly relevant for research that seeks to understand how individuals perceive, interpret, and make sense of their experiences, including the deeply personal and socially situated experience of reoffending after release from prison. Alharahsheh and Pius (2020) argued that interpretivism posits that reality is not a fixed, external entity waiting to be discovered but is socially constructed through personal history, cultural context, social interactions, and the meanings that individuals attach to events and circumstances.

This approach is essential for this study, as it avoids forcing participants' experiences into rigid, pre-defined categories that may not reflect their lived realities, instead recognizing that recidivism is shaped by the unique circumstances of each inmate's life history, correctional experience, family situation, and post-release environment. By focusing on the subjective interpretations of recidivist inmates, correctional officers,

and key informants, this research aims to uncover the socio-economic, psychological, institutional, and environmental drivers of reoffending as they are understood and experienced by those directly involved. The interpretivist paradigm is particularly appropriate for the Zimbabwean correctional context, where cultural values, community structures, and socio-economic conditions shape the meanings that inmates attach to their experiences of incarceration, release, and reoffending.

3.3 RESEARCH APPROACH

A qualitative research approach will be employed to gain rich, in-depth, contextually grounded insights into the causes of recidivism among inmates at Harare Central Prison. According to Aspers and Corte (2019), qualitative research is an interactive, iterative process that deepens understanding by establishing closeness between the researcher and the subject matter, allowing for the exploration of meanings, interpretations, and lived experiences that cannot be captured through quantitative methods. This approach is particularly justified for this study, as it prioritizes words, narratives, stories, and meanings over the statistical measurements, numerical data, and hypothesis testing sought by quantitative methods.

Guerrero-Castañeda et al. (2019) argued that qualitative inquiry is uniquely suited to exploring the why and how behind recidivism, fostering open-ended, exploratory communication to uncover previously hidden or unexamined data regarding the complex, interacting factors that influence reoffending decisions. By utilizing this approach, the study aims to provide a comprehensive, nuanced, and empathetic understanding of the challenges recidivist inmates face in desisting from crime, including employment barriers, family rejection, substance abuse relapse, mental health challenges, inadequate post-release support, and the absence of prosocial opportunities. The qualitative approach is particularly appropriate for the Zimbabwean context, where the deep understanding of participants' lived experiences is essential for developing culturally relevant and contextually appropriate recommendations for reducing recidivism.

3.4 RESEARCH DESIGN

This study will adopt a case study research design to explore the causes of recidivism among inmates at Harare Central Prison. According to Yin (2018), a case study design is appropriate when the research seeks to investigate a contemporary phenomenon within its real-world context, especially when the boundaries between the phenomenon and its context are not clearly evident and when the researcher has little control over events. Creswell (2018) argued that case study research involves the in-depth, multi-perspectival exploration of a bounded system, allowing for detailed, holistic examination of the multiple, interacting factors that shape the phenomenon under study.

Stake (2006) posited that case study research is particularly useful for understanding complex social phenomena where context is critical to understanding outcomes, and where the researcher seeks to generate rich, contextualized understanding rather than statistical generalization. In this study, Harare Central Prison represents the bounded system, which is a specific correctional facility with defined physical boundaries, organizational structures, policies, programmes, staffing patterns, and inmate population characteristics. The phenomenon of interest is the causes of recidivism as experienced and understood by recidivist inmates incarcerated at this facility.

The case study design is particularly appropriate for this research because it allows for the integration of multiple data sources, including in-depth interviews with recidivist inmates, correctional officers, rehabilitation staff, and key informants, as well as document analysis of correctional records, programme documents, and policy materials. This multi-perspectival approach enables the researcher to develop a comprehensive understanding of recidivism causes that reflects the complexity of the phenomenon and the multiple factors that shape reoffending decisions. Furthermore, the case study design is well-suited to the Zimbabwean context, where the specific conditions at Harare Central Prison, including severe overcrowding and resource constraints, create unique dynamics that require in-depth, contextually grounded investigation.

3.5 STUDY SETTING

The study will be conducted at Harare Central Prison, located in the southern industrial area of Harare, Zimbabwe. It is important to note that Harare Central Prison houses sentenced inmates only and does not hold remand prisoners, which means the study focuses exclusively on individuals who have been convicted and sentenced by a court of law, not those awaiting trial. According to the Zimbabwe Prisons and Correctional Service (2024), Harare Central Prison is one of Zimbabwe's largest correctional facilities, holding over 3,200 sentenced male inmates, with a designed capacity of approximately 1,500, resulting in severe overcrowding exceeding 113 percent of designed capacity.

The prison was purposively selected as the study setting because it has one of the highest recidivism rates nationally at 42 percent, representing a critical case for understanding recidivism dynamics in the Zimbabwean correctional system (Zimbabwe Prisons and Correctional Service, 2024). The facility includes various sections for short-term sentenced inmates and long-term sentenced inmates, as well as rehabilitation workshops, educational facilities, a library, a healthcare clinic, a reception area, and segregation units. The prison is located in an industrial area of Harare, which significantly influences post-release employment opportunities, as nearby industries may or may not be willing to employ former inmates, and community reintegration dynamics, as released inmates return to various communities across Harare and surrounding areas.

The selection of Harare Central Prison as the study setting is justified by several factors. First, its high recidivism rate makes it a critical case for understanding recidivism causes in the Zimbabwean correctional system. Second, its status as one of the largest correctional facilities in the country ensures that the study findings will be relevant to a significant portion of the incarcerated population. Third, the facility's location in Harare provides access to a diverse range of inmates from different socio-economic backgrounds and communities. Fourth, the facility's focus on sentenced inmates, as opposed to remand prisoners, ensures that participants have experienced the full range of correctional programming and have completed their judicial processes.

3.6 TARGET POPULATION

According to Sekaran and Bougie (2020), a target population is the specific group of individuals that the researcher is interested in investigating to address the research problem, characterized by shared characteristics relevant to the research questions. For this study, the target population comprises three distinct but interrelated groups.

The primary population consists of recidivist inmates currently incarcerated at Harare Central Prison who have been convicted and sentenced at least twice, with their most recent period of incarceration being at least six months in duration at the time of data collection. Guerrero-Castañeda et al. (2019) argued that this group is targeted because they possess the lived, embodied experience of reoffending, reincarceration, and the challenging transition between prison and community, making them the most knowledgeable sources about the factors that drive recidivism.

The second group comprises correctional officers and rehabilitation programme staff, including social workers, psychologists, vocational trainers, educators, and counsellors who have worked at Harare Central Prison for a minimum of two years and have direct, regular contact with recidivist inmates. This group is targeted because they possess observational and professional knowledge of recidivist inmates' characteristics, rehabilitation programme participation, and post-release outcomes, providing an institutional perspective on recidivism causes.

The third group comprises key informants including former senior correctional officials, criminal justice academics at Zimbabwean universities, non-governmental organization programme managers working in prisoner reintegration, and parole board members who can provide technical, systemic, and policy-level insights into recidivism causes and correctional system gaps. This group is targeted because they possess specialized knowledge of correctional policy, resource allocation, programme design, and systemic barriers to recidivism reduction that operate at levels beyond the individual inmate's experience.

3.7 SAMPLING TECHNIQUES

In alignment with the qualitative nature of this study, non-probability sampling will be employed, as it focuses on in-depth understanding, rich information, and theoretical

relevance rather than statistical representativeness or generalizability to larger populations (Kothari, 2022). Purposive sampling will be used to select recidivist inmates who meet specific criteria relevant to the research questions, including at least two prior incarcerations, a minimum of six months served on their current sentence, and willingness to participate voluntarily. According to Kumar (2021), purposive sampling is a non-random technique where participants are deliberately selected based on specific characteristics, knowledge, and experience relevant to the research topic, rather than being selected randomly. Denzin and Lincoln (2019) argued that this technique allows for the deliberate, strategic inclusion of individuals who can provide rich, relevant, information-rich data that directly addresses the research questions.

Purposive sampling will also be used to select correctional officers with specialized knowledge of recidivist inmates, including those who work in rehabilitation programming, classification, or reentry planning, as well as key informants with technical expertise in correctional policy, recidivism research, or prisoner reintegration. Maximum variation sampling, which is a specific form of purposive sampling, will be employed to ensure diversity among recidivist inmate participants in terms of age, length of current sentence, type of offences, number of previous incarcerations, and participation in rehabilitation programmes. This diversity will ensure that the study captures a range of perspectives and experiences, rather than reflecting only the views of a homogeneous group.

Snowball sampling will be used as a supplementary technique, where initial participants refer the researcher to other eligible participants who meet the inclusion criteria, particularly for hard-to-reach key informants such as former correctional officials or parole board members. According to Silverman (2019), snowball sampling is particularly useful for accessing populations that may be difficult to identify through institutional channels, such as former correctional officials who are no longer employed by ZPCS or academics with specialized knowledge of correctional issues.

3.8 SAMPLE SIZE

The study targets a sample size of 25 participants in total, consisting of 15 recidivist inmates who are sentenced and not on remand, 5 correctional officers or rehabilitation programme staff, and 5 key informants including former correctional officials, NGO

programme managers, criminal justice academics, and parole board members. According to Silverman (2019), this sample size is specifically chosen to ensure that the unique, lived experience of each individual participant is thoroughly captured and analysed in depth without compromising the depth of analysis for the sake of larger numbers.

The final sample size will be guided by data saturation, which is the point of redundancy in data collection when no new insights, themes, codes, or patterns emerge from additional interviews, indicating that sufficient data has been collected to answer the research questions (Creswell, 2014). Saunders et al. (2015) argued that this approach ensures the collected data is deep enough to meet the study's objectives without unnecessary repetition that wastes researcher and participant time. Kothari (2022) posited that qualitative sample sizes are typically and appropriately smaller than quantitative samples, with adequacy determined by the depth of information required to answer the research questions rather than by statistical power calculations.

The sample size of 25 participants is consistent with qualitative research norms for case study research. Guest, Namey, and Chen (2020) found that data saturation in qualitative research is typically achieved with 12 to 16 interviews in relatively homogeneous populations, while more diverse populations may require up to 24 to 30 interviews. The planned sample of 25 participants, with diversity across three participant groups, is therefore likely to achieve data saturation while remaining feasible given the time and resource constraints of the study.

3.9 INCLUSION AND EXCLUSION CRITERIA

Inclusion criteria specify the essential characteristics that prospective participants must possess to be included in the study, ensuring that the sample is relevant, appropriate, and sufficient to answer the research questions (Creswell, 2018). For recidivist inmates, the inclusion criteria are as follows: the individual must be aged 18 years or above; must be currently incarcerated at Harare Central Prison as a sentenced inmate (not on remand, consistent with the facility's population); must have been incarcerated at least twice in their lifetime, meaning a minimum of one previous incarceration prior to the current sentence; must have served a minimum of six months of their current sentence

at the time of data collection; and must be able to provide voluntary, informed consent without coercion or undue influence.

For correctional officers and rehabilitation staff, the inclusion criteria are as follows: the individual must be employed by the Zimbabwe Prisons and Correctional Service or contracted as a rehabilitation service provider; must have worked at Harare Central Prison for a minimum of two years; must have direct, regular contact with recidivist inmates in the course of their duties; and must be willing to participate voluntarily without pressure from supervisors.

For key informants, the inclusion criteria are as follows: the individual must have at least two years of professional experience in correctional policy, prisoner rehabilitation, criminal justice, community reintegration, or related fields; must have demonstrable knowledge of Harare Central Prison or the broader Zimbabwean correctional system; and must be willing to participate voluntarily.

Exclusion criteria refer to specific characteristics that disqualify prospective participants from the study to maintain the integrity of the data, protect the well-being of vulnerable individuals, and ensure that participation is truly voluntary and informed (Patton, 2023). This study will exclude the following individuals: those currently experiencing severe mental illness or acute psychological distress that would compromise their ability to provide informed consent or participate meaningfully in an interview; those with cognitive impairments that prevent understanding of the study purpose, procedures, risks, and rights; individuals under the age of 18 years; any individual who does not provide full, written, voluntary informed consent after the study has been fully explained to them; any inmate on remand (consistent with the facility's population, this is not applicable as Harare Central Prison does not hold remand prisoners); and correctional officers who have been employed at the facility for less than two years, as they may lack sufficient experience with recidivist inmates to provide rich data.

3.10 DATA COLLECTION METHODS

3.10.1 Semi-Structured In-Depth Interviews

Semi-structured in-depth interviews will be used as the primary data collection method for this study. According to Creswell and Creswell (2017), interviewing is the practice of questioning another person in order to obtain in-depth details about their experiences, viewpoints, emotions, interpretations, and life stories. Semi-structured in-depth interviews use predetermined, open-ended questions derived from the research objectives and theoretical framework, but they allow the researcher to ask spontaneous follow-up questions, probes, and clarifications to examine concerns raised by participants on the spur of the moment, making the interview a flexible, responsive, and collaborative process rather than a rigid, standardized one (Creswell and Poth, 2018).

In the correctional context of Harare Central Prison, this personal, flexible approach is essential for exploring the sensitive, potentially shame-filled, and legally complex experiences of recidivist inmates regarding their criminal histories, prison experiences, rehabilitation programme participation, post-release challenges, and reasons for reoffending. The method allows the researcher to capture important non-verbal cues such as guarded body language, facial expressions, tone shifts, pauses, and emotional responses, which are fundamental to understanding the psychological and emotional state of participants and the depth of their experiences (Noon, 2018).

Each interview with recidivist inmates will last approximately 60 to 90 minutes, allowing sufficient time to build rapport, explore complex topics, and probe emerging themes. Interviews with correctional officers and rehabilitation staff will last 45 to 60 minutes, while interviews with key informants will last 45 to 60 minutes as well. Interviews will be conducted in private, confidential settings: for inmate participants, interviews will take place in private rooms within the prison designated for confidential meetings, ensuring privacy while maintaining appropriate security protocols; for correctional staff and key informants, interviews will be conducted in neutral, private locations outside the prison such as private offices or meeting rooms.

3.10.2 Key Informant Interviews

Key informant interviews will be conducted with correctional officers, rehabilitation programme staff, and external experts as a distinct but related data collection method. According to Kumar (2021), key informant interviews are structured or semi-structured discussions with individuals who possess specialized, expert knowledge about the community, organization, or phenomenon under study, and who can provide technical insights that individual participants may not possess. Silverman (2019) argued that this method is particularly effective for gathering technical, systemic, and policy-level insights into systemic gaps, institutional constraints, policy contexts, resource allocation decisions, and organizational dynamics that individual inmates may not fully perceive, understand, or articulate.

Key informants will provide essential information on Zimbabwe Prisons and Correctional Service rehabilitation policies, programme availability and quality, staffing levels and training adequacy, budget constraints, post-release support mechanisms, and systemic barriers to recidivism reduction that operate at levels beyond the individual inmate's experience. The inclusion of key informants from diverse backgrounds, including former correctional officials, academics, NGO programme managers, and parole board members, will ensure that the study captures a range of perspectives on the systemic factors shaping recidivism at Harare Central Prison.

3.10.3 Document Analysis

Document analysis will be utilized as a secondary data collection method to triangulate and contextualize the interview data. According to Lumivero (2025), document analysis is a systematic qualitative research procedure for reviewing, coding, and evaluating both printed and electronic materials to interpret meaning, identify patterns, track changes over time, and corroborate findings from other methods. Flick (2023) argued that document analysis involves examining the content and context of naturally occurring, pre-existing data such as institutional records, reports, policies, and statistics to corroborate, contextualize, or challenge findings from interviews. Bowen (2024) posited that this method is necessary for triangulation of lived experiences reported in interviews with official, institutional data, thereby enhancing the credibility, validity, and completeness of the study's findings.

The following documents will be analysed: Zimbabwe Prisons and Correctional Service annual reports and Harare Central Prison statistical bulletins containing recidivism rates, inmate population data, programme participation rates, and staffing information; rehabilitation programme documents including curricula, attendance records, completion rates for education, vocational training, and counselling programmes; correctional policy documents including the Zimbabwe Prisons and Correctional Service Act, National Correctional Strategy, operational guidelines, and reentry policies; post-release support programme documents where available from non-governmental organizations or the Zimbabwe Prisons and Correctional Service; and Nelson Mandela Rules implementation reports for Zimbabwe if available from government or United Nations sources.

3.11 DATA COLLECTION INSTRUMENTS

The research will use two semi-structured interview guides: one designed specifically for recidivist inmates and another designed for correctional officers, rehabilitation staff, and key informants. According to Ryan et al. (2019), an interview guide is a structured document that includes predetermined, open-ended questions aligned with the research objectives, but it allows for flexible wording, question order, and spontaneous follow-up probes to promote natural, conversational responses. This flexibility allows the researcher to explore concerns raised by participants during interviews while ensuring that all key topics are covered across all participants.

The interview guide for recidivist inmates will include questions organized around the following themes: criminal history and pattern of reoffending including number of incarcerations, types of offences, and time between release and reoffending; rehabilitation programme experiences including participation in education, vocational training, counselling, and perceptions of programme quality and relevance; pre-release preparation including discharge planning, skills for post-release employment, and family contact; post-release experiences including employment, housing, family relationships, substance use, social support, and contact with prosocial institutions; barriers to desistance including what made it difficult to avoid reoffending; and recommendations for reducing recidivism including what would have helped.

The interview guide for correctional officers and rehabilitation staff will include questions organized around observations of recidivist inmate characteristics and patterns, availability and quality of rehabilitation programmes at Harare Central Prison, staff training and capacity to address recidivism, challenges in delivering rehabilitation in an overcrowded facility, post-release follow-up and community reintegration support, and recommendations for systemic improvements.

The interview guide for key informants will include questions organized around policy and systemic context of recidivism in Zimbabwe, gaps between policy and practice in correctional rehabilitation, resource constraints and their impact on recidivism reduction, comparative perspectives from other jurisdictions or organizations, and recommendations for policy and practice reform.

With participants' informed consent, all interviews will be audio-recorded using a secure digital recording device with encryption and password protection. According to Silverman (2019), audio recording enhances accuracy and trustworthiness by ensuring that participants' responses are captured verbatim, reduces reliance on researcher memory which is inherently selective and fallible, allows for accurate, detailed transcription, and supports credibility and dependability by providing a permanent, verifiable record of the data.

The researcher will maintain detailed field notes during and immediately after each interview to capture non-verbal communication such as tone shifts, pauses, emotional expressions such as crying or anger, body language, physical environment, and any contextual information that audio recording alone cannot capture. According to Creswell (2018), field notes are essential for contextualizing interview data and capturing the researcher's immediate impressions, reflections, and observations that may not be apparent from transcripts alone.

A reflexive journal will be kept throughout the entire research process, from proposal development through data collection, analysis, and write-up, to document the researcher's thoughts, assumptions, emotional responses, decisions, potential biases, and evolving interpretations. According to Braun and Clarke (2021), reflexivity is essential in interpretivist qualitative research to minimize the influence of researcher bias, enhance confirmability, and maintain transparency about the researcher's position and its potential influence on the research process.

A structured document analysis checklist will be developed to systematically extract relevant information from correctional records, reports, and policy documents, including source type, publication date, author or issuing institution, key findings relevant to recidivism, recidivism statistics, programme descriptions, policy recommendations, and any gaps or contradictions in the data.

3.12 DATA ANALYSIS

Data analysis will employ thematic analysis as the primary method of qualitative data analysis for this study. According to Braun and Clarke (2021), thematic analysis is a qualitative analytic method used for identifying, analysing, organizing, describing, and reporting patterns or themes within qualitative data, providing a flexible yet rigorous approach to data analysis. Thematic analysis provides a flexible, accessible, and systematic approach to analysing qualitative data while allowing the researcher to interpret participants' lived experiences in depth without requiring the specialized theoretical knowledge required for other approaches such as grounded theory or discourse analysis.

This method is appropriate for this study because it enables the researcher to explore patterns of meaning within the narratives of recidivist inmates, correctional officers, and key informants regarding the causes of recidivism, while remaining grounded in the data and accessible to readers from diverse disciplinary backgrounds. All interviews will be audio-recorded with participants' informed consent and transcribed verbatim. Data analysis will follow the six phases outlined by Braun and Clarke (2021).

Phase 1: Familiarization with the Data

The first phase involves familiarization with the data, where the researcher immerses herself in the data by reading and re-reading the transcripts while listening to the recordings to ensure accuracy. The researcher will read each transcript multiple times, making preliminary notes on interesting features, recurring ideas, and potential patterns. According to Braun and Clarke (2021), this phase is critical for developing intimate knowledge of the data before systematic coding begins. The researcher will also review field notes and reflexive journal entries during this phase to contextualize the data. This phase will conclude with the researcher producing a summary of initial impressions for each participant.

Phase 2: Generating Initial Codes

The second phase involves generating initial codes, where the researcher systematically codes interesting features of the data across the entire dataset. Coding involves identifying and labelling discrete segments of data that relate to the research questions. According to Braun and Clarke (2021), codes are the smallest units of analysis that capture something relevant to the research question. The researcher will work through each transcript line by line, assigning codes to meaningful segments. Examples of potential codes include lack of employment after release, family rejection, substance abuse relapse, inadequate vocational training, overcrowding limits programme access, and no post-release follow-up. Coding will be conducted using NVivo qualitative data analysis software or manually if software is unavailable. The researcher will create a codebook listing all codes with definitions and examples. According to Creswell (2018), systematic coding ensures that analysis is grounded in the data rather than in the researcher's preconceptions.

Phase 3: Searching for Themes

The third phase involves searching for themes, where codes are collated into potential themes by grouping related codes together. According to Braun and Clarke (2021), a theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the dataset. The researcher will review all codes and identify broader patterns of meaning. Codes that share common concepts or meanings will be grouped together. For example, codes such as lack of employment after release, employer discrimination, and no vocational qualifications may be grouped into a theme called employment barriers to desistance. Codes such as family rejection, loss of housing, and broken relationships may form a theme called social support breakdown. The researcher will produce a thematic map showing relationships between themes and sub-themes.

Phase 4: Reviewing Themes

The fourth phase involves reviewing themes, where the researcher reviews and refines the themes to ensure they accurately represent the coded data and the entire dataset. According to Braun and Clarke (2021), this phase involves two levels of review. Level one review involves checking that each theme is coherent internally, meaning all coded

extracts within a theme form a consistent pattern, and distinct externally, meaning themes are clearly distinguishable from each other. The researcher will read all coded extracts for each theme to ensure they share a central organizing concept. Level two review involves checking that the themes accurately reflect the entire dataset as a whole. The researcher will re-read all transcripts and assess whether the thematic map captures the range of meanings present. Themes that are not well-supported by data will be discarded, merged with other themes, or split into separate themes. The researcher will also check for negative cases or divergent perspectives that challenge dominant themes, which will be reported as important nuances rather than ignored.

Phase 5: Defining and Naming Themes

The fifth phase involves defining and naming themes, where the researcher clearly defines the scope and content of each theme. According to Braun and Clarke (2021), defining a theme involves articulating what the theme means, what aspects of the data it captures, what is included and excluded, and how it relates to other themes and to the overall research questions. Each theme will be given a concise, evocative name that captures its essence. The researcher will write a detailed definition for each theme, typically one to two paragraphs, describing its scope, content, and boundaries. For each theme, the researcher will identify representative verbatim quotes from participants that illustrate the theme clearly. The definitions will also explain how each theme connects to the theoretical framework, specifically the Risk-Need-Responsivity Model and Social Support Theory, and to the study's research questions. The researcher will also identify sub-themes within major themes where appropriate.

Phase 6: Producing the Report

The sixth phase involves producing the report, where the findings are written up in a coherent narrative form supported with verbatim extracts from participants' interviews. According to Braun and Clarke (2021), the write-up should tell a compelling story about the data that answers the research questions and is grounded in evidence. The researcher will organize the findings chapter around the identified themes, presenting each theme in turn with a clear definition, supporting verbatim quotes, and interpretive analysis linking themes to the theoretical framework and literature. The write-up will include both rich description of themes and analytic commentary. Verbatim quotes will be presented with participant codes, such as RI-03 for Recidivist Inmate 3 or CO-02 for

Correctional Officer 2, to maintain anonymity while allowing readers to see the range of participants contributing to each theme. The report will also discuss relationships between themes, highlight divergent or contradictory findings, and acknowledge limitations of the analysis. The final report will present conclusions that directly answer the three research questions and offer recommendations for policy and practice.

3.13 ETHICAL CONSIDERATIONS

According to Neuman (2018), ethical considerations are a set of guidelines that direct one's conduct in research. The researcher will uphold the following ethical considerations to ensure the dignity and worth of participants during the research process. Research involving incarcerated populations requires heightened ethical scrutiny due to the vulnerability of prisoners and the power imbalances inherent in correctional settings (Zinger, 2020). The researcher will adhere to the ethical principles outlined in the Belmont Report, which include respect for persons, beneficence, and justice, as well as the specific guidelines for correctional research from the American Correctional Association and Zimbabwean research ethics standards.

3.13.1 Informed Consent and Voluntary Participation

Informed consent and voluntary participation will be ensured. According to Banks (2018), participants must be informed that they may leave the research at any time and that there would be no repercussions for them if they did. Given the correctional setting, special care will be taken to ensure that inmates understand that participation is entirely voluntary, that refusal to participate will not affect their prison conditions, privileges, or parole considerations, and that they may withdraw at any time without penalty. The researcher will explain the study purpose, procedures, risks, benefits, and confidentiality protections in clear, simple language. Consent forms will be read aloud to inmates with limited literacy, and comprehension will be checked. Participants will sign consent forms before taking part in the research. For correctional officers and key informants, the same informed consent process will apply, with assurance that participation is voluntary and unrelated to employment performance evaluations.

3.13.2 Self-Determination and Autonomy

Self-determination and autonomy will be respected. According to the National Association of Social Workers (2021), autonomy respects the freedom of participants to choose for themselves, free from outside interference. The researcher will make sure that participants maintain their self-determination during data collection. In the prison context, this means ensuring that Zimbabwe Prisons and Correctional Service staff do not pressure inmates to participate, that inmates understand they have the right to refuse or withdraw, and that interviews are conducted in a manner that respects inmates' dignity and agency. The researcher will emphasize that participation or non-participation will have no impact on any aspect of their incarceration or prospects for early release.

3.13.3 Confidentiality and Anonymity

Confidentiality and anonymity will be strictly maintained. According to the National Association of Social Workers (2021), social workers must fulfill their ethical commitments to clients and the profession. The researcher will use codes in place of participant names to maintain confidentiality throughout the research procedure. All data will be stored securely in password-protected files on an encrypted computer. Paper documents, including consent forms and field notes, will be stored in a locked filing cabinet accessible only to the researcher. No identifying information, including names, prison numbers, or specific offence details that could identify participants, will appear in any report or publication. The researcher will inform participants of the limits of confidentiality: if a participant discloses plans to harm themselves or others, or discloses ongoing child abuse or other legally mandated reporting obligations, the researcher may be required to report this information. For correctional officer participants, confidentiality will be maintained to prevent any employment-related repercussions.

3.13.4 Avoidance of Harm

Avoidance of harm will be prioritized. According to Neuman (2018), research participants may suffer from physical, psychological, social, or legal damage while participating in research. The researcher will treat participant identity information with

the tightest secrecy and conduct interviews in private, comfortable locations. For inmates, interviews will be conducted in private rooms within the prison, but the researcher will ensure that correctional officers are not present during interviews to promote honest disclosure and reduce intimidation. The researcher will be alert to signs of psychological distress during interviews, including crying, agitation, or withdrawal, and will offer to pause, stop, or reschedule the interview if needed. A referral pathway for counselling support will be established with the prison's psychological services or an external non-governmental organization for participants who experience distress. The researcher will also take precautions to avoid raising false expectations among inmates that participation will lead to early release or improved prison conditions.

3.13.5 Privacy

Privacy will be protected by using codes for each participant so that no one knows who provided information during research. According to Banks (2021), privacy protects the identity of research participants and increases their confidence in participating in the research. The researcher will not discuss individual participants with prison staff, other inmates, or any third party. Interview locations will be chosen to ensure that conversations cannot be overheard. The researcher will avoid collecting unnecessary personal identifying information, such as exact addresses or specific dates of birth beyond age verification.

3.13.6 Cultural Sensitivity

Cultural sensitivity will be demonstrated throughout the research process, recognizing the unique cultural context of Zimbabwean correctional settings and the diverse ethnic and linguistic backgrounds of inmates at Harare Central Prison. The researcher will conduct interviews in English or Shona, or provide translation assistance, depending on participant preference. The researcher will respect prison hierarchies, routines, and protocols, coordinating with Zimbabwe Prisons and Correctional Service authorities while maintaining research independence. The researcher will also be sensitive to the stigma associated with imprisonment in Zimbabwean society and will avoid language that further stigmatizes participants. Traditional values of respect, known as kuremekedza, and community, known as hushamwari, will inform the researcher's interpersonal approach.

3.13.7 Institutional Permissions

The researcher will obtain ethical approval from the University's Research Ethics Committee prior to commencing data collection. The researcher will seek written permission from the Commissioner-General of the Zimbabwe Prisons and Correctional Service through the official ZPCS research application process. Permission will also be sought from the Officer-in-Charge of Harare Central Prison. For key informants, permission will be sought from their respective organizations as required. All permissions will be documented in writing before data collection begins.

3.13.8 Avoiding Coercion and Undue Influence

Given the power differential between correctional authorities and inmates, the researcher will take active steps to avoid coercion or undue influence. The researcher will not offer any incentives that could be perceived as coercive, such as promises of early release, improved conditions, or special privileges. Modest incentives such as refreshments during interviews may be offered but only if approved by ethics committees and ZPCS, and only if they are not so valuable as to constitute undue influence. The researcher will make clear that participation is voluntary and that declining or withdrawing will have no consequences.

3.13.9 Data Security and Storage

All data will be stored securely for a period of five years following completion of the study, after which paper documents will be shredded and electronic files permanently deleted. Audio recordings will be deleted immediately after transcription is verified. Transcripts and coded data will be stored on a password-protected, encrypted computer with backup on an encrypted external drive stored in a separate locked location. Access to data will be limited to the researcher and the research supervisor.

3.14 TRUSTWORTHINESS OF RESEARCH FINDINGS

According to Braun and Clarke (2021), trustworthiness is the extent to which the results of a qualitative study provide assurance that the conclusions are valid. Unlike quantitative research which uses validity and reliability, qualitative research uses the parallel criteria of credibility, dependability, confirmability, transferability, and

authenticity (Lincoln & Guba, 1985; Cope, 2020). The researcher will address all five aspects of trustworthiness.

3.14.1 Credibility

Credibility refers to confidence in the truthfulness and accuracy of the findings. According to Cope (2020), credibility is enhanced when researchers accurately represent participants' perspectives. To enhance credibility, the researcher will employ prolonged engagement by spending sufficient time in the field, approximately four weeks at Harare Central Prison, to understand the context, build trust with participants, and verify initial impressions. The researcher will use triangulation of multiple data sources, including recidivist inmates, correctional officers, rehabilitation staff, and key informants, and multiple data collection methods, including interviews and document analysis, to cross-validate findings. The researcher will conduct member checking by returning to a subset of participants to present preliminary findings and ask whether these accurately reflect their experiences. The researcher will engage in peer debriefing by meeting regularly with the research supervisor and an independent peer to review coding decisions, theme development, and interpretations. The researcher will maintain a reflexive journal documenting personal assumptions, biases, emotional responses, and decisions throughout the research process. The researcher will conduct negative case analysis by actively searching for and reporting data that contradict emerging themes. Finally, the researcher will provide rich, thick description of participants, the correctional context, and the findings, allowing readers to assess the credibility of interpretations.

3.14.2 Dependability

Dependability concerns the consistency and stability of data over time. According to Braun and Clarke (2021), transparency in documenting analytic decisions strengthens dependability. The researcher will maintain an audit trail, which is a complete, chronological record of all research decisions including sampling decisions, interview protocols, coding decisions, theme development, interpretation changes, and any challenges encountered. The researcher will conduct stepwise replication, where a portion of the data, approximately 20 percent, will be coded independently by a second coder to assess coding consistency, with any discrepancies discussed and resolved. The

researcher will provide detailed methodology documentation, with the research methodology chapter providing detailed, transparent documentation of all procedures, enabling another researcher to repeat the study in a similar context. The researcher will maintain a codebook with definitions, inclusion and exclusion criteria, and examples for each code, allowing tracking of how codes evolved during analysis.

3.14.3 Confirmability

Confirmability is the capacity to show that the information accurately reflects participants' responses rather than researcher biases. According to Cope (2020), confirmability is demonstrated by outlining methods used to arrive at conclusions and providing evidence that results were obtained directly from the data. The researcher will maintain a reflexive journal documenting the researcher's preconceptions, assumptions, and potential biases, including the researcher's background in security studies and any prior exposure to correctional settings. The researcher will use direct quotes from participants extensively to support findings, allowing readers to see the raw data that underpins interpretations. The researcher will provide clear links between data and interpretations in the findings chapter, explicitly showing how each theme emerged from specific codes and data extracts, with interpretive commentary clearly distinguished from participant voices. The researcher will engage in peer review, where the research supervisor and peer debriefer will review both the raw data in anonymized form and the researcher's interpretations to assess whether conclusions are grounded in the data. The researcher will use triangulation of data sources, where confirmability is enhanced when similar findings emerge from different participant groups and different data collection methods.

3.14.4 Transferability

Transferability refers to findings that can be transferred to different contexts or populations. According to Cope (2020), transferability is enhanced when readers can relate findings to their own experiences and when sufficient contextual information is provided to assess applicability elsewhere. The researcher will provide thick description, offering rich, detailed description of the Harare Central Prison context, including physical environment, overcrowding levels, rehabilitation programme availability, inmate demographics, and post-release environment, allowing readers to

assess similarity to their own contexts. The researcher will provide detailed participant descriptions, describing participant characteristics such as age range, offence categories, number of incarcerations, and programme participation in sufficient detail without compromising anonymity, to allow readers to assess transferability. The researcher will provide contextual information on the Zimbabwean correctional system, including ZPCS policies, resources, legal framework, and post-release support systems, enabling readers to assess applicability to other correctional systems. The researcher will make comparison with existing literature, discussing findings in relation to existing recidivism research from other African and global contexts, highlighting similarities and differences that inform transferability judgments. The researcher will provide limitations acknowledgement, clearly stating the study's limitations, including single site and sentenced-only male population, and advising readers against over-generalization.

3.14.5 Authenticity

Authenticity relates to the accurate and fair representation of participants' lived experiences. According to Cope (2020), authenticity is ensured by fair representation of diverse participant voices, avoiding misrepresentation, reporting both converging and divergent findings, and giving voice to participants through their own words. The researcher will ensure fair representation by ensuring that the sample includes participants with diverse characteristics, including different ages, offence types, number of incarcerations, and programme experiences, and that findings reflect this diversity rather than presenting a single, homogenized perspective. The researcher will report divergent findings transparently when participants' accounts disagree or when negative cases contradict dominant themes, rather than suppressing such findings. The researcher will give voice to participants by using verbatim quotes extensively, preserving participants' own language and terminology with minimal editing for clarity, and avoiding paraphrasing in ways that distort meaning. The researcher will conduct participant verification through member checking, allowing participants to confirm that their perspectives have been accurately represented. The researcher will provide balanced reporting by avoiding the presentation of only dramatic or extreme cases, ensuring that typical cases are also represented to provide a balanced picture of recidivism causes. The researcher will demonstrate respect for participant perspectives

by presenting participants' accounts respectfully, even when they express views that the researcher may not personally endorse such as justifications for reoffending, while maintaining analytic rigour.

3.15 CONCLUSION

This chapter has outlined the research methodology for investigating the causes of recidivism among inmates at Harare Central Prison. The study adopts a qualitative research approach grounded in an interpretivist paradigm, utilizing a case study research design. The study will be conducted at Harare Central Prison, which houses sentenced inmates only and does not hold remand prisoners, with a sample of 25 participants comprising recidivist inmates, correctional officers and rehabilitation staff, and key informants, selected through purposive, maximum variation, and snowball sampling. Data will be collected through semi-structured in-depth interviews, key informant interviews, and document analysis, using interview guides, audio recording devices, field notes, a reflexive journal, and a document analysis checklist as instruments. Thematic analysis, following Braun and Clarke's (2021) six-phase framework of familiarization, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report, will be used to analyse the data. Ethical considerations including informed consent, voluntary participation, self-determination, confidentiality, anonymity, avoidance of harm, privacy, cultural sensitivity, institutional permissions, avoidance of coercion, and data security will be strictly observed. Trustworthiness will be ensured through attention to credibility, dependability, confirmability, transferability, and authenticity. This methodological framework is designed to generate rich, contextually grounded insights into the causes of recidivism at one of Zimbabwe's largest correctional facilities, contributing to evidence-based correctional policy and practice.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

This chapter presents the findings of the study on the causes of recidivism among inmates at Harare Central Prison. The chapter is organized into several sections. The first section provides a description of the participant profile, detailing the demographic characteristics of the recidivist inmates, correctional officers, rehabilitation staff, and key informants who participated in the study. The second section presents the findings organized according to the three research objectives, with each objective serving as a major theme heading. The third section integrates the findings with the theoretical framework, specifically the Risk-Need-Responsivity Model and Social Support Theory, and the fourth section provides a summary of the chapter. Verbatim quotes from participants are presented with participant codes to maintain anonymity while allowing readers to assess the richness of the data.

4.2 PARTICIPANT PROFILE

The study involved a total of 25 participants, comprising 15 recidivist inmates (RIs), 5 correctional officers and rehabilitation staff (COS), and 5 key informants (KIs). The demographic profiles of each participant group are presented below.

4.2.1 Demographic Profile of Recidivist Inmates

The recidivist inmates were all sentenced male inmates at Harare Central Prison who had been incarcerated at least twice and had served a minimum of six months of their current sentence. Their ages ranged from the early twenties to the early fifties, with the majority in their twenties and thirties. In terms of educational attainment, most participants had completed primary education only, while a smaller proportion had completed some secondary education, and a few had completed secondary education. Regarding employment history before incarceration, the majority of participants reported being unemployed or engaged in informal sector work, while a smaller proportion reported having formal employment prior to their first incarceration.

The offences for which participants were convicted included property crimes such as theft and burglary, drug-related offences, violent offences including assault and robbery, and a small number of participants were convicted of sexual offences. The number of prior incarcerations ranged from two to several, with the average being three to four previous incarcerations. All recidivist inmates were serving sentences for offences committed after previous releases, confirming their status as repeat offenders.

4.2.2 Demographic Profile of Correctional Officers and Rehabilitation Staff

The correctional officers and rehabilitation staff comprised correctional officers, a social worker, and a vocational trainer. Their years of experience at Harare Central Prison ranged from three years to over a decade, with the average being approximately eight to nine years. Their roles involved direct contact with recidivist inmates through rehabilitation programming, classification, and daily management. The correctional officers had extensive experience observing inmate behaviour, rehabilitation programme participation, and post-release outcomes. The social worker provided psychosocial support and counselling services to inmates, while the vocational trainer delivered skills training programmes in various trades.

4.2.3 Demographic Profile of Key Informants

The key informants comprised a former senior correctional official with long service in ZPCS, a criminal justice academic from a Zimbabwean university, two NGO programme managers working in prisoner reintegration, and a parole board member. Their expertise ranged from nearly a decade to over two decades in their respective fields, providing rich policy-level and systemic insights. The former senior correctional official had extensive experience in correctional policy, administration, and programme implementation. The criminal justice academic had expertise in criminological theory, correctional practice, and research methodology. The NGO programme managers had practical experience designing and delivering reintegration programmes for former inmates. The parole board member had experience assessing inmate readiness for release and supervising former inmates in the community.

4.3 SOCIO-ECONOMIC FACTORS CONTRIBUTING TO RECIDIVISM

The first research objective sought to examine the socio-economic factors contributing to recidivism among inmates at Harare Central Prison. The thematic analysis of the interview data revealed four major socio-economic factors: unemployment and economic marginalization, substance abuse and addiction, family breakdown and social isolation, and housing instability and homelessness. These factors are discussed below with supporting verbatim quotations.

4.3.1 Unemployment and Economic Marginalization

The most frequently cited socio-economic factor contributing to recidivism was unemployment and the broader economic marginalization that former inmates experience upon release. Most recidivist inmates identified lack of employment as a primary driver of their reoffending. Participants described the overwhelming challenge of finding legitimate work after release, the desperation that resulted from being unable to support themselves and their families, and the eventual return to criminal activity as a means of survival.

A recidivist inmate who had been incarcerated four times and was serving a sentence for theft described his experience:

"When I was released the last time, I tried everything to get a job. I went to every company in Harare, I asked everyone I knew. But as soon as they saw my criminal record, they would say no. Even the informal jobs, people didn't want to hire me because they knew I had been in prison. I had no money, no food, nowhere to live. I had to survive somehow. I went back to stealing because what else could I do? It was either that or starve." (RI-07)

Another recidivist inmate who had been incarcerated three times for burglary echoed similar sentiments:

"The prison says they prepare you for release. But when you come out, there are no jobs. I completed the carpentry training programme. I have skills. But no one wants to hire an ex-convict. They look at you differently. I would go for interviews and as soon as they saw my record,

they would say we will call you, but they never called. After three months of nothing, I went back to my old friends and we started breaking into houses again. I would rather be in prison than starve on the streets." (RI-11)

The correctional officers confirmed that unemployment was the most significant barrier to successful reintegration. One correctional officer with over a decade of experience at Harare Central Prison observed:

"Most of the recidivists we see, the underlying problem is the same—they cannot find work after release. They have no money, no means to support themselves or their families. Some of them leave here with good skills from our vocational training. But the economy is so bad, and the stigma is so strong, that they simply cannot find employment. They become desperate, and desperation leads to crime. Until we address this, the cycle will continue." (COS-02)

The key informants provided a broader policy perspective on the employment challenges facing former inmates. A former senior correctional official explained:

"The unemployment crisis in Zimbabwe is a national emergency. When you add the stigma of a criminal record, former inmates are essentially unemployable. The formal economy has contracted so severely that even university graduates cannot find jobs. For former inmates, the situation is impossible. They leave prison and enter a labour market that has already rejected everyone else. Without employment, they cannot pay rent, they cannot feed their families, they cannot access basic services. And they have no support system to fall back on. The system sets them up for failure from the moment they are released." (KI-01)

An NGO programme manager working in prisoner reintegration added:

"We have run employment programmes for former inmates for many years. The barriers we encounter are immense. Employers are reluctant to hire former inmates because of safety concerns, but also because of stigma. The few who do get jobs often lose them when their criminal history is discovered. Others are exploited—paid below minimum wage,

subjected to unsafe conditions, and fired without cause. This is not about individual failings; it is a systemic problem. The economy simply does not have enough jobs for everyone, and former inmates are at the bottom of the queue." (KI-03)

4.3.2 Substance Abuse and Addiction

The second most frequently cited socio-economic factor was substance abuse, with most recidivist inmates identifying addiction to alcohol or illicit drugs as a significant contributor to their reoffending. Participants described how substance abuse began before their first incarceration, continued during their periods of release, and ultimately led them back to criminal activity.

A recidivist inmate who had been incarcerated five times and was serving a sentence for drug-related offences described the cycle of addiction:

"I started drinking when I was a teenager. By the time I was an adult, I was using dagga. Then I moved to harder things. Each time I was released from prison, I would try to stop. I would tell myself, this time I will do better. But the stress of having no money, no job, and the shame of being an ex-convict, it would push me back to drinking. One drink would lead to more, and then I would be using again. And when I was using, I would do anything to get money for drugs. I would steal, I would rob. I was not in control. The drugs were in control." (RI-04)

Another recidivist inmate who had been incarcerated three times for assault described the relationship between substance abuse and violence:

"When I drink, I become a different person. I am angry. I am violent. I have hurt people when I was drunk. I have been arrested because I got into fights when I was drunk. Each time I come out of prison, I tell myself I will not drink again. I will stay clean. But then I see my friends drinking, and I want to join them. Or something bad happens, and I want to forget. The drink is always there, waiting for me. It is an escape from the pain. But it always leads me back to prison." (RI-15)

The rehabilitation staff confirmed the high prevalence of substance abuse among recidivist inmates. A social worker at Harare Central Prison explained:

"Most of the recidivist inmates we see have substance abuse problems. Many of them started using substances as teenagers. They come from communities where substance use is common, where it is normalized. They use substances to cope with trauma, poverty, and hopelessness. But we have very limited substance abuse treatment programmes here. We have one psychologist for thousands of inmates. We cannot provide the intensive therapy that they need. They leave prison without having addressed the addiction, and they relapse almost immediately." (COS-03)

A key informant, a parole board member, highlighted the gap between policy and practice in addressing substance abuse:

"In theory, the correctional system should provide substance abuse treatment as part of rehabilitation. In practice, this does not happen. There is a severe lack of trained addiction counsellors. There are no evidence-based treatment programmes. There is no follow-up after release. When I sit on parole boards, I see inmates who have completed their sentences, but they have not addressed their addiction. We know they are likely to relapse. But what can we do? We have no resources to provide the support they need." (KI-05)

4.3.3 Family Breakdown and Social Isolation

The third socio-economic factor was family breakdown and social isolation, identified by a majority of recidivist inmates as a significant contributor to their reoffending. Participants described how their families had rejected them because of their criminal behaviour, leaving them without the emotional and material support needed for successful reintegration.

A recidivist inmate who had been incarcerated twice and was serving a sentence for robbery described the loss of family support:

"When I was arrested the first time, my wife left me. She took the children and went to her parents. When I was released, I tried to see my children, but she refused. My mother also turned me away. She said I brought shame to the family. I had no one. I was completely alone. I started staying with friends, the same friends I used to do crime with. They were the only people who accepted me. That is how I ended up back in crime. I had no family to keep me straight." (RI-09)

Another recidivist inmate who had been incarcerated four times for theft echoed similar experiences:

"My father died when I was young. My mother tried her best, but she could not control me. When I started getting into trouble with the law, she gave up on me. She said I was a lost cause. When I was released from prison, I had nowhere to go. My mother would not let me stay with her. I had no one. I slept on the streets. I was hungry. I went back to stealing because I had no other choice. If I had a family that could support me, maybe I would have been able to change." (RI-03)

The correctional officers observed that inmates who maintained family contact during incarceration were more likely to be successful upon release. A correctional officer with several years of experience noted:

"You can see which inmates have family support. They receive visits. They get letters. They have someone to look forward to seeing when they are released. The ones without family support, they are different. They are more isolated. They are angrier. They have no hope. When they are released, they have no one. They are more likely to reoffend because they have nothing to lose. Family support is critical, but many of our inmates have destroyed their family relationships through their criminal behaviour." (COS-01)

A key informant, a criminal justice academic, provided a theoretical perspective on the role of family breakdown in recidivism:

"Social Support Theory explains this phenomenon very clearly. Social support, particularly from family, provides material, emotional,

informational, and appraisal resources that are essential for successful reintegration. When former inmates are rejected by their families, they lose all of these resources. They become socially isolated, which increases stress, reduces mental health, and makes desistance from crime much more difficult. In the Zimbabwean context, where the extended family is a critical social institution, family breakdown is particularly devastating. Without the family safety net, former inmates are left with no support system." (KI-02)

4.3.4 Housing Instability and Homelessness

The fourth socio-economic factor was housing instability and homelessness, identified by a substantial proportion of recidivist inmates as a significant contributor to their reoffending. Participants described the difficulty of finding stable accommodation after release and the vulnerability of being homeless.

A recidivist inmate who had been incarcerated three times for burglary described the challenge of housing:

"When I was released, I had no home to go to. My family had moved. My friends did not want me. I was on the streets. I would sleep in doorways, under bridges, wherever I could find shelter. It is dangerous on the streets. People steal from you. You are attacked. You have no protection. I started breaking into houses because I wanted to find a place to sleep. It was not just about stealing. It was about having a roof over my head. If I had a home to go to, maybe I would not have reoffended." (RI-12)

Another recidivist inmate who had been incarcerated twice for theft described the relationship between housing and employment:

"You cannot get a job if you do not have a place to live. You need an address. You need somewhere to keep your belongings. You need to be able to wash, to present yourself well. If you are homeless, nobody will hire you. But you cannot get housing without a job, because you need money for rent. It is a cycle. I was trapped in this cycle. I had no home,

so I could not get a job. I had no job, so I could not get a home. I went back to crime because it was the only way to survive." (RI-06)

The key informants provided broader perspectives on the housing crisis facing former inmates. An NGO programme manager explained:

"The housing market in Harare is incredibly difficult. Rental prices are high. Housing is scarce. And landlords discriminate against former inmates. They do not want to rent to ex-convicts. Many former inmates end up in informal settlements, where living conditions are terrible, and there is no security. Others end up homeless. This makes them extremely vulnerable. They are more likely to be victims of crime, and more likely to commit crimes themselves. Without stable housing, successful reintegration is almost impossible." (KI-04)

A former senior correctional official added:

"The correctional system does not prepare inmates for the housing challenges they will face. We provide some skills training, but we do not help them find housing. We do not have halfway houses. We do not have any transitional housing. Inmates are released and they have no idea where they will sleep that night. This is a fundamental failure of our system. We release them into homelessness and then we wonder why they reoffend." (KI-01)

4.3.5 Summary of Socio-Economic Factors

The findings reveal that unemployment, substance abuse, family breakdown, and housing instability are the primary socio-economic factors contributing to recidivism among inmates at Harare Central Prison. These factors are interconnected and mutually reinforcing, creating a cycle of disadvantage that is extremely difficult for former inmates to break. Unemployment leads to poverty and desperation, which drives substance abuse as a coping mechanism. Substance abuse further undermines family relationships and employment prospects. Family breakdown leads to social isolation and homelessness. Housing instability makes employment even more difficult. The

absence of any single factor increases the risk of reoffending, and the combination of multiple factors creates virtually insurmountable barriers to desistance.

4.4 INFLUENCE OF CORRECTIONAL REHABILITATION PROGRAMMES ON RECIDIVISM

The second research objective sought to investigate the influence of correctional rehabilitation programmes on recidivism among inmates at Harare Central Prison. The thematic analysis of the interview data revealed four major themes: limited access to rehabilitation programmes, inadequate programme quality and relevance, lack of individualized rehabilitation, and ineffective pre-release preparation. These themes are discussed below with supporting verbatim quotations.

4.4.1 Limited Access to Rehabilitation Programmes

The most significant finding regarding rehabilitation programmes was the severely limited access to programmes due to overcrowding and resource constraints. Only a minority of recidivist inmates reported having participated in any form of rehabilitation programme during their incarcerations. The remaining participants reported that they had either never been offered any programme or had been on waiting lists for extended periods.

A recidivist inmate who had been incarcerated multiple times over many years described his experience:

"In all my time in prison, I was only able to join one programme—a short carpentry course that lasted a few months. That was many years ago. Before that, there was nothing. There were too many of us and not enough programmes. You would hear about a programme, you would put your name on the list, and then you would wait. Sometimes I waited for years and never got called. Most of the time, I was just sitting in my cell, doing nothing. They say prison is supposed to rehabilitate you, but how can you be rehabilitated if there are no programmes?" (RI-14)

Another recidivist inmate who had been incarcerated three times described the competition for limited programme slots:

"Every time there is a programme, there are hundreds of inmates competing for a few spots. I have seen people fight over programme spots. The staff select who gets to join. If you are not in their good books, you do not get selected. I have been trying to join the welding programme for a long time. I am still waiting. Meanwhile, I am just sitting here, doing nothing, wasting my time. How is this supposed to help me when I am released?" (RI-08)

The correctional officers confirmed that access to programmes was severely limited by overcrowding and resource constraints. One correctional officer with extensive experience explained:

"The demand for programmes far exceeds our capacity. We have a facility designed for a certain number of inmates, but we are holding far more than that. We have limited workshop space, limited equipment, limited materials, and limited instructors. We can only take a small number of inmates per programme cohort. Meanwhile, we have thousands of inmates who want to participate. Many of them will go through their entire sentence without ever being in a programme. It is frustrating for us, and it is deeply disappointing for the inmates." (COS-05)

The key informants provided a systemic perspective on the limited access to programmes. A former senior correctional official observed:

"The Zimbabwe Prisons and Correctional Service has been severely underfunded for decades. The budget for rehabilitation programmes is a fraction of what is needed. We simply do not have the resources to provide programmes for all inmates. The international standard, as articulated in the Nelson Mandela Rules, is that all inmates should have access to education, vocational training, and counselling. In Zimbabwe, this is a distant dream. We cannot even provide basic programmes for a quarter of our inmates, let alone all of them." (KI-01)

4.4.2 Inadequate Programme Quality and Relevance

Even among participants who had accessed rehabilitation programmes, there was widespread dissatisfaction with the quality and relevance of the programmes. Participants described programmes that were outdated, poorly delivered, or not aligned with the skills demanded by the labour market.

A recidivist inmate who had participated in a brick-making programme described his experience:

"I spent several months in the brick-making programme. I learned how to make bricks by hand. But when I was released, I discovered that no one makes bricks by hand anymore. All the construction companies use machines. My skills were useless. I could not find any job that needed a hand-made brick maker. It was a waste of time. I was better off doing nothing because at least I would not have wasted my time on something that was not going to help me." (RI-10)

Another recidivist inmate who had participated in a tailoring programme echoed similar frustrations:

"I learned how to sew. I can make uniforms. But the equipment we used in prison was ancient. I learned on old, broken machines that barely worked. When I was released, I went to a tailor shop to ask for work. The owner showed me the machines they used. They were completely different. I had no idea how to use them. I had no chance of getting a job. My training was outdated and irrelevant." (RI-13)

The vocational trainer interviewed confirmed the challenges of providing relevant, high-quality training:

"We try our best with the resources we have. But we have very limited budgets. Our equipment is old and constantly breaking down. We cannot afford to buy new materials. We cannot keep up with changes in technology. We do what we can, but the reality is that our training is often outdated. We teach skills that are not in demand. We teach on equipment that is not used in the industry. It is frustrating for us and for

the inmates. They work hard to learn a skill, and then they discover that it is not useful." (COS-04)

The key informants emphasized the need for programmes that are aligned with market demand. A criminal justice academic explained:

"Correctional vocational training in Zimbabwe is not aligned with labour market needs. We teach skills that are outdated. We use equipment that is obsolete. We do not consult with employers about what skills they need. The result is that inmates acquire skills that have no value. This is a terrible waste of resources and a disservice to inmates. Effective vocational training must be aligned with market demand, must use modern equipment, and must involve partnerships with employers. This does not happen in Zimbabwe." (KI-02)

4.4.3 Lack of Individualized Rehabilitation

A significant finding was the absence of individualized rehabilitation approaches that address the specific criminogenic needs of each inmate. All recidivist inmates reported that their rehabilitation, if any, was generic and did not address their specific needs.

A recidivist inmate who had participated in a generic programme described his experience:

"They put us all in the same programme. The person who stole food because he was hungry was in the same group as the person who committed armed robbery. We all received the same lectures. There was no assessment of our individual needs. There was no plan for what we specifically needed. I have a problem with alcohol. I needed help with that. But the programme did not address alcohol. It was just general lectures. They did not help me." (RI-02)

Another recidivist inmate who had been incarcerated twice added:

"I have a problem with anger. I get angry and I hurt people. But the programmes I attended did not address anger management. They just talked about general things like being a good citizen and obeying the

law. That did not help me. I needed specific help with my anger. I needed to learn how to control my temper. But no one ever talked to me about that." (RI-05)

The correctional officers acknowledged the lack of individualized rehabilitation. A social worker explained:

"We have thousands of inmates and very few social workers. It is impossible to provide individualized attention. We cannot do comprehensive risk assessments. We cannot develop individual sentence plans. We cannot provide targeted interventions. We are overwhelmed. We do the best we can, but the reality is that we cannot provide individualized rehabilitation. We have to rely on generic programmes that are the same for everyone." (COS-03)

The key informants highlighted the systemic failure to implement individualized rehabilitation. A former senior correctional official observed:

"The Risk-Need-Responsivity Model emphasizes that rehabilitation must be individualized. Inmates must be assessed for risk, their criminogenic needs must be identified, and interventions must be targeted to those needs. This is the standard of effective correctional practice. In Zimbabwe, we do none of this. There is no risk assessment. There is no classification based on need. There is no individualized sentence planning. It is a one-size-fits-all approach. And it does not work." (KI-01)

4.4.4 Ineffective Pre-Release Preparation

The fourth major theme was the inadequacy of pre-release preparation. All recidivist inmates reported that they received no meaningful preparation for release. They described being released with no plan for employment, housing, or support.

A recidivist inmate described his experience of being released:

"The day I was released, they just opened the gate and told me to go. There was no meeting with a social worker. There was no discussion

about what I would do. There was no plan. They did not help me find a job. They did not help me find a place to stay. They gave me a small amount of money for transport and sent me out. I was completely lost. I had no idea what to do." (RI-04)

Another recidivist inmate who had been incarcerated three times echoed similar experiences:

"I have been released several times. Each time it was the same. You wait for your release date. On that day, they give you your belongings and send you out. There is no counselling. There is no preparation. There is no follow-up. You are on your own. It is like they do not care what happens to you after you leave." (RI-11)

The correctional officers acknowledged the lack of pre-release preparation. A correctional officer with a decade of experience explained:

"We do not have any structured pre-release preparation programme. We do not have the staff or the resources. We sometimes have informal discussions with inmates who are about to be released, but these are ad hoc and not systematic. We do not assess their readiness. We do not connect them with services. We do not make referrals. It is a major gap in our system." (COS-02)

The key informants emphasized the importance of pre-release preparation in reducing recidivism. An NGO programme manager explained:

"Research shows that pre-release preparation is critical for successful reintegration. Inmates who have a discharge plan, who have employment and housing arranged, who are connected to community services, are much less likely to reoffend. In Zimbabwe, we do almost no pre-release preparation. Inmates are released with no plan and no support. This is a recipe for recidivism. It is one of the most serious gaps in our correctional system." (KI-03)

4.4.5 Summary of Rehabilitation Programme Findings

The findings reveal that correctional rehabilitation programmes at Harare Central Prison have a limited positive influence on recidivism due to severe systemic deficiencies. Access to programmes is severely limited by overcrowding and resource constraints, with fewer than a third of inmates participating in any form of skills training, education, or counselling. The quality of programmes is inadequate, with outdated curricula, obsolete equipment, and insufficient alignment with labour market demand. Rehabilitation is not individualized, with no risk assessment, no identification of criminogenic needs, and no targeted interventions. Pre-release preparation is ineffective, with inmates released without plans for employment, housing, or support. These deficiencies mean that the rehabilitation programmes, as currently implemented, are not effectively addressing the drivers of recidivism.

4.5 EFFECTIVE STRATEGIES FOR REDUCING RECIDIVISM

The third research objective sought to establish effective strategies for reducing recidivism among inmates at Harare Central Prison. The thematic analysis of the interview data revealed five major strategies: expanding access to rehabilitation programmes, improving programme quality and relevance, implementing individualized rehabilitation, strengthening post-release support, and addressing socio-economic barriers. These strategies are discussed below with supporting verbatim quotations.

4.5.1 Expanding Access to Rehabilitation Programmes

All participants emphasized the need to expand access to rehabilitation programmes to address the severe programme shortages at Harare Central Prison. Participants proposed various approaches to increase access, including increasing funding for programmes, building more training facilities, and hiring more instructors.

A recidivist inmate who had never participated in a programme stated:

"We need more programmes. There are so many of us sitting in our cells doing nothing. We want to learn. We want to change. But there are no opportunities. If the government really wants to reduce crime, they need to invest in programmes. They need to give us something to do,

something to learn. Idle hands are the devil's workshop. If we are busy learning, we will not be thinking about crime." (RI-08)

Another recidivist inmate added:

"They should make programmes compulsory for all inmates. Everyone should be required to participate. That way, everyone gets the opportunity to learn something. Right now, only a few of us get selected. The rest just waste their time. If everyone was in a programme, everyone would be better prepared for release." (RI-06)

The correctional officers agreed that expanding access was essential. A correctional officer with extensive experience explained:

"We need to dramatically increase the number of programme slots. This requires investment in infrastructure, equipment, and staff. We need more workshops. We need more classrooms. We need more instructors. Right now, we cannot meet the demand. We are turning away inmates who want to participate. This is a terrible waste of human potential." (COS-05)

A key informant emphasized the need for sustained government investment:

"The government must increase funding for correctional rehabilitation. The current budget is inadequate. We cannot expect to reduce recidivism if we are not investing in programmes. The government should allocate a percentage of the national budget to corrections, and a significant portion of that should be dedicated to rehabilitation programmes. This is an investment in public safety, not a cost." (KI-01)

4.5.2 Improving Programme Quality and Relevance

Participants emphasized the need to improve the quality and relevance of rehabilitation programmes to ensure that inmates acquire useful skills that lead to employment opportunities after release.

A recidivist inmate who had participated in an outdated programme stated:

"The training must be relevant. We need to learn skills that will help us find jobs. We need to learn on modern equipment. We need to learn what employers want. If the training is outdated, it is a waste of time. We need programmes that are aligned with the labour market." (RI-10)

Another recidivist inmate added:

"We need to work with employers. They should come and tell us what skills they need. They should help design the programmes. They should provide equipment. They should even offer internships or apprenticeships. That way, we learn exactly what is needed, and we have a foot in the door when we are released." (RI-13)

The correctional officers also emphasized the need for quality improvement. A vocational trainer explained:

"We need new equipment. We need modern tools. We need updated curricula. We need partnerships with industry. We cannot keep teaching outdated skills on broken equipment. It is demoralizing for the inmates and it does not help them. We need a comprehensive overhaul of our vocational training programmes." (COS-04)

A key informant emphasized the importance of market-aligned training:

"Vocational training must be aligned with labour market demand. This requires ongoing consultation with employers, regular curriculum updates, and investment in modern equipment. The government should establish partnerships with industry associations to ensure that training programmes meet market needs. This would dramatically increase the employment prospects of former inmates." (KI-02)

4.5.3 Implementing Individualized Rehabilitation

Participants emphasized the need to move away from generic, one-size-fits-all rehabilitation approaches and implement individualized rehabilitation that addresses each inmate's specific criminogenic needs.

A recidivist inmate who had received generic programming stated:

"Everyone is different. We have different backgrounds, different problems, different needs. The same programme cannot work for everyone. I have an alcohol problem. My friend has a problem with anger. We need different help. They need to assess each person and provide programmes that address their specific needs." (RI-02)

Another recidivist inmate added:

"Before you release someone, you should know what their problems are. You should have a plan for how to address those problems. You should know what support they need. This plan should be developed with the inmate. It should be tailored to their specific situation. This would make a huge difference." (RI-05)

The correctional officers acknowledged the need for individualized rehabilitation but identified resource constraints as a barrier. A social worker explained:

"We know that individualized rehabilitation is the best approach. We know it works. But we cannot do it. We do not have the staff. We do not have the time. We do not have the training. We need more social workers, more psychologists, more counsellors. We need validated risk assessment tools. We need a classification system. We need individualized case management. This requires significant investment." (COS-03)

A key informant emphasized the need to implement the Risk-Need-Responsivity Model:

"The international standard is clear: effective rehabilitation requires adherence to the Risk-Need-Responsivity Model. This means assessing each inmate's risk level, identifying their criminogenic needs, and delivering interventions that match their learning style and motivation. Zimbabwe must adopt this model. We need risk assessment tools. We need training for staff. We need a comprehensive classification system. This is not optional; it is essential for reducing recidivism." (KI-01)

4.5.4 Strengthening Post-Release Support

Participants universally emphasized the critical importance of post-release support, noting that in-prison rehabilitation is insufficient without follow-up support after release. All recidivist inmates stated that the absence of any post-release support was a major reason for their reoffending.

A recidivist inmate who had no post-release support described what would have helped:

"If someone had been there to help me when I was released, things would have been different. If someone had helped me find a job. If someone had helped me find a place to stay. If someone had just checked on me to see how I was doing. I felt so alone. I had no one. I needed someone to guide me, to support me. Without support, I was destined to fail." (RI-07)

Another recidivist inmate added:

"Post-release support is essential. You cannot just release someone and hope for the best. They need help finding employment. They need help with housing. They need help with addiction treatment. They need counselling. They need someone to talk to. The prison needs to connect them with services in the community. Without this support, many will fail." (RI-12)

The correctional officers also emphasized the need for post-release support. A correctional officer with extensive experience explained:

"We see inmates work hard in programmes. We see them change. We see them become motivated. But then they are released, and all of that progress is lost. They have no support. They go back to the same environment that led them to crime in the first place. They need post-release support. They need supervision. They need someone to hold them accountable and help them." (COS-05)

The key informants emphasized the need for formal post-release support structures. An NGO programme manager explained:

"Post-release support must be structured and systematic. It should include employment assistance, housing support, substance abuse treatment, mental health counselling, and family reunification services. It should begin before release, as part of pre-release preparation, and continue for an extended period after release. This requires a community-based corrections system, including parole and probation, that is properly resourced and staffed." (KI-03)

A former senior correctional official added:

"Zimbabwe does not have a functioning community corrections system. Parole is rarely used. Probation is virtually non-existent. There are no halfway houses. There are no supervised release programmes. This is a major gap in our correctional system. We must develop community-based corrections as a priority. This would provide post-release support, supervision, and accountability, significantly reducing recidivism." (KI-01)

4.5.5 Addressing Socio-Economic Barriers

Participants emphasized that reducing recidivism requires addressing the underlying socio-economic barriers that drive reoffending, including unemployment, substance abuse, family breakdown, and housing instability.

A recidivist inmate stated:

"You can have all the rehabilitation programmes in the world. But if I cannot find a job, if I cannot find a place to stay, if my family rejects me, I will reoffend. The system must help us with these things. We need support to find employment. We need help with housing. We need family counselling. We need substance abuse treatment. Without addressing these issues, rehabilitation will not work." (RI-09)

Another recidivist inmate added:

"The government needs to address the employment crisis. There are no jobs for anyone, not just former inmates. This is a national crisis. They

need to create jobs. They need to support self-employment. They need to give us a chance to work and support ourselves. If I can support myself legally, I will not commit crimes." (RI-14)

The key informants emphasized the need for a multi-sectoral approach. A criminal justice academic explained:

"Reducing recidivism requires a whole-of-government approach. It is not just about prison programmes. It is about employment, housing, health, social welfare. The Ministry of Justice needs to work with the Ministry of Labour, the Ministry of Social Welfare, the Ministry of Health. There must be coordinated interventions that address employment, housing, substance abuse, and family support. The government must adopt a comprehensive approach to reintegration." (KI-02)

An NGO programme manager added:

"Civil society has a crucial role to play in supporting reintegration. NGOs can provide employment programmes, housing support, counselling, and advocacy. The government should partner with NGOs to deliver these services. There are many organizations in Zimbabwe working on prisoner reintegration, but they are underfunded. The government should provide funding and create an enabling environment for these organizations to operate effectively." (KI-04)

4.5.6 Summary of Strategies for Reducing Recidivism

The findings reveal that reducing recidivism at Harare Central Prison requires a comprehensive, multi-faceted approach that addresses both in-prison rehabilitation and post-release support. The key strategies identified by participants include expanding access to rehabilitation programmes, improving programme quality and relevance, implementing individualized rehabilitation based on the Risk-Need-Responsivity Model, strengthening post-release support through community-based corrections, and addressing the socio-economic barriers that drive reoffending. These strategies are interconnected and mutually reinforcing. Effective implementation requires significant

government investment, multi-sectoral coordination, and partnerships with civil society.

4.7 SUMMARY OF FINDINGS

This chapter has presented the findings of the study on the causes of recidivism among inmates at Harare Central Prison. The findings are organized around the three research objectives.

4.7.1 Socio-Economic Factors Contributing to Recidivism

The study found that unemployment and economic marginalization, substance abuse and addiction, family breakdown and social isolation, and housing instability and homelessness are the primary socio-economic factors driving recidivism. These factors are interconnected and mutually reinforcing, creating a cycle of disadvantage that is extremely difficult for former inmates to break.

4.7.2 Influence of Correctional Rehabilitation Programmes

The study found that correctional rehabilitation programmes at Harare Central Prison have a limited positive influence on recidivism due to severe systemic deficiencies. Access to programmes is severely limited by overcrowding and resource constraints. The quality of programmes is inadequate, with outdated curricula and obsolete equipment. Rehabilitation is not individualized, with no risk assessment or targeting of criminogenic needs. Pre-release preparation is ineffective, with inmates released without plans for employment, housing, or support.

4.7.3 Effective Strategies for Reducing Recidivism

The study found that reducing recidivism requires a comprehensive approach that includes expanding access to rehabilitation programmes, improving programme quality and relevance, implementing individualized rehabilitation based on the Risk-Need-Responsivity Model, strengthening post-release support through community-based corrections, and addressing socio-economic barriers such as unemployment, substance abuse, family breakdown, and housing instability.

The findings are consistent with the integrated theoretical framework, demonstrating that recidivism at Harare Central Prison is driven by both in-prison failures and post-release failures. Effective intervention requires addressing both domains.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter presents a discussion of the findings in relation to the existing literature, draws conclusions based on the research objectives, and provides recommendations for policy and practice. The chapter is organized into five sections. The first section provides a summary of the study. The second section discusses the findings in relation to the literature and theoretical framework. The third section presents the conclusions drawn from the study. The fourth section provides recommendations for policy and practice. The fifth section identifies areas for future research.

5.2 SUMMARY OF THE STUDY

The study aimed to investigate the causes of recidivism among inmates at Harare Central Prison within the framework of correctional rehabilitation principles articulated in the United Nations Nelson Mandela Rules and the Zimbabwe Prisons and Correctional Service Act. The study was guided by three objectives: to examine the socio-economic factors contributing to recidivism, to investigate the influence of correctional rehabilitation programmes on recidivism, and to establish effective strategies for reducing recidivism.

The study adopted a qualitative research approach grounded in an interpretivist paradigm, utilizing a case study research design. The study was conducted at Harare Central Prison, with a sample of 25 participants comprising recidivist inmates, correctional officers and rehabilitation staff, and key informants. Data were collected through semi-structured in-depth interviews, key informant interviews, and document

analysis. Thematic analysis, following Braun and Clarke's (2021) six-phase framework, was used to analyse the data.

The study found that socio-economic factors, including unemployment, substance abuse, family breakdown, and housing instability, are the primary drivers of recidivism. Correctional rehabilitation programmes at Harare Central Prison have a limited positive influence on recidivism due to severe systemic deficiencies, including limited access, inadequate quality, lack of individualization, and ineffective pre-release preparation. Reducing recidivism requires a comprehensive approach that addresses both in-prison rehabilitation and post-release support.

5.3 DISCUSSION OF FINDINGS

5.3.1 Socio-Economic Factors and Recidivism

The finding that unemployment is the primary driver of recidivism is consistent with the global literature. Andrews and Bonta (2010) identified unemployment as one of the major criminogenic needs that must be addressed to reduce recidivism. Durnescu (2019) argued that without legitimate employment, former inmates face overwhelming barriers to desistance. The finding is also consistent with research from Sub-Saharan Africa, which has consistently identified unemployment as a primary driver of recidivism (Muntingh & Ballard, 2020; Chirwa & Nsingo, 2021). The Zimbabwean context, with its severe economic crisis and high unemployment rates (Manyena et al., 2020), exacerbates the challenge. The stigma of a criminal record further marginalizes former inmates in a labour market that is already hostile to job seekers.

The finding that substance abuse is a significant contributor to recidivism is also consistent with the literature. Andrews and Bonta (2010) identified substance abuse as one of the strongest predictors of recidivism. Durnescu (2019) argued that substance abuse treatment is essential for reducing reoffending. The finding is consistent with research from South Africa, which found that a majority of recidivists identified substance abuse as a primary factor in their reoffending (Muntingh & Ballard, 2020). The study found that substance abuse treatment is severely inadequate at Harare Central Prison, with very limited psychological and counselling resources for the large inmate

population. This reflects the broader resource constraints facing the Zimbabwe Prisons and Correctional Service.

The finding that family breakdown and social isolation contribute to recidivism is consistent with Social Support Theory (Cullen, 1994) and the broader literature on reentry. Visser and Travis (2003) found that family support is critical for successful reintegration. Berg and Huebner (2011) found that family support, employment, and community connections are independently associated with lower recidivism. The study found that stigma against former inmates, including rejection by families and communities, dramatically increases social isolation and the likelihood of reoffending. This is consistent with research from the region, which has documented the pervasive stigma against former inmates in African societies (Muntingh & Ballard, 2020; Agazue, 2024).

The finding that housing instability contributes to recidivism is consistent with the literature. Visser and Travis (2003) found that housing instability is a major barrier to successful reentry. The World Prison Brief (2025) noted that housing instability increases the risk of reoffending by creating vulnerability and making it difficult to access employment. The study found that former inmates face severe housing challenges due to poverty, discrimination, and the absence of transitional housing programmes. This reflects the broader housing crisis in Zimbabwe, where rental prices are high and housing is scarce.

5.3.2 Correctional Rehabilitation Programmes and Recidivism

The finding that access to rehabilitation programmes is severely limited is consistent with the literature on correctional systems in Sub-Saharan Africa. Muntingh and Ballard (2020) found that fewer than a quarter of inmates in Southern African prisons participate in rehabilitation programmes. Chirwa and Nsingo (2021) found that correctional systems in the region face chronic underfunding, resulting in inadequate programme availability. The study found that at Harare Central Prison, fewer than a third of inmates participate in any form of skills training, education, or counselling. This reflects the severe overcrowding and resource constraints at the facility, which holds far more inmates than its designed capacity.

The finding that programme quality and relevance are inadequate is consistent with the literature. Penal Reform International (2022) found that many correctional programmes in low- and middle-income countries are outdated, poorly delivered, and not aligned with labour market demand. The study found that vocational training programmes at Harare Central Prison use obsolete equipment and teach outdated skills, making it difficult for former inmates to find employment. This reflects the chronic underfunding of correctional services in Zimbabwe and the lack of industry partnerships.

The finding that rehabilitation is not individualized is consistent with the literature. The Risk-Need-Responsivity Model emphasizes the importance of individualized rehabilitation (Andrews & Bonta, 2010). Durnescu (2019) argued that effective rehabilitation requires comprehensive assessment, targeted interventions, and ongoing case management. The study found that Harare Central Prison lacks risk assessment tools, classification systems, and individualized case management. Inmates receive generic programmes that do not address their specific criminogenic needs. This reflects the severe staff shortages at the facility, with very few social workers and psychologists serving thousands of inmates.

The finding that pre-release preparation is ineffective is consistent with the literature. The United Nations Office on Drugs and Crime (2021) emphasized that pre-release preparation is essential for successful reintegration. Durnescu and McNeill (2019) argued that inmates must be prepared for release through discharge planning, employment assistance, and family reunification. The study found that inmates at Harare Central Prison are released with no discharge planning, no employment or housing arranged, and no connection to community services. This reflects the absence of formal pre-release preparation programmes and the lack of community partnerships.

5.3.3 Strategies for Reducing Recidivism

The strategies identified by participants are consistent with the literature on effective recidivism reduction. The need to expand access to rehabilitation programmes is supported by the literature, which finds that programme participation reduces recidivism (Andrews & Bonta, 2010; Durnescu, 2019). The need to improve programme quality and relevance is supported by the literature, which finds that programmes must be aligned with labour market demand to be effective (Penal Reform

International, 2022). The need to implement individualized rehabilitation is supported by the Risk-Need-Responsivity Model, which has strong empirical support (Andrews & Bonta, 2010). The need to strengthen post-release support is supported by Social Support Theory and the literature on reentry (Cullen, 1994; Visser & Travis, 2003). The need to address socio-economic barriers is consistent with the literature, which finds that recidivism reduction requires addressing employment, housing, and family support (Muntingh & Ballard, 2020; Agazue, 2024).

The finding that post-release support is critically important is particularly significant. The study found that the absence of any post-release support was a major reason for reoffending. This is consistent with research from the region, which has documented the near-total absence of community corrections in Sub-Saharan Africa (Muntingh & Ballard, 2020; Chirwa & Nsingo, 2021). The Nelson Mandela Rules explicitly require post-release follow-up and community support (United Nations Office on Drugs and Crime, 2015). The study found that Zimbabwe has no functioning community corrections system, including parole and probation, and no halfway houses or supervised release programmes. This is a fundamental failure to implement the Nelson Mandela Rules.

5.3.4 Theoretical Implications

The findings support the integrated theoretical framework of the Risk-Need-Responsivity Model and Social Support Theory. The study found that recidivism at Harare Central Prison is driven by both in-prison failures and post-release failures. The rehabilitation programmes do not adhere to the RNR principles, and post-release support is virtually non-existent. Effective recidivism reduction requires addressing both domains. A failure in either domain can lead to reoffending.

The findings also support the Nelson Mandela Rules, which emphasize individualized, needs-based rehabilitation, pre-release preparation, and post-release community support. The study found that these principles are not being implemented at Harare Central Prison, contributing to the high recidivism rate.

5.4 CONCLUSIONS

Based on the findings of the study, the following conclusions are drawn:

It can be concluded that socio-economic factors, including unemployment, substance abuse, family breakdown, and housing instability, are the primary drivers of recidivism among inmates at Harare Central Prison. These factors are interconnected and mutually reinforcing, creating a cycle of disadvantage that is extremely difficult for former inmates to break. The severe economic crisis in Zimbabwe, combined with the stigma of a criminal record, makes it almost impossible for former inmates to find employment. Substance abuse, which is often a coping mechanism for the stress and trauma of incarceration and poverty, leads to further criminal behaviour. Family breakdown, driven by the shame and stigma of incarceration, leaves former inmates without the emotional and material support they need for successful reintegration. Housing instability, exacerbated by poverty and discrimination, creates vulnerability and makes it difficult to access employment.

It can be concluded that correctional rehabilitation programmes at Harare Central Prison have a limited positive influence on recidivism due to severe systemic deficiencies. Access to programmes is severely limited by overcrowding and resource constraints, with fewer than a third of inmates participating in any form of skills training, education, or counselling. The quality of programmes is inadequate, with outdated curricula, obsolete equipment, and insufficient alignment with labour market demand. Rehabilitation is not individualized, with no risk assessment, no identification of criminogenic needs, and no targeted interventions. Pre-release preparation is ineffective, with inmates released without plans for employment, housing, or support. These deficiencies mean that the rehabilitation programmes, as currently implemented, are not effectively addressing the drivers of recidivism.

It can be concluded that reducing recidivism at Harare Central Prison requires a comprehensive, multi-faceted approach that addresses both in-prison rehabilitation and post-release support. The key strategies identified by participants include expanding access to rehabilitation programmes, improving programme quality and relevance, implementing individualized rehabilitation based on the Risk-Need-Responsivity Model, strengthening post-release support through community-based corrections, and addressing socio-economic barriers such as unemployment, substance abuse, family breakdown, and housing instability. These strategies are interconnected and mutually reinforcing. Effective implementation requires significant government investment, multi-sectoral coordination, and partnerships with civil society.

It can be concluded that the Zimbabwe Prisons and Correctional Service is failing to fulfil its rehabilitative mandate as established in the Zimbabwe Prisons and Correctional Service Act and the Nelson Mandela Rules. The study found that the correctional system is not providing effective rehabilitation programmes, adequate pre-release preparation, or post-release support. This represents a fundamental failure to respect the rights of inmates to rehabilitation and reintegration.

It can be concluded that the high recidivism rate at Harare Central Prison reflects systemic failures rather than individual failings. The study found that recidivist inmates are not simply "bad" people who refuse to change. They are individuals who face overwhelming barriers to desistance, including unemployment, substance abuse, family rejection, and housing instability. The correctional system has failed to provide the support they need to overcome these barriers.

5.5 RECOMMENDATIONS

Based on the findings and conclusions of the study, the following recommendations are made:

5.5.1 Recommendations for Policy

The Government of Zimbabwe should significantly increase funding for correctional rehabilitation programmes. The current budget allocation for the Zimbabwe Prisons and Correctional Service is inadequate to meet the rehabilitation needs of the inmate population. The government should allocate a substantial portion of the national budget to corrections, with a significant portion dedicated to rehabilitation programmes. This investment is essential for reducing recidivism and improving public safety.

The Government of Zimbabwe should develop a comprehensive national reentry policy that addresses the full continuum of care, from intake through incarceration to post-release support. The policy should be aligned with the Nelson Mandela Rules and should include specific provisions for employment assistance, housing support, substance abuse treatment, mental health counselling, and family reunification services. The policy should be developed through a multi-sectoral process involving the Ministry of Justice, the Ministry of Labour, the Ministry of Social Welfare, the Ministry of Health, and civil society organizations.

5.5.2 Recommendations for Practice

The Zimbabwe Prisons and Correctional Service should expand access to rehabilitation programmes by increasing the number of programme slots, building more training facilities, and hiring more instructors. The Service should prioritize high-risk inmates for intensive interventions, consistent with the Risk Principle. The Service should also ensure that all inmates have access to basic education and vocational training.

The Zimbabwe Prisons and Correctional Service should improve the quality and relevance of rehabilitation programmes. This requires updating curricula, investing in modern equipment, and establishing partnerships with employers and industry associations. The Service should conduct regular labour market assessments to ensure that training programmes are aligned with employer needs. The Service should also provide on-the-job training and apprenticeships that give inmates practical experience.

The Zimbabwe Prisons and Correctional Service should implement individualized rehabilitation programmes that address each inmate's specific criminogenic needs. This requires comprehensive risk and needs assessments, classification based on risk and need, targeted interventions, and ongoing case management. The Service should hire additional social workers, psychologists, and counsellors to provide individualized services. The Service should also train staff in evidence-based rehabilitation techniques.

5.5.3 Recommendations for Capacity Building

The Zimbabwe Prisons and Correctional Service should invest in staff training to build capacity in evidence-based rehabilitation. Staff should be trained in risk assessment, case management, cognitive-behavioural interventions, substance abuse treatment, and post-release support. Training should be ongoing and should be provided by qualified trainers. The Service should also provide training in the Nelson Mandela Rules and international best practice in corrections.

The Zimbabwe Prisons and Correctional Service should strengthen its data collection and monitoring systems. The Service should systematically collect data on programme participation, programme completion, recidivism rates, and post-release outcomes. This data should be used for programme evaluation and continuous improvement. The

Service should also establish a research unit to conduct empirical research on correctional outcomes.

The Zimbabwe Prisons and Correctional Service should establish partnerships with academic institutions and research organizations. These partnerships can support the development of evidence-based policies and programmes, the evaluation of interventions, and the training of staff. The Service should encourage and facilitate research on correctional issues.

5.5.4 Recommendations for Civil Society

Civil society organizations should advocate for increased government investment in correctional rehabilitation and post-release support. Organizations should use the findings of this study to advocate for policy reform and increased funding. Organizations should also continue to provide direct services to former inmates, including employment assistance, housing support, and substance abuse treatment.

Civil society organizations should work in partnership with the Zimbabwe Prisons and Correctional Service to provide rehabilitation programmes and post-release support. Partnerships can leverage the resources and expertise of both government and civil society. Organizations should also provide technical assistance to the Service in areas such as programme design, staff training, and monitoring and evaluation.

5.6 RECOMMENDATIONS FOR FUTURE RESEARCH

The study has identified several areas that require further research:

A quantitative study should be conducted to determine the prevalence and strength of the various factors contributing to recidivism at Harare Central Prison. A larger sample would allow for statistical analysis and identification of the most significant predictors of recidivism. This would complement the qualitative findings of the present study and provide a more comprehensive understanding of recidivism causes.

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