FACULTYOFJURIDICALSCIENCES

COURSE:BALLB

Semester-X

SUBJECT: PENOLOGY AND VICTIMLOGY

SUBJECT CODE:BAL-1001

NAMEOFFACULTY-DR.SHIV KUMAR TRIPATHI

RAMA UNIVERSITY

Lecture-7

Rehabilitation

The concept of rehabilitation rests on the assumption that criminal behavior is caused by some factor. This perspective does not deny that people make choices to break the law, but it does assert that these choices are not a matter of pure "free will." Instead, the decision to commit a crime is held to be determined, or at least heavily influenced, by a person's social surroundings, psychological development, or biological makeup. People are not all the same—and thus free to express their will—but rather are different. These "individual differences" shape how people behave, including whether they are likely to break the law. When people are characterized by various "criminogenic risk factors"—such as a lack of parental love and supervision, exposure to delinquent peers, the internalization of antisocial values, or an impulsive temperament—they are more likely to become involved in crime than people not having these experiences and traits.

The rehabilitation model "makes sense" only if criminal behavior is caused and not merely a freely willed, rational choice. If crime were a matter of free choices, then there would be nothing within particular individuals to be "fixed" or changed. But if involvement in crime is caused by various factors, then logically re-offending can be reduced if correctional interventions are able to alter these factors and how they have influenced offenders. For example, if associations with delinquent peers cause youths to internalize crime-causing beliefs (e.g., "it is okay to steal"), then diverting youths to other peer groups and changing these beliefs can inhibit their return to criminal behavior.

Sometimes rehabilitation is said to embrace a "medical model." When people are physically ill, the causes of their illness are diagnosed and then "treated." Each person's medical problems may be different and the treatment will differ accordingly; that is, the medical intervention is individualized. Thus, people with the same illness may, depending on their personal conditions (e.g., age, prior health), receive different medicines and stay in the hospital different lengths of time. Correctional rehabilitation shares the same logic: Causes are to be uncovered and treatments are to be individualized. This is why rehabilitation is also referred to as "treatment."

Correctional and medical treatment are alike in one other way: they assume that experts, scientifically trained in the relevant knowledge on how to treat their "clients," will guide the individualized treatment that would take place. In medicine, this commitment to training physicians in scientific expertise has been institutionalized, with doctors required to attend medical school. In corrections, however, such professionalization generally is absent or only partially accomplished.

The distinctiveness of rehabilitation can also be seen by contrasting it with three other correctional perspectives that, along with rehabilitation, are generally seen as the major goals of corrections. The first goal, *retribution* or *just deserts*, is distinctive in its own right because it is

nonutilitarian; that is, it is not a means to achieving some end—in this case, the reduction of crime—but rather is seen as an end in and of itself. The purpose of correctional sanctions is thus to inflict a punishment on the offender so that the harm the offender has caused will be "paid back" and the scales of justice balanced. In this case, punishment—inflicting pain on the offender—is seen as justified because the individual used his or her free will to choose to break the law. The second goal, *deterrence*, is utilitarian and asserts that punishing offenders will cause them not to return to crime because they will have been taught that "crime does not pay." Note that deterrence assumes that offenders are rational, in that increasing the cost of crime—usually through more certain and severe penalties—will cause offenders to choose to "go straight" out of fear that future criminality will prove too painful. This is called *specific deterrence*. When other people in society refrain from crime because they witness offenders' punishment and fear suffering a similar fate, this is called *general deterrence*. Finally, the third goal, *incapacitation*, makes no assumption about offenders and why they committed crimes. Instead, it seeks to achieve the utilitarian goal of reducing crime by "caging" or incarcerating offenders. If behind bars and thus "incapacitated," crime will be impossible because the offender is not free in society where innocent citizens can be criminally victimized.

In comparison, rehabilitation differs from retribution, but is similar to deterrence and incapacitation, in that it is a utilitarian goal, with the utility or benefit for society being the reduction of crime. It fundamentally differs from the other three perspectives, however, because these other goals make no attempt to change or otherwise improve offenders. Instead, they inflict pain or punishment on offenders either for a reason (retribution in order to "get even" or deterrence in order to "scare people straight") or as a consequence of the penalty (incapacitation involves placing offenders in an unpleasant living situation, the prison). In contrast, rehabilitation seeks to assist both offenders and society. By treating offenders, they hope to give them the attitudes and skills to avoid crime and live a productive life. At times, this attempt to help offenders exposes rehabilitation to the charge that it "coddles criminals." This view is shortsighted, however, because correctional rehabilitation's focus is not simply on lawbreakers but also on protecting society: by making offenders less criminal, fewer people will be victimized and society will, as a result, be safer.