

A Study of Rehabilitation of Offenders in Sindh Prisons: Challenges and Effective Strategies

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Abstract

Offender rehabilitation is a fundamental objective of modern correctional systems because of its potential to reduce recidivism and support successful community reintegration. However, in Pakistan, rehabilitation efforts continue to face significant institutional and structural challenges. This study explored the institutional barriers affecting offender rehabilitation in four correctional institutions in Sindh, Pakistan, and identified intervention strategies to strengthen rehabilitation practices. A qualitative research design was employed using 57 semi-structured interviews with inmates, prison officials, and rehabilitation staff. Institutional records and field observations complemented the interview data, which were analyzed using inductive thematic analysis. The findings identified three major themes: *Institutional Support and Program Availability, Structural and Operational Challenges, and Post-Release Reintegration and Institutional Gaps*. Although educational and vocational programmes were available, their effectiveness was constrained by inadequate institutional support, overcrowding, shortages of qualified rehabilitation professionals, limited resources, dependence on non-governmental organizations, weak programme monitoring, and insufficient post-release reintegration services. These institutional deficiencies were perceived to undermine rehabilitation outcomes and increase the risk of recidivism. The study concludes that strengthening offender rehabilitation requires sustained governmental investment, multidisciplinary rehabilitation teams, standardized monitoring and evaluation systems, and coordinated post-release reintegration services. The findings provide practical insights for policymakers and prison administrators seeking to develop more effective, evidence-based rehabilitation systems within Pakistan's correctional sector.

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Introduction

The rehabilitation of the offenders is a fundamental aspect of the modern criminal justice system that forms the background of punishment and reintegration of the individuals into the community as responsible citizens (Andrews and Bonta, 2014). It acknowledges that a crime is at times an outcome of conglomeration of psychological, social and economic circumstances that must be addressed to avoid recidivism (Miller and Rollnick, 2012). The

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rehabilitation activities for law offenders focus on transforming their behavior and equipping them with relevant skills and support systems. This approach aims to facilitate their reintegration into their communities (Lipsey, 2009). Rehabilitation requires a multifaceted program of interventional therapy, education, professional training, and community-based service provision (Cullen & Gendreau, 2000). Most offenders, also, do not receive adequate education and employment skills, are affected by mental health problems and have a history of aggregate abuse, when they begin the criminal justice system. Without resolving such challenges, they will always have high probabilities of recidivism (Losel & Schmucker, 2005).

Effective rehabilitation programs focus on cognitive space, social etiquette, and conductive of investigations and personal responsibility and promote development of shared states of mind. Cognitive-behavioral therapy (CBT) is normally applied to help the offender recognize and modify his unhealthy thought process (Andrews and Bonta, 2014) and treatment programs that involve substance abuse are very important to the person who has developed a dependence on a substance (Miller and Rollnick, 2012). In addition to psychological intervention, social reintegration is also important in rehabilitation. There is also a high probability that offenders will encounter considerable obstacles when returning to society, such as societal stigma, lack of jobs, and broken relationships with relatives and friends. Family reunification programs, mentorship and peer support networks are the programs that are necessary in assisting former offenders to restructure their lives (Travis, 2005). The third one provides community based programs like halfway houses and supervised release programs which provide a structured setting where a person can slowly reenter the community under the guidance and supervision (Duwe, 2017).

In addition, education and vocational training are vital elements of rehabilitation since they equip people with viable skills that make them employable (MacKenzie, 2006). Most of the correctional facilities have literacy programs, high school equivalency education as well as vocational training in trades like carpentry, plumbing and computer programming. These programs can interrupt the cycle of crime cycle by providing offenders with skills that will allow them to find stable jobs because of economic instability and opportunity deprivation (Visser, LaVigne, and Travis, 2004). Although the rehabilitation has been done, it is still a difficult process that needs a strong commitment by the offenders and the society at large. Criminals should be actively involved in treatment and interventions, and strive to transform their thoughts, emotions, and actions in a pro-social manner. This involves recognizing the damage they have done, and being responsible of whatever they did (Taxman, 2008). Meanwhile, society should be ready to facilitate the process of rehabilitation by offering the former offenders a chance to reintegrate into the community, decreasing the level of discrimination and fostering the conditions in which the former offenders have a second chance. According to Gendreau (2004), a major issue of concern in rehabilitation is that of public safety and that there should be a balance between the community safety and reintegration of offenders. The rehabilitative policies in the penitentiary system have radically changed throughout the years, primarily because of the alteration of the societal norms, the growth of scientific knowledge, and the transformation of the policy of the society itself.

Garland (2001) describes that by the early twentieth century, the punitive doctrines took over the whole criminal justice environment in various jurisdictions, entailing the incarceration of human beings in methods of retributive as well as deterrent measures. This was a period that was marked by the prevailing belief that punishment was going to act as a means of deterring not only the individuals engaging in the crime but also to the society at large

to engage in unlawful acts in the future. Nevertheless, the rehabilitative era experienced challenges to rehabilitation such as doubt on effectiveness of rehabilitation and apprehension of increasing crime levels (Blumstein, 2000). A noticeable reversal toward punitive paradigms occurred in the second half of the twentieth century and was most prominent with tough on crime policies gaining popularity in support of the subsequent mass incarceration. However, the lessons in the middle part of the twentieth century remain instructive on modern warehouses of criminal-justice reform, and are part of modern structures, which endeavor to establish a measured pack between retribution and rehabilitation.

Offender's rehabilitation in the correctional institutions of Sindh is also a critical challenge because of the structural and institutional barriers that are still present. Although there are rehabilitation programs, they are not effective due to insufficient resources, qualified rehabilitation specialists, the prison overcrowding, and the lack of comprehensive and personalized rehabilitation strategies (Khan, 2023). The current vocational and transformative programs do not tend to take into consideration the multidimensionality of criminal behavior, especially substance abuse, mental health problems, absence of family and community support, etc. (Khan et al., 2023; Ahmed et al., 2022). Furthermore, the minimal participation of the psychologists, social workers, and educators hinders elaboration of customized rehabilitation. Unstable use of rehabilitation programs and the absence of systematic post-release reintegration services also promote the high recidivism rates (Baker et al., 2021). It is in this context that this study is expected to research the efficiency of available rehabilitation programs in Sindh prisons, institutional and professional gaps, and the perceptions offenders have towards rehabilitation practices.

The research finally aims at suggesting context-specific solutions to enhance the rehabilitation systems and encourage reintegration to decrease recidivism. The research is relevant because it offers a detailed insight on the issues and missing gaps in rehabilitation of offenders in Sindh correctional facilities. The research points at structural, professional, and institutional weaknesses that prevent successful rehabilitation by including the views of offenders, prison officials and rehabilitation professionals. Results provide context-grounded recommendations that could be used by policymakers, prison administrators, and rehabilitation professionals to enhance rehabilitation systems, better reintegration rates, and recidivism. As well, the study will contribute to the body of criminological literature by covering a poorly studied field in Pakistan and the Global South in general. The following research is based upon (02) core research objectives:

- i. To identify institutional challenges within prisons that contributes to recidivism among inmates.
- ii. To propose effective intervention and rehabilitation techniques for the offender population.

Literature Review

Rehabilitation of offenders is taking a central stage in modern day criminological discourse as a result of a shift in the traditional punishment models towards rehabilitative and re-integrative models of justice. There is a body of evidence that suggests that crime is a multidimensional phenomenon and therefore the combination of vulnerable groups of individuals, social conditions, psychology and structural inequality that includes poverty, unemployment, low education levels and social exclusion, among others, influence criminal activity (Cullen and Agnew, 2003). These synergistic effects demonstrate the ineffectiveness of

unilaterally-focused rehabilitation initiatives and the importance of the all-inclusive methods to consider behavioral signs and criminogenic factors. In the past rehabilitation developed as a reaction to the shortcomings of retributive punishment.

Early penalties also gave preference to deterrence and corporal punishment but the development of penitentiaries in the eighteenth and nineteenth century led to a change of ideology of reform, moral correction and reintegration into society (Foucault, 1977). Despite the fact that rehabilitation began to lose its status in the late twentieth century as a result of the proliferation of the so-called just deserts and detraction-oriented policies, the empirical evidence continues to be overwhelming to the effect that punitive imprisonment by itself does not curb crime and in many cases, it leads to the latter. Rehabilitation has therefore resurfaced in the twenty first century as a fundamental correction aim, with the evidence-based practice which focuses on individualized treatment, professional intervention, and follow-up care (Latessa and Lowenkamp, 2005).

Holistic rehabilitation programs prove effective as evidenced by empirical studies in international settings. Europe, African, and South Asian research persistently show that education, occupational training, psychosocial counseling, and organized aftercare are effective in the reduction of recidivism, when properly resourced and professionally deployed (Vandala, 2019). On the other hand, crowding, inadequate funding, poor institutional coordination, and a shortage of trained rehabilitation workers compromise the outcomes of the programs. There are also comparative studies that show that prison models with open or semi-open prison methods are better in terms of rehabilitation compared to highly restrictive custodial facilities. Other structural challenges are encountered in the rehabilitation in developing countries. The study of Bangladesh, Nigeria, and like situations reveals systemic limitations that include limited funds, poor infrastructure, cultural stigma, and lack of reintegration planning, that impede sustainable rehabilitation despite the existence of training and educational programs (ur Rehman, 2021). Such research shows the need to situate rehabilitation in socio-economic conditions and institutional resources.

In Pakistan, the nation-level research demonstrates that vocational training, religious education, and employment in the prison have positively influenced the attitudes of offenders, their skills development, and behavior change (Ahmed, 2022). Nevertheless, it has been found in the literature that there have been continuous gaps such as overcrowded institutions, insufficient staffing of facilities by professional staff, program disintegration, and a lack of coordination between the prisons and the community-based reintegration services. It is worth pointing out that the majority of studies take a descriptive or administrative approach and few studies focus on lived experiences and perceptions of rehabilitation effectiveness among offenders. Although there is an expanding international and national literature on the issue, there is very little empirical literature that particularly looks at offender rehabilitation in Sindh.

The current literature offers disjointed information and does not provide systematic investigation that would combine theoretical models, institutional behaviors and the attitudes of offenders. This gap points to the necessity of context-driven research in which the rehabilitation programs are evaluated critically, structural and professional limitations are identified, and the voice of offenders is taken into consideration to guide sustainable rehabilitation and reintegration strategies. This gap must be addressed as a way of moving forward criminological scholarship and bettering the correctional policy and practice in Sindh.

Theoretical Framework

The current research is based on various criminological and correction theories which are interconnected to explain the purpose of criminal behavior, rehabilitation of offenders and returning them to society. Since criminal behavior is a complex phenomenon, there is no theoretical approach that is effective enough to explain the entry points into criminal behavior and how offenders quit criminal behavior. Thus, this paper has chosen a multi-theoretical framework, which forms a broad foundation of the analysis of the rehabilitation practices, institutional constraints as well as the lived experiences of the offenders in the Sindh's correctional institutions.

Restorative Justice Theory offers a normative and a relational approach to rehabilitation because crime is seen not only as a violation of the law but also as a violation of social relationships. Restorative justice is based on accountability, repairing of harm, involvement of victims and community involvement in the justice process, unlike punitive models. In this context, rehabilitation aims at promoting empathy, remorse, and responsibility to the offenders, and at the same time supporting the needs of the victims and the communities. Restorative justice like mediation of the victims and offenders and community service aims at restoring trust and encouraging the social acceptance of offenders by the community on release (Wachtel, 2001). Restorative justice is not very institutionalized in Sindh prisons, but this theory gives a significant perspective to explain the social aspects of rehabilitation and reintegration.

Desistance Theory is process-based; it looks at the way individuals end up abandoning criminal behavior as they go through their lives. Instead of focusing on the reasons behind crime, desistance theory looks at the processes that encourage the sustained change in behavior such as identity change, personal motivation, social network, employment as well as family commitments (Maruna, 2001; Rocque, 2017). The studies show that desistance of crime can only be maintained through stable relationships, meaningful work, and positive self-concept (Doherty, 2018). This theory emphasizes the fact that the process of rehabilitation does not end in the prison-based programs but continues to post release life and involves long-term institutional and community support. Despite the lack of structured aftercare and reintegration strategies in Sindh, the desistance theory emphasizes the continuity between custodial rehabilitation and the support systems in the community (Weaver, 2019).

Together, these theoretical methods offer a valid and well-integrated framework of the study of the problem of rehabilitating offenders in the Sindh prisons. The rehabilitation practices can be critically reviewed and the institutional and professional gap can be identified and the experiences of the offenders can be elucidated in more social and structural circumstances with the integration of these theories. The concept of multi-theory has been applied to advance the analytic ground of the research and has been applied to develop context-based interventions that would result in the reduction of recidivism and effective integration of the offender into society.

Research Methodology

The qualitative research design was used to gain insight into the practices of offender rehabilitation and problems faced by the correctional system in Sindh. Qualitative methods were chosen because a qualitative approach allows for the capture of in-depth perspectives and lived experiences of offenders, prison officials, and rehabilitation professionals, which are more difficult to capture using quantitative methods (Tewksbury, 2012; Creswell, 2017). Data collection involved secondary sources review and semi-structured interviews, which allowed for gaining a complete picture of the rehabilitation processes and system gaps.

The fieldwork was carried out in four correctional institutions namely Central Prison Hyderabad, Youthful Offenders' Industrial School Hyderabad, Central Prison Karachi, Youthful Offenders' Industrial School Karachi. Data were collected between May and June 2025, following formal approval from prison authorities. The participants were selected using purposive sampling method who are directly involved in rehabilitation programs. The sample comprised (30) male inmates, (20) rehabilitation staff members, and (07) prison officials, representing various views within the prison.

Semi-structured interview was used as primary data, which was supplemented with field notes and audio-recorded and was subjected to institutional permission and informed consent. Interviews were recorded in Urdu and then verbatim to maintain the contextual meaning. In the area where the recording was limited, field notes were recorded in detailed format in order to record the verbal and non-verbal expressions. Ethical considerations were followed strictly that is, voluntary participation, informed consent, confidentiality and anonymization of all participants.

To ensure methodological rigor, data triangulation, reflexivity and peer review were adopted, enhancing the credibility, dependability and confirmability (Lincoln and Guba, 1985). Inductive thematic analysis was used to analyze data, which was based on a framework suggested by Braun and Clarke (2021). This method enabled the themes to be generated naturally out of the stories of participants in a way that the results were based on personal experiences and not theoretical frameworks. The analytical procedure consisted of becoming familiar with the data, coding, developing themes and conducting a repetitive review to make sure that it is coherent and analytically rich.

Findings

The study assessed the institutional issues that hinder the rehabilitation of the offenders in four correctional institutions of Sindh, namely Youthful Offenders' Industrial School (YOS) Hyderabad, Youthful Offenders' Industrial School (YOS) Karachi, Central Prison Hyderabad, and Central Prison Karachi. The results are drawn from a variety of sources of evidence such as institutional records, field observations and semi-structured interviews with 57 participants, including inmates, prison officials and rehabilitation staff. These data sources were integrated, allowing for triangulation of the institutional conditions with the experiences of the participants, thus giving a full picture of the structural factors affecting rehabilitation in the correctional system of the Province of Sindh.

The analysis showed that although rehabilitation activities were present in each of the four institutions, they were not being fully realized due to ongoing institutional limitations. These included overcrowding, lack of qualified rehabilitation workers, reliance on non-governmental organizations (NGOs), weak monitoring systems, and lack of institutional support after the re-release. These shortcomings were identified as interrelated and suggested that they posed a cumulative burden on the success of rehabilitation programmes, and may be a risk factor for recidivism. The results are reported in three parts. The first refers to the institutional environment of the chosen correctional facilities. The second is on institutional capacity to rehabilitate offenders from documentary evidence and field observation. The third gives a description of the main themes obtained from the qualitative analysis of the interviews conducted with the participants.

Institutional Context of the Selected Correctional Facilities

The four correctional institutions differed considerably in terms of inmate population, institutional capacity, staffing, and rehabilitation resources. Institutional records indicated that Central Prison Karachi accommodated the largest prison population (7,581 inmates), followed by Central Prison Hyderabad (2,486 inmates), whereas the Youthful Offenders' Industrial Schools in Hyderabad and Karachi housed considerably smaller populations of (93) and (188) inmates, respectively.

TABLE 01 PRISON POPULATION

PRISONS	UNDER-TRIAL	CONVICTED	TOTAL
Central Prison Hyderabad	1,234	1,252	2,486
Central Prison Karachi	6,416	1,165	7,581
YOIS- Hyderabad	68	25	93
YOIS- Karachi	04	184	188

The size of the institutions ranged greatly, and overcrowding was a common challenge to prison functioning and rehabilitation provision. Higher number of inmates brought more pressure on existing infrastructure and educational facilities, vocational workshops, administration staff, which led to fewer opportunities for individualized rehabilitation. Rehabilitation activities often had to be balanced with security and operational requirements, especially in larger correctional facilities where prison resources were already at high strain. Overcrowding was also observed in the field to have an impact on programme availability. The capacity in the classroom was limited, there was not enough equipment, and schedules were limiting opportunities for inmates to regularly participate in the rehabilitation activities.

These operational constraints provide a good example of how institutional conditions may affect rehabilitation programmes, in addition to availability of services. Overall, the institutional context demonstrates that rehabilitation in Sindh prisons operates within an environment characterized by high inmate populations, limited physical resources, and competing administrative demands. The institutional challenges discussed in the next parts depend on these contextual conditions, which are the structural bases for the institutional challenges.

Institutional Capacity for Offender Rehabilitation

One of the key factors determining effective offender rehabilitation is institutional capacity. In addition to rehabilitation programmes being available, the key to rehabilitation is the availability of competent rehabilitation personnel who can meet offenders' educational, psychological, behavioral and vocational needs. Analysis of institutional records showed significant differences among the four correctional institutions in terms of their rehabilitation capacity. Each prison had staff, who worked on rehabilitation activities, but there was a very different make-up of staff in each prison and a definite lack of specialism in the staff needed for evidence-based rehabilitation. **Table 2** presents the distribution of rehabilitation personnel across the selected correctional institutions.

TABLE 2 AVAILABILITY OF REHABILITATION PROFESSIONALS ACROSS PRISONS

STAFF	Central Prison Hyderabad	Central Prison Karachi	YOIS- Hyderabad	YOIS- Karachi
Religious Teacher (Government)	(01)	(01)	(02)	(01)
Medical Doctor (Government)	(04)	(06)	(02)	(01)
Librarian (Government)	(01)	(01)	(00)	(00)
Cooking Instructor (Government)	(01)	(02)	(00)	(00)
Tailoring Instructor (Government)	(01)	(01)	(01)	(01)
IT Teacher (Al-khidmat NGO)	(02)	(02)	Nil	Nil
Art Teacher (NAVTTC- Government Organization)	(01)	(04)	Nil	Nil
Electronics Repair Instructor (STEVTA-Government Organization)	(01)	(01)	Nil	Nil
Homeopathic Physician (Government)	(01)	Nil	Nil	Nil
Carpet Weaving Instructor (Government)	(01)	Nil	Nil	Nil
Psychiatrist (Government)	(00)	(00)	(00)	(00)
Psychologist (Government)	(00)	(00)	(00)	(00)
Primary Teacher (Government)	(01)	(01)	(01)	(01)
Gym Couch (Prison)	Nil	(01)	Nil	Nil
Behavioral Reformist (SAHEE-NGO)	Nil	(02)	Nil	Nil
Language Teacher (Al-khidmat NGO)	Nil	(01)	Nil	Nil
Painting Instructor	(03)	(04)	Nil	Nil

(NAVTTC-Government Organization)				
Music Teacher (Prison)	Nil	(02)	Nil	Nil
Handicrafts Instructor (NAVTTC-Government Organization)	(01)	(03)	Nil	Nil
TOTAL	18	32	06	04

As shown in Table 2, Central Prison Karachi employed the largest rehabilitation workforce ($n = 32$), followed by Central Prison Hyderabad ($n = 18$), whereas the Youthful Offenders' Industrial Schools in Hyderabad and Karachi employed only six and four rehabilitation personnel, respectively. Larger institutions tended to be more staffed with rehabilitation personnel, but relative to the number of inmates and the complexity of their rehabilitation needs were still limited.

The results, therefore, indicate that there is significant human resource constraint in the provision of rehabilitation services in all four institutions. A more important finding is related to the composition of the rehabilitation workforce. Though there were religious teachers, medical officers, vocational instructors, primary school teachers, librarians and other educational personnel in the selected correctional institutions, no one was a certified psychologist or psychiatrist. Likewise, there were no specialist criminologists, social workers, addiction specialists, or trained rehabilitation counselors on hand to conduct a detailed psychological evaluation, behavioral interventions, or individualized rehabilitation plans. This institutional gap suggests the current rehabilitation is mostly focused on educational teaching and participation in vocational activities, but not on multidisciplinary therapeutic interventions to address criminogenic risk factors.

The results also indicate that multiple rehabilitation activities were highly dependent on external institutions and organizations rather than institutional capacity. Collaborations with non-governmental organizations or government supported vocational agencies like Al-Khidmat Foundation, SAHEE, NAVTTC and STEVTA were commonplace for giving information technology instructors, language teachers, behavioral reform specialists, painting instructors and handicraft trainers. These partnerships increased the spectrum of rehabilitation opportunities offered to prisoners, but also, they demonstrated a dependence of the institutions on external organizations for programme delivery.

The dependence comes with risks of programme continuity, sustainability and consistency, especially in the case of rehabilitation activities being funded on a project basis or supported on a temporary basis. Another significant finding is the inequity in the distribution of facilities for rehabilitation between juvenile and adult correctional facilities. Both of the central prisons provided relatively more extensive educational and vocational facilities due to their larger rehabilitation staff, while both Youthful Offenders' Industrial Schools had significantly fewer rehabilitation staff and a more limited amount of vocational and educational services. Juvenile offenders may need intensive behavioral, educational and psychosocial interventions,

and limited rehabilitation capacity was observed in these institutions which could have a negative impact on long term rehabilitation outcomes.

These institutional records were complemented by field observations and information from interviews. The lack of qualified staff was expressed as a persistent problem by the rehabilitation staff in providing individualized rehabilitation services. Many staff members often had to carry out more than one function, limiting time spent in direct contact with offenders. Thus, rehabilitation activities were frequently limited to sustaining routine education or vocational programs and not to systematic behavioral programs, psychological counseling, or individualized treatment planning.

Overall, the institutional evidence indicates that rehabilitation in Sindh correctional institutions is not limited by the lack of rehabilitation programs but rather by the limited capacity of the institutions to effectively implement rehabilitation programs. Poor access to trained rehabilitation practitioners, inequitable distribution of rehabilitation resources and high reliance on other organizations all contribute to the lack of development of evidence-based rehabilitation practices. The deficiencies in these institutions do not only diminish the quality and accessibility of programmes, they also make it harder for the correctional system to deal with the psychological, behavioral and social causes of criminal offending and recidivism.

Thematic Analysis of Institutional Challenges

The following section presents the findings of the inductive thematic analysis based on 57 in-depth interviews conducted across four correctional institutions in Sindh. Interviews were conducted in Urdu and Sindhi, audio-recorded with participants' consent, transcribed verbatim, and translated into English for analysis. To ensure participants' confidentiality, each quotation was assigned an anonymous identifier according to the participant group: *Prisoner (P)*, *Prison Staff (PS)*, and *Rehabilitation Staff (RS)*. Interview transcripts and field notes were analyzed using an inductive thematic approach. The data were reviewed line by line, and meaningful text segments were assigned initial descriptive codes through manual coding. Similar codes were subsequently grouped into broader categories and refined into overarching themes through an iterative process of constant comparison and review.

This analytical process generated three interrelated themes reflecting the major institutional barriers affecting offender rehabilitation within Sindh prisons. The themes emerged consistently across interviews with inmates, prison officials, and rehabilitation staff and were further corroborated through field observations. While participants acknowledged the availability of rehabilitation initiatives, they consistently reported that their implementation and effectiveness were constrained by structural, organizational, and professional shortcomings. Collectively, the findings demonstrate that limited institutional support, operational challenges, and inadequate post-release reintegration mechanisms reduce the effectiveness of rehabilitation efforts and may contribute to continued offending.

THEME 01: Institutional Support And Program Availability

In the selected correctional institutions, institutional support was identified as one of the most significant factors when looking at the implementation and sustainability of an offender rehabilitation programme. There was consistent recognition that there were opportunities for educational, vocational and behavioral reform programmes within the prisons; however, these were seen to be dependent on a range of factors including institutional commitment, availability of resources and administrative support.

Rehabilitation programs were often limited in scope due to inadequate funding, lack of trained staff, inadequate space, and the reliance on external organizations to provide services. One ongoing issue that was a concern to the rehabilitation personnel was the inadequate financial resources given to rehabilitation activities. Participants described how the resources provided by the government were often inadequate to support educational and vocational programmes, and that prisons were increasingly relying on non-governmental organizations (NGOs) for programme delivery. According to one rehabilitation staff member:

"The government lacks funding; therefore our classes depend entirely on NGOs. Without them, it is difficult to run the program." (RS4)

حکومت کے پاس فنڈز نہیں ہیں، اسی لیے ہماری کلاسیں مکمل طور پر این جی او پر منحصر ہیں۔ اگر وہ نہ ہوں تو پروگرام چلانا بہت مشکل ہو جاتا ہے۔

This finding showed that rehabilitation programs are still susceptible to changes in external finance and support. While NGO partnerships increase opportunities for education and vocational development, participants felt that rehabilitation should be institutionalized to be a fundamental role of the government and not dependent on "temporary" external help. Owing to reliance on NGOs the availability of the programmes in prisons was also inconsistent, with prisons receiving more funding from outside offering far more rehabilitation opportunities than others. Participants also noted that there was a significant impact on programme implementation due to the lack of rehabilitation staff. Programme quality and continuity was often compromised as existing instructors often delivered several rehabilitation activities at once. One prison official explained:

"There are few instructors; one instructor manages three different classes. If he doesn't show up, the entire day is wasted." (PS7)

ہمارے پاس اساتذہ بہت کم ہیں۔ ایک ہی استاد تین مختلف کلاسیں سنبھالتا ہے، اگر وہ کسی دن نہ آئے تو پورا دن ضائع ہو جاتا ہے۔

Overcrowding and poor infrastructure were also cited as other factors that compromise the reach of the programme, in addition to staffing issues. Inmates were often deterred from participating in rehabilitation activities by the lack of space in the classrooms, the lack of educational resources, and the competing security priorities. A number of participants accounted for the fact that rehabilitation programs were sometimes postponed or canceled due to the need to allocate resources to prisons' security and operational activities.

The results further indicate that institutional support was not limited to financial but also involved institutional commitment and support to rehabilitation. Participants felt that rehabilitation received significantly less attention from their organization than did custodial and security functions. As a result, rehabilitation programs were frequently implemented as ancillary services, or as a secondary part of the correctional system. This imbalance shortened the chances of individualized rehabilitation and the continuity of education and vocational intervention.

THEME 02: Structural and Operational Challenges

The problems identified at the structural and operational level were major factors that hindered the effectiveness of offender rehabilitation in the correctional institutions selected. Overcrowding, lack of trained rehabilitation professionals, poor infrastructure, lack of rehabilitation resources and absence of systematic monitoring and evaluation systems were consistently mentioned by participants as factors limiting rehabilitation. These institutional shortcomings lowered the ability of the prison to provide a complete rehabilitation program,

and created restricted opportunities for individualized interventions that would meet the needs of an offender's criminogenic needs.

The lack of rehabilitation experts was one of the most mentioned problems. Education and vocational programmes were found in all four institutions, but participants indicated that the lack of psychologists, psychiatrists, professional counselors and criminologists in the prisons made it difficult to provide a psychological and behavioral rehabilitation for offenders. Rehabilitation personnel stressed that there was very little mental health assessment and counseling services were provided for the increasing number of inmates needing psychological support. One rehabilitation staff member stated:

"We don't have psychologists here, just one doctor for hundreds of people." (RS4)

"یہاں کوئی ماہر نفسیات موجود نہیں ہے، صرف ایک ڈاکٹر سینکڑوں قیدیوں کے لیے موجود ہے۔"

Participants described the situation where the shortage of qualified professionals led to rehabilitation programmes being mainly focused on educational and vocational activities and psychological counseling, behavioral modification, substance abuse treatment, and individual rehabilitation planning being neglected. As a result, many offenders served their prison time without any interventions to address the root causes of their crime.

These operational challenges were further exacerbated by overcrowding, which put significant strain on the resources of the institutions and rehabilitation facilities. The officials noted that due to the rising number of inmates, there was a restriction in the number of classrooms, vocational training workshops, and counseling facilities available in the prison, and service staffs were pushed to their limits to provide rehabilitation services to the prisoners. Safety and normal prison operations often preempted rehab efforts, especially in larger facilities where there were more operational demands. There was also major concern over programme monitoring and evaluation. Rehabilitation programmes were put in place in all the selected prisons, but there were no consistent ways to record prisoner participation in programmes, to measure programme completion, or to measure outcomes of rehabilitation. One prison official remarked:

"There is no official tracking of who joins or finishes the program." (PS3)

اس بات کا کوئی سرکاری ریکارڈ موجود نہیں کہ کون پروگرام میں شامل ہوتا ہے اور کون اسے مکمل کرتا ہے۔"

There was no systematic monitoring, so prison authorities were unable to assess effectiveness of the programmes and areas that needed improvement. Participants recognized that while rehabilitation activities were generally reported for administrative purposes, there was minimal focus on measuring behavioral change or skill acquisition or impact on long-term rehabilitation outcomes. Likewise, there were no formal processes to track employment, community adjustment or recidivism after offender's release, which reduces institutional learning and evidence-based policy development.

The absence of infrastructure was another operational challenge identified by participants, besides the lack of professionals and of monitoring systems. The lack of classroom space, lack of learning materials, poorly equipped vocational workshops and absence of facilities made it difficult to access programmes in class and sometimes made it impossible for inmates to attend regularly rehabilitation activities. Staff involved in rehabilitation described the sharing of available resources across many inmates, leading to low quality and effectiveness of the programmes being delivered.

THEME 03: Post-Release Reintegration and Institutional Gaps

The post-release reintegration challenge was recognized as an important institutional issue, impacting on the sustained success of offender reintegration. Participants recognized that there were opportunities to gain knowledge and skills through education and vocational programmes in prison; however, they repeatedly pointed out that rehabilitation in prison was limited and rarely continued beyond release. Lack of structured post prison arrangements, employment support provision, follow up and coordination between correctional facilities and community organizations in the reintegration process was significant.

The lack of these institutions was seen by participants as significant factors in the high rates of recidivism, as many offenders were released from prison into communities lacking appropriate social, economic and professional support. There were concerns that rehabilitation programmes alone would not ensure successful reintegration into society, expressed by many inmates. They thought that the criminal record, social stigma and the limited employment opportunities would keep hindering their life after release. One participant explained:

"The biggest fear after release is that no one will accept me or give me work." (P6)

"رہائی کے بعد سب سے بڑا ڈر یہی ہے کہ نہ کوئی مجھے قبول کرے گا اور نہ ہی روزگار دے گا۔"

While in training, participants reported that they gained in practical skills and confidence, the lack of support after they left prison meant they were unable to apply these skills and attributes to secure sustainable employment. A number of inmates thought that a lack of economic opportunities and acceptance of the community made it much more likely that they would return to criminal activity. Rehabilitation staff and prison officials also pointed out that no formal systems were in place for monitoring offenders once they were released from prison. No standardized systems existed to measure employment outcomes, assess community reintegration and determine if former inmates continued to live law abiding lives. One rehabilitation staff member stated:

"We don't have any data on who is working after release or who returned." (RS5)

ہمارے پاس اس بارے میں کوئی ریکارڈ موجود نہیں کہ رہائی کے بعد کون ملازمت حاصل کرتا ہے یا کون دوبارہ جیل واپس آ جاتا ہے۔"

Further, the participants explained that rehabilitation programmes were generally regarded as complete when an offender's sentence was fulfilled and that there was limited co-ordination among prisons, probation services, the employers, social welfare agencies and community support agencies. As a result, many of the former inmates were left jobless, financially insecure and socially isolated without systematic reintegration support. Participants saw this institutional gap as one of the weakest elements of the rehabilitation system, as it did not allow for continuity of care after incarceration. Several prison officials also highlighted that there is a lack of systematic programme evaluation, thus reducing the opportunities for institutional learning and policy development.

There is a lack of reliable data on the effectiveness of rehabilitation activities and the recidivism rates, and correctional authorities were not able to identify what interventions had been effective or what parts of the system needed to be improved. This is complemented by the absence of evidence-based monitoring that further undermined the planning and implementation of rehabilitation policies. Despite these institutional difficulties, participants felt that good post-release support would make a significant difference to the outcomes of rehabilitation. They stressed the need for a coordinated reintegration programme that would help offenders to reintegrate successfully, requiring a combination of vocational placement,

psychological counseling, providing community integration, forming partnerships with community groups and providing ongoing supervision.

Discussion

This study aimed to explore the issues of institutions with regards to rehabilitation of offenders in four correctional institutions of Sindh, Pakistan. The results suggest that while prisoners have access to rehabilitation programmes in all selected prisons, these programmes are limited by a lack of adequate prison support, of trained rehabilitation staff, operational issues and a lack of reintegration after rehabilitation. These findings indicate that rehabilitation is not a fully-fledged evidence-based correctional tool, but rather a process primarily based on activities carried out in the prisons of Sindh. Educational and Vocational Programmes offer inmates opportunities for learning and skill building, but the institutional context are limited in terms of its ability to promote and support long term behavior change and successful reintegration into the community.

Moreover, one of the most important results of this research is the lack of institutional support for the rehabilitation programs. The participants always emphasized that educational and vocational activities heavily relied on external organizations due to low government investment and less institutional resources. This finding is consistent with studies conducted in Pakistan, which have identified inadequate funding, weak institutional commitment, and fragmented rehabilitation services as persistent barriers to effective offender rehabilitation (Ahmed, 2025; Pirzada, 2024). Likewise, the Human Rights Commission of Pakistan has been reiterating that overcrowding, inadequate rehabilitation facilities and lack of investment still continue to mar the process of prison reform in Pakistan. In addition, Human Rights Watch (2023) noted that prisons in Pakistan suffer from acute problems in terms of healthcare and rehabilitation facilities, especially mental health services, which limit the scope for meaningful rehabilitation of offenders.

Other low and middle-income countries have also experienced rehabilitation programmes relying on NGOs due to financial and human resource limitations in correctional systems to maintain services on its own (Meseret, F. 2018). While partnerships were established with various organizations, including SAHEE, Al-Khidmat Foundation, SPARC, STEVTA and NAVTTC, the participants highlighted that the continuity of the programmes is often dependent on funding rather than long-term planning from the institutions involved. This means that rehabilitation services are not uniformly distributed in institutions and vulnerable to interruptions when external support is not available.

The other significant finding is the structural and functional constraints which constrain rehabilitation services. Overcrowding, shortage of skilled rehabilitation staff, lack of infrastructure and lack of supervision of programmes were the common institutional problems identified by the participants. Although teachers, religious teachers, vocational trainers and medical staff were used in the participating correctional institutions, there were no psychologists, psychiatrists, professional counselors or criminologists working in any of the correctional institutions. This is especially alarming, as psychological distress, substance use disorders and trauma are common in prison populations around the world. International research has shown that mental health interventions and cognitive behavioral therapy, and also individualized rehabilitation planning by trained professionals, make a significant contribution to rehabilitation outcomes and recidivism (Duwe, 2017).

Likewise, there is a consistent body of evidence from global prison health research indicating that untreated mental disorders in prisons are linked to problems of institutional misconduct, rehabilitation processes, and the risk of reoffending upon release (Fazel et al., 2016; Baranyi et al., 2018). In the absence of multidisciplinary rehabilitation staff teams, the present study identified this as a significant institutional weakness, not just one of staffing, but one that directly impedes the capacity of prisons to respond to the criminogenic needs of offenders. The findings also indicate that there is a lack of systematic monitoring and evaluation of rehabilitation programmes in prisons of Sindh.

Participants described how programmes are delivered and administrative data collected, but did not describe any standardized methods available to measure participation in programmes, change in behavior, outcomes of employment, or recidivism after release. Correctional administrators have little guidance on any effective programmes or on ways to make policies for rehabilitations more effective, unless they have some evidence of what is working (Memon et al., 2022). In other countries, researchers have stated that it is not just programme availability that should be used to assess rehabilitation; measurable outcomes such as reductions in recidivism, successful community reintegration, and improved quality of life should also be considered (Latessa and Lowenkamp, 2005; Davis, 2013). Lack of outcome-based evaluation in Sindh prisons, therefore, reduces the chance of outcome-based correctional planning and continuous institutional improvement.

Lastly, the research identifies key institutional deficiencies in reintegration after release. While all inmates were engaged in educational and vocational programmes while they were in prison, the participants reported continuously that rehabilitation ends on release. No formal linkages between correctional institutions, probation services, community based organizations and social welfare agencies to facilitate successful reintegration. As a result, many former offenders were forced to live a life of unemployment, financial difficulties and social stigma despite undergoing rehabilitation programmes.

The findings confirm the Desistance Theory, which argues that continued access to employment; stable social relationships and community support after release are the key to sustained changes in behavior as well as changes during imprisonment (Maruna, 2001; McNeill, 2012). The same findings are found in the Pakistani literature and in international literature, as poor aftercare provision and lack of employment opportunities are seen as key factors to repeat offending and to unsuccessful reintegration. Overall, the findings suggest that rehabilitation within Sindh prisons should be viewed as a systemic institutional responsibility rather than a collection of isolated programmes. The reinforcement of rehabilitation will need a long-term commitment of the government, the recruitment of multidisciplinary rehabilitation professionals, the establishment of programme monitoring and evaluation, and the creation of coordinated support mechanism after release, which should include the cooperation of correctional institutions, employers, community organizations and social welfare agencies. Addressing these institutional challenges would enhance the effectiveness of rehabilitation programmes, promote successful offender reintegration, and contribute to long-term reductions in recidivism.

Conclusion

This study explored the institutional challenges affecting offender rehabilitation across four correctional institutions in Sindh, Pakistan. The results showed that a variety of educational, vocational, religious and behavioral rehabilitation programmes exist, but they

remain limited in effectiveness due to limited institutional support, structural and operational weaknesses, and poor reintegration mechanisms following the rehabilitation. In particular, it is noted that there is a lack of adequate funding, lack of qualified rehabilitation professionals, overcrowding, poor programme monitoring, and reliance on NGOs to provide effective and evidence-based rehabilitation services.

The study emphasizes that, instead of programme-based rehabilitation, there is a need for a more comprehensive institutional approach, incorporating multi-disciplinary rehabilitation staff, consistent monitoring and evaluation mechanisms, and coordinated post-release support. There is a need to further expand cooperation between correctional facilities, probation, the employer, community organisations and mental health providers to enhance rehabilitation and lowering reoffending. The research provides qualitative evidence from inmates, prison officials, and rehabilitation workers, which adds to the scarce empirical literature regarding offender rehabilitation in Pakistan.

The results provide concrete suggestions for policy makers and prison officials interested in improving the quality of prison rehabilitation based on evidence-based institutional changes. Further studies are needed to assess the effectiveness of specific rehabilitation interventions and the long-term post-release results to inform the creation of more effective correctional policies and practices.

Recommendations

Based on the findings of this study, the following recommendations are proposed to strengthen offender rehabilitation and reduce recidivism within correctional institutions in Sindh, Pakistan.

- Government of Sindh should give attention to rehabilitation as the main goal of the correctional system by allocating more funds to rehabilitation programmes, upgrading institutional facilities and minimizing the use of non-governmental organizations. Institutional support is needed to sustain rehabilitation services continuity and quality.
- Correctional institutions should hire qualified psychologists, psychiatrists, counselors, social workers, criminologists, and addiction experts to provide one-on-one and evidence-based rehabilitation programs. Multi-dimensional approach to deal with offenders' psychological, behavioral, educational and social rehabilitation needs would be better.
- There should be standardized monitoring and evaluation frameworks to measure programme participation, behavioral change, programme effectiveness, employment after release and recidivism. Routine evaluation would help correctional agencies recognise interventions that are successful and would help inform evidence-based policy and programme improvement.
- Rehabilitation cannot stop in prison; a structured aftercare programme, access to jobs, psychological counseling, family reintegration and cooperation with probation services, employers and community-based organizations are essential. Enhancing reintegration systems will facilitate community reintegration and help decrease re-offending.
- Sindh Prisons and Corrections Service must come up with a uniform policy on rehabilitation which incorporates educational, vocational, psychological and reintegration services under one umbrella in the correctional system. This policy should establish minimum levels of programme delivery, staffing, inter-agency co-ordination and quality assurance to ensure that rehabilitation practice is consistent across all correctional institutions.

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