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## Prison-based peer-education schemes

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### Abstract

Historically, peer programs have been utilized in school and community settings to address a range of health issues such as HIV/AIDS, drug and alcohol abuse, and youth violence. However, in terms of offender rehabilitation, the change process has generally rested upon professional staff, with little formal consideration of the powerful positive influence that offenders can have on fellow offenders. This paper, therefore, suggests that prison-based, peer-led programs have something to offer to correctional organizations. First, we explore the theoretical underpinnings of peer programs, followed by a general overview of the scarce empirical research on correctional peer programs in the areas of HIV/AIDS and health education, drug and alcohol abuse, sexual assault/offending, prison orientation, and suicide/violence prevention. The discussion then focuses on the difficulties of implementing such programs, as well as their overall appeal for fellow offenders, peers, and the organization itself. We conclude that while preliminary reports of offender–peer programs are positive, controlled research is lacking. To aid in the development of such programs, and promote further research, we provide an outline to effectively implement and evaluate peer programs. It is further concluded that such innovations are important to the future of offender rehabilitation policies and practices.

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**1. Introduction**

Traditionally, within the offender rehabilitation framework, the offenders themselves are seen as passive recipients of ‘treatment’ and are required to adopt the role of patient, client, or student, with the change process resting upon professional staff (Cressey, 1965; Kerish, 1975). Yet, offenders themselves represent the largest group of untapped resources in most rehabilitation frameworks, capable of having a powerful and positive influence on fellow offenders (McHugh, 1998). Furthermore, and in line with cognitive dissonance theory and research (Festinger, 1957), when offenders act as agents of change, they increase the likelihood of changing their own opinions and beliefs regarding offending behavior, to be consistent with their new role as model. Thus, such an approach could be seen as the offenders even contributing to their own rehabilitation. Combined with the recent emphasis on innovative program development, peer programs, which provide offenders with an opportunity to function in helping or teaching roles, may be a promising adjunctive intervention.

Over the past half century, the number of prisoners in the United States and Canada, for example, has tripled. During the same period, the number of psychiatric patients housed in institutionalized psychiatric care has dramatically decreased (Ogloff, 2002). It has also been estimated that, for example, 10–15% of Canadian inmates suffer from a major affective disorder (Ogloff, 1996; Roesch, 1995), 69% of remanded Australian males suffer from a substance use disorder (Herman, McGorry, Mills, & Singh, 1991), and 2–7% of sentenced English prisoners have psychotic illnesses. This has led some commen-

tators to cynically view prisons as the last bastion of institutionalized care for the mentally ill (Gilligan, 2003), while others note the increasing demands upon forensic services and the unmet need in the prison population (Smith, 2003). It is our hypothesis that for certain populations, the use of a peer-education model may facilitate addressing the gap, in some instances, between the need and service provision. Furthermore, with studies demonstrating that retention in treatment programs is predictive of both recidivism and relapse, and that motivation is predictive of these retention rates within treatment programs and for after-prison care (De Leon, Melnick, Thomas, Kressler, & Wexler, 2000; Wexler, Falkin, & Lipton, 1990), it is possible that a peer-education adjunct to treatment may, through increased motivation and readiness (Ward, Day, Howells, & Birgden, *in press*), decrease recidivism.

In general, peer education constitutes an umbrella term covering a range of different approaches including peer training, peer facilitation, peer counseling, peer modeling, or peer helping (Parkin & McKeganey, 2000). Within a correctional setting, peer programs have been commonly described as ‘prisoner listener’ or ‘prisoner befriender’ schemes, encompassing the concepts of peer counseling, education, and modeling (HM Prison Service, 2001; McHugh, 1998). Although in explicit definitional terms, each may be distinctly different depending on the purpose of the intervention, all share a similar notion: programs by inmates, for inmates (Ehly & Vazquez, 1998; Kerish, 1975). This paper aims to explore first the theoretical underpinnings of peer programs, followed by a review of the currently available empirical research on correctional peer programs. The discussion will then focus on the difficulties of implementing prison-based, peer-led programs, as well as the overall appeal of such programs for both fellow prisoners and the peers themselves. Recommendations on the effective implementation and evaluation of peer programs will then be explicated, highlighting the importance of such innovations in future rehabilitation policies and practices.

## 2. Methodology

To review the available studies, a literature search was conducted on *PsychInfo* using various combinations of the keywords “offend,” “peer,” “program,” “listener,” “evidence,” “educate,” and “self-help.” Following this primary search, secondary references were traced, and experts in the field were canvassed for further studies. Few formalized studies were found, and it became evident that most knowledge was anecdotal in nature. Therefore, a web search was performed and web references will also be used throughout this review.

## 3. Theoretical framework

The theoretical framework for peer programs is predominantly built upon the bedrock of social learning theory (Bandura, 1986), social inoculation theory (Duryea, 1983; McGuire, 1968), and differential association theory (Sutherland & Cressey, 1960).

Social learning theory posits that to change behavior, individuals must have the opportunity to observe and practice modeled behavior until they feel confident in performing it effectively (Mathie & Ford, 1998; Milburn, 1995; Turner & Shepherd, 1999). The extent to which individuals are influenced by modeled behavior depends on the characteristics of the models, the attributes of observers, and the perceived consequences of adopting similar behavior (Bandura, 1986; Turner & Shepherd, 1999). For many offenders, adverse childhood experiences, such as lack of family support, family conflict, antisocial parents and associates, and childhood abuse and neglect have characterized their learning process (Baron & Hartnagel, 1998; Dutton & Hart, 1992; Kempf, Braley, & Ciotola, 1998; Myner, Santman, Cappelletty, & Perlmutter, 1998; Richards, 1996). It is not uncommon for offenders to have shown a developmental progression based on impoverished, inconsistent, or neglectful parenting, from oppositional/defiant behaviors, through disorders of conduct, to antisocial personality traits. Theoretically, the use of credible role models, such as fellow offenders, who have experienced similar circumstances and, yet, have developed the skills to make lifestyle changes, can, at times, be far more effective in bringing about and reinforcing behavior change than ongoing contact with a professional counselor (Mathie & Ford, 1998; Turner & Shepherd, 1999). Indeed, the closer participants identify with the models, the more likely they are to change their behavior in a consistent manner (Bandura, 1986).

Social inoculation theory emphasizes that social pressures contribute to the emergence of unhealthy behaviors—an individual's resistance to this pressure (e.g., to start using drugs) being stronger if they develop arguments to counter such pressure (Turner & Shepherd, 1999). The theory is premised on the belief that individuals do not want to engage in unhealthy behaviors, but lack the negotiating skills to resist or inoculate themselves against social pressure (Mathie & Ford, 1998). For offenders, interventions delivered by professional staff that address social pressures may be perceived as the therapist's way to theoretically establish conservative norms. Offenders may perceive such intervention goals as unattainable in practice or as standards that are appraised negatively by their peers and, hence, are undesirable. However, counterarguments delivered by fellow offenders who have managed similar social pressures may be more realistic and acceptable.

Based on the work of Sutherland and Cressey (1960), differential association theory combines the psychological concepts of social learning and social inoculation theories, but stems from criminological and deviance research (Milburn, 1995). The theory argues that criminal behavior is learned in social situations by associating with those who can teach the skills, techniques, motivations, rationalizations, and attitudes required to engage in a crime (Milburn, 1995; Turner & Shepherd, 1999). Peers, therefore, act as negative influences, teaching each other 'bad' habits. Arguably, offenders in a helping role can just as easily teach fellow offenders 'good' habits that promote adaptive behaviors and lifestyle changes (Turner & Shepherd, 1999).

While these theoretical conceptualizations provide a very generalized explanation of why peer-led programs may be effective in corrections, limited empirical evidence is available to support or refute their claims. Additionally, given the varied aims, objectives, and processes of existing peer projects, comparison and evaluation are extremely difficult.

What follows, therefore, is a discussion of the existing literature on prison-based, peer-led programs. We then highlight the pros and cons of peer education to facilitate the development of a realistic framework for the implementation and evaluation of peer programs in corrections.

#### **4. Peer programs in correctional settings**

Historically, peer programs have been used within school settings to target issues such as sexual health education (Milburn, 1995; Shepherd, Weare, & Turner, 1997) and academic learning difficulties (Greenwood et al., 1984); class disruption (Sanders & Glynn, 1977); HIV/AIDS and injecting drug use (Broadhead, Heckathorn, Grund, Stern, & Anthony, 1995; Crofts & Herkt, 1995; McKay, 2000; Trautmann, 1995); drug and alcohol abuse (Black, Tobler, & Sciacca, 1998; Klepp, Halper, & Perry, 1986); teenage motherhood (De La Rey, 1996); anger management (Presley & Hughes, 2000); and youth violence (Wiist et al., 1996 as cited in Parkin & McKeganey, 2000). Some community-based initiatives have also used peer programs to target gambling (Rosencrance, 1988, as cited in Parkin & McKeganey, 2000) and the empowerment of senior citizens (Kocken & Voorham, 1998). Such studies have found nearly uniformly positive outcomes using peers, although this may be influenced by the ‘desk-drawer’ phenomena of unfavorable studies. While scarce, studies are also beginning to document the use of prison-based, peer-oriented projects in a number of areas. These areas, and the evidence for their use, are outlined below.

##### *4.1. HIV/AIDS and health education*

The increase in drug-related arrests has resulted in the incarceration of a significant proportion of injecting drug users. Subsequently, the number of incarcerated individuals living with HIV or AIDS has increased dramatically (Chappell & Norberry, 1992; Grinstead, Faigeles, & Zack, 1997). These individuals often serve short sentences and show high rates of recidivism (California Department of Corrections, 1997); thus, they frequently move between prisons and their home communities. Within prison, injecting drug use, and consensual and nonconsensual sexual activity are common, increasing the probability of infection given the lack of access to clean needles and condoms. The possibility of HIV transmission through tattooing and interpersonal prison violence also exists. Thus, when offenders return home, partners face, and may be unaware of, their increased risk of infection (Chappell & Norberry, 1992; Grimsley, 1992; Grinstead et al., 1997; Grinstead, Zack, Faigeles, Grossman, & Blea, 1999).

Given that the practices associated with HIV/AIDS are either illegal or stigmatized within the prison, peer-education approaches may be the most appropriate and accessible resource for offenders. In essence, peer educators are more likely to have specific knowledge about risk behavior occurring both inside and outside prison, and have an understanding of realistic strategies to reduce this risk. For example, in the United States, Magura, Kang, and Shapiro (1994) found that 58 incarcerated youths involved in a four-

session group AIDS education program were more likely to increase their condom use, increase positive attitudes towards condoms, and decrease high-risk sexual partnerships, compared with 99 members of a control group not involved in the program. Similarly, an evaluation of a peer-led AIDS prevention training program for parolees revealed a significant decrease in sexual and drug-related risk behaviors, and improved community readjustment at 1 year follow-up (Wexler, Magura, Beardsley, & Howard, 1994). The evaluation of Grinstead, Faigeles, and Zack (1999) of a series of collaborative initiatives at San Quentin State Prison is also reason for optimism. In one study aimed at changing intentions to use condoms and obtain information related to, and be tested for, HIV/AIDS, peer-led groups were rated as effective as professionally led groups. Interestingly, the offenders also expressed a preference for the peer-led program. In another study (Grinstead, Zack, et al., 1999, p. 232), a prerelease HIV prevention program randomly allocated inmates to either receiving standard care (access to HIV educational materials and informal access to peer educators) or a 30- to 60-min individual session with a peer educator. Of the 414 men interviewed at preintervention, 176 were also interviewed at follow-up (17 days postrelease). The results, while preliminary, found that those who received the peer-led intervention were significantly more likely to wear condoms than those who received standard care, when returning to the community and having first-time intercourse. This group was also less likely to have shared needles, as well as more likely to have abstained from injecting drugs.

Several Australian correctional services have also recognized the importance of peer-led approaches to HIV education. In New South Wales, the Prison HIV Peer Education Program has been successfully adopted in all institutions across the state, with the train-the-trainer program well-established (Chappell & Norberry, 1992; Robinson, 1994a). Queensland and South Australia also use peer-led programs as the cornerstone of HIV education for inmates (Robinson, 1994b), and the Northern Territory provides HIV peer education using a story-telling approach, tailored specifically for 75% of the Aboriginal inmates (Robinson, 1994a, 1994b). In Victoria, a pilot program was initially run at H.M. Pentridge Prison (Robinson, 1994b); however, since the prison's closure, this program has discontinued. For the remaining Australian states, little documentation exists on peer-led HIV interventions, although it has been noted that these jurisdictions are exploring ways where offenders can begin to 'own' the process of HIV/AIDS prevention (Chappell & Norberry, 1992; Grimsley, 1992; Robinson, 1994a).

Although these studies offer some support for a peer-education model, comparative data concerning effectiveness of a peer-led versus a professional-led intervention in reducing HIV risk-taking behavior are lacking. In one U.S. study by Grinstead et al. (1997), new offender receptions were assigned to either a peer-led ( $n=1169$ ) or a professional-led ( $n=648$ ) HIV prevention program using a stratified randomization strategy. In effect, the peer-educator or the professional alternated intakes by week—1 week on, 1 week off. A 'no intervention' comparison group was also obtained ( $n=478$ ) by handing out surveys after the randomized groups had been obtained. Results indicated that peer-led groups were as effective as professional-led programs in changing attitudes and behaviors, although offenders reported a stronger preference for interventions led by inmates. Peer educators

may therefore be an important influence in HIV education and prevention in prisons, although additional studies of similar methodological design are required to further support these preliminary findings.

#### 4.2. *Drug and alcohol abuse*

Related to HIV/AIDS prevention is substance misuse and abuse. Many offenders, due partly to their dysfunctional backgrounds and learning environments, exhibit poor coping mechanisms. Consequently, self-medication using licit and illicit drugs helps them tolerate and manage their affect. Despite efforts to contain trafficking and abuse of illicit substances, offenders continue to obtain and use drugs in prison. For example, a recent report by the [Australian Bureau of Criminal Intelligence \(1998–1999\)](#) revealed that the illicit drugs predominantly taken by offenders were cannabis, heroine, and amphetamines. It has also been estimated that around 50% of violent offenders are under the influence of alcohol or other drugs when the offence is committed ([Wald, Flaherty & Pringle, 1999](#)). Although drug and alcohol education has been adequately provided by professional services, it is unlikely that these programs are able to service all inmates and curb the correctional drug problem. Offenders themselves may therefore be an additional force behind effective prison-based substance abuse programs.

Little research has been conducted on the efficacy of peer approaches in this area, although ex-addicts assisting others in the recovery process is well documented. For example, [Brown \(1991\)](#) reported that an estimated 72% of professional counselors working in over 10,000 substance-abuse treatment centers in the United States are former substance abusers. It has been proposed that the transition from substance abuser to professional counselor encompasses four stages ([Brown, 1991](#)). The first stage, ‘emulation of one’s therapist,’ suggests that through their own therapy, potential peer counselors attach a deep personal meaning to the therapeutic relationship, developing a new understanding of themselves. In the second stage, ‘exiting deviance,’ these individuals view their deviancy as an invaluable therapeutic resource, feeling compelled to use their knowledge to help others—what Brown terms as ‘the call to a counseling career.’ During the next stage, ‘status-set realignment,’ these individuals immerse themselves into helping others, realigning their role from deviance to a professional ex-addict. This not only assists others, but also meets their own recovery needs by reaffirming their ability to remain abstinent. The final stage, ‘credentialization,’ suggests that these individuals capitalise on their deviant past by promoting their experiential legitimacy (i.e., ‘having been there and done that’) to fellow offenders, community members, and other professionals.

[Maruna \(2001\)](#) also attests to the significance of the ex-addict phenomenon. In a sample of 30 offenders ‘desisting’ from crime, 3 found full-time employment as counselors or social workers with drug abusing clients, 11 were volunteer workers and hoped to become full-time drug counselors, and 2 were employed full-time in different careers, but were also volunteers with young substance abusing offenders. Maruna (p. 104) reports that many offenders believe a lifetime deemed a waste can be put to use by saving even just one other life from repeating the same mistakes through involvement in programs such as Alcoholics Anonymous (AA) or

Narcotics Anonymous (NA). However, additional research is required to determine whether recovered individuals are a viable resource to augment offender rehabilitation, rather than a method of ensuring longevity to their own abstinence.

#### 4.3. *Sexual assault/offending*

For many years, sexual offending has been recognized as a serious social problem, with correctional resources continually being allocated to the development and implementation of specialized sex offender programs. However, the utility of peer-led programs addressing sexual offending is only just beginning to emerge (Smith & Welchans, 2000). Specifically, prison-based studies are relatively scarce, with the majority of research stemming from the college education literature.

For instance, in exploring the relationship between rape and rape myths, Foubert and Marriott (1997) found that after attending a peer-led program, 79% of male college students reported being less likely to use sexual coercion in their personal lives compared with a control group, sustaining these results 2 months postprogram. In another study, teenage students who viewed a peer-led play dealing with sexual assault were less tolerant of rape in comparison with a control group (Lanier, Elliot, Martin, and Kapadia, 1998, as cited in Smith & Welchans, 2000). Foshee et al. (1998), as cited in Smith and Welchans, 2000, also report that the Safe Dates Program, a peer-led presentation aimed at changing attitudes on assaultive behavior, resulted in participants exhibiting 60% less sexual violence perpetration at 1-month postprogram in contrast to a no-treatment control group. Finally, the evaluation of Smith and Welchans (2000) of a peer-led intervention, which emphasized perpetrator responsibility, revealed a reduction in rape-tolerant attitudes for both male and female high school students ( $n=253$ ). The peer educators had received 15 h of training from a local sexual assault prevention agency and they provided a 45-min presentation in a classroom. However, these changes were measured immediately after the end of the education session, and a longer term follow-up assessment is needed to be confident in the meaningfulness of this study and the impact of such an intervention in real terms, both attitudinal and behavioral, over time.

These studies indicate that peer-education programs are beneficial, at least in the short term, in increasing awareness and reducing attitudes supportive of sexual offending. Specifically, these programs adopt a preventative approach by reaching youth who may move on to become perpetrators of sexual assault. With additional research, similar peer-led programs for both juvenile and adult sexual offenders may also be useful in altering dysfunctional attitudes and beliefs. Brannon and Troyer (1991) offer preliminary evidence on the efficacy of a professionally led peer-group counseling program. These authors suggest that peer residential treatment programs are at least equally effective in reducing recidivism among adolescent sex offenders than specialized treatment programs. It was found that attending a peer-group counseling program, facilitated by staff members, led to sex-offending recidivism rates of 2%. This is a favorable comparison to the expected 3–14% frequently reported in the literature (Smith & Monastersky, 1986) and does not significantly differ from the rates obtained by specialized sexual offender treatment programs. Furthermore, the



overall 34% recidivism rate (on any crime) did not significantly differ from offenders on specialized treatment programs.

In a follow-up study examining self-disclosure of sexual victimization among incarcerated juvenile offenders, Brannon, Larson, and Doggett (1991) suggest that correctional services can reduce victim denial through peer interventions which facilitate group cohesiveness, interpersonal support, and acceptance. Thus, if cautiously implemented and monitored, peer-led sexual offending programs, or programs that utilize offenders as cofacilitators, may become a vital component in offender rehabilitation.

#### 4.4. *Prison orientation*

Orienting new offenders to the policies, procedures, and realities of prison life is another avenue for peer education. Many offenders feel they have been cheated by the system and by society in general, often fighting against the prison environment upon reception. This may result in perceived harassment by prison officers or violent outbursts and periods in solitary confinement. Given their experiential knowledge, information offered by like-minded peers on the ‘dos’ and ‘don’ts’ of prison life, particularly for young offenders, may be more acceptable than that communicated by correctional staff. Naturally, such a procedure would require delicate handling so that offenders are not, in effect, policing themselves. While such orientation by peers occurs already through informal avenues, it may be worthwhile to assess the utility of an official program.

To date, no documented studies have been found that demonstrate the efficacy of peer-led orientation programs. Anecdotally, however, the authors are aware of an Australian program currently in operation at Victoria’s Port Phillip Prison. An experienced ‘prisoner listener’ conducts regular group meetings where new receptions are provided information on unit rules, procedures in obtaining rights and privileges (e.g., telephone accounts, visitors lists, and canteen spends), and information on available educational, vocational, medical, and psychological resources. Despite the lack of empirical data, informal reports from correctional staff and offenders highlights the initiative’s success (Barker, 2000); however, further research is required to substantiate these claims.

#### 4.5. *Suicide/violence prevention*

In comparison with the general population, prison suicide rates are at least four times higher, with self-harm rates estimated to be 10 to 20 times higher (Howells, Hall, & Day, 1999). This is often a result of the interaction between the stressors of a prison environment and an offender’s vulnerability characteristics, particularly his or her inability to regulate emotions (World Health Organization, 2000). A proportion of offenders also try to mask these emotions by resorting to aggressive and violent behaviors, effectively denying or escaping from their psychological anguish. Correctional services largely view these dysfunctional behaviors as ‘acting out’ or manipulation, regarding such incidents as management, rather than, treatment problems (Pollack, 1999). Consequently, these individuals are often placed in solitary detention until assessed by a health team member. This does not solve the problem,

and often escalates existing feelings of isolation, depression, and anger, leading to suicidal ideation. Additionally, if incidents occur at night or over the weekend, these offenders must remain in isolation until health staff return to duty. Training offenders to function as peer counselors may help mitigate the logistical problems of obtaining 24-h access to health staff (Correctional Service of Canada, 1990; World Health Organization, 2000).

At the Kingston Prison for Women in Ontario, Canada, 11 trained peer counselors are available to fellow offenders on a 24-h basis. The program attempts to address the precipitators of self-injury or violent outbursts, and decrease feelings of isolation and powerlessness. In a recent qualitative and quantitative evaluation, most peer counselors reported that the training sessions not only assisted them in developing the skills necessary to help others in distress, but also increased their own sense of self-worth and self-confidence. The program also offered an atmosphere of trust, mutuality, and respect, encouraging the participants' sense of autonomy and self-efficacy, a welcome contrast to the damaging effects of an offender's life experiences and the prison environment itself. Moreover, 81% of offenders valued the existence of the program even if they had never used a peer counselor in a crisis situation. Those who had received peer counseling reported an ease in feelings of isolation and depression, and more positive beliefs about themselves (Pollack, 1999).

Similarly, in England and Wales, a prisoner listener or befriending scheme has been implemented in approximately 100 institutions. The program provides offenders with the opportunity to access a prisoner listener at any time of the day, within any prison location. In extreme circumstances, shared accommodation is arranged where the listener and the at-risk offender spend the night in an overnight cell. Preliminary evaluations reveal that the scheme has assisted in reducing incidents of self-harm, with many listeners suggesting that it has undoubtedly saved lives. Moreover, communication between staff and offenders has also improved, fostering more genuine, supportive relationships (HM Prison Service, 2001; McHugh, 1998; World Health Organization, 2000).

Within Australia there is a paucity of research into listener schemes targeting suicidal and/or violent behavior. In Victoria, however, one such scheme is currently operating at Port Phillip Prison, whereby listeners complete a TAFE-accredited course entailing 54 h of intensive training. They are then able to access all units within the prison, and are available 24 h a day, 7 days a week, an aspect which naturally necessitates careful offender selection criteria, a point we will be returning to later. A preliminary evaluation, conducted from May 1999 to November 2000, revealed an increase in program awareness from 67.5% at the start of the program to 86.6% by the end. Additionally, over time, more offenders (66%) were comfortable in requesting this service and were more knowledgeable about the process of accessing the service (80%). Finally, for both time points, approximately 75% of offenders found the program useful (Smale, 2000). Although preliminary, these and earlier results highlight the potential utility of prisoner listener schemes to target suicide, self-harm, and violence. However, further research is required to adequately demonstrate the effectiveness of such inmate support systems before they are adopted prisonwide. This need for research is also relevant to the adoption of a peer-based intervention for anger management strategies. We know of no studies or interventions for anger management which have used peers in a prison context.

## 5. Risks of prison-based peer programs

Although most studies to date have demonstrated the value of using prison-based peer counselors to address a range of issues, there may be several risks associated with such programs. First, there is a lack of sound empirical studies that convincingly demonstrate the preference for, and the enhanced effectiveness of, peer education approaches over professionally delivered interventions, with one study suggesting that offenders prefer professional counselors (Cahill, Jessell, & Horne, 1979). In one aspect of this analogue study, prisoners ( $n=98$ ) were asked to rate their preference for peer or professional counselors. Following this, they watched a role-played, videotaped counseling session where an inmate was counseled by either a professional or a fellow inmate, at the end of which, the prisoners evaluated the counselor. There appeared to be an overall preference for professional counselors before watching the videotapes, and people's preference for counselor type (peer vs. professional) did not appear to moderate inmate ratings of general counselor effectiveness/competence. However, the participants did evaluate the professional (in the video) as more 'preferred' than the peer counselor overall and on alcohol-related problems, and rated the peer counselor as more preferred on work release problems ( $P<.05$ ). Such results suggest that prisoners may have preexisting biases on the type of counselor they expect, but these biases do not appear to affect the ratings of counseling sessions once viewed. It also appears that offenders take into account the problem being addressed when rating a preference for educator/therapist type. However, at this stage, we only have analogue studies, rather than field trials, to inform us. Without further research, it is difficult to determine whether peer-led programs hinder or enhance offender rehabilitation, and to be confident in any proposed model as representing 'best-practice.'

Peer education is also a complex process to manage demanding extensive professional time and resources equivalent to, if not more than, conventional counseling methods (Milburn, 1995). For example, a suitably qualified trainer must be someone who can adequately develop training sessions and materials with clear aims and objectives appropriate for a correctional environment; screen and recruit potential peer educators; conduct training sessions; engage in ongoing consultation with management; supervise peers; and evaluate and monitor program outcomes for the organization, the users, and the peer educators themselves (Lindsey, 1997; Maheady, 1998; Walker & Avis, 1999). There also needs to be a commitment and involvement of a broad range of agencies and staff so that, for example, key educators are not transferred to another correctional environment, or employment commitments do not restrict their counseling duties (Walker & Avis, 1999). Without this type of organizational investment, the success of peer-led approaches cannot be guaranteed. Failure to address investment and logistical issues would likely decrease the success of the approach.

Furthermore, if peer education is inappropriately managed, professionals may feel alienated by offenders, who may be more comfortable accessing peer-led programs. This could result in correctional staff no longer advocating counseling, decreasing their appraisal of the worthiness of the counseling approach to rehabilitation, or/and in a drop in professional referrals. This, in turn, may decrease organizational morale and professionalism, and may

negatively impact the overall running of the prison (Kerish, 1975; Robinson, 1994a, 1994b). Clear guidelines, referral systems, and open channels of communication between staff and peer educators are therefore required to minimize this intergroup threat. It is also important to emphasize the adjunctive role of peer educators as one aspect in a range of complimentary initiatives targeting long-term behavior change (Kerish, 1975; Walker & Avis, 1999).

It has also been suggested that offenders should not be counselors as they themselves may have several unresolved problems. Undue reliance on peer-led methods may impede an educator's opportunity to make sufficient progress with his/her own issues. Appropriate recruitment of capable peer educators and ongoing training and supervision are therefore vital. Furthermore, the powerful impact of helping and teaching others can have on an individual's own learning should not be underestimated (Deville & Sanders, 1993; Maheady, 1998; Maruna, 2001).

Peer education also raises three ethical concerns: accountability, peer competence, and confidentiality. Regarding accountability, clear procedures must be developed and implemented to determine who is ultimately responsible for the provision of care. In the listener schemes in England and Wales, the Governor remains accountable; offenders have no legal responsibilities (HM Prison Service, 2001). This must be communicated carefully, ensuring at the same time that peer educators still remain responsible for understanding and practicing ethical behavior.

In terms of peer competence, an organization must ensure educators are trained to effectively and efficiently fulfill their task. Failure to adequately prepare peers may place them at risk of receiving negative reactions from fellow offenders and staff. Although it may be difficult to directly monitor the quality of peer–offender interactions, it is vital to establish an ongoing process of supervision whereby the peers feel comfortable addressing areas of concern. Peers should also be encouraged to respond within the limits of their training and use established referral processes for issues beyond their capabilities, or when their own personal bias hinders progress (Ender & Newton, 2000; Maheady, 1998).

Finally, although breach of confidentiality is a huge issue for many offenders as they themselves enter professional–client relationships, it may still pose a problem for peer educators, particularly if there is a history of 'bad blood' between the parties concerned. It is therefore imperative to highlight the importance of respecting the welfare and dignity of fellow offenders through maintaining confidentiality. Furthermore, the limits of confidentiality in situations involving harm to self, others, or the good order of the correctional setting should also be explained (Ender & Newton, 2000; Maheady, 1998).

## **6. Appeal of prison-based peer programs**

Despite the potential risks involved, peer-led programs can also be advantageous for fellow offenders, peer educators, and the correctional organization itself. For offenders, professional staff are sometimes seen as authority figures attached to the correctional organization; thus, they may feel uncomfortable and suspicious during professional interactions (Mathie & Ford, 1998; Robinson, 1994a, 1994b). Furthermore, professional interventions are at times

perceived to be psychobabble, administered by middle-class intellectuals who have not experienced the same real-life problems and decisions as the offenders themselves (Maruna, 2001). Peers are deemed more credible sources of information because they have experienced similar struggles and are, therefore, able to ‘speak the same language’ by offering practical support and positive role modeling (Cahill et al., 1979; Kerish, 1975; Mathie & Ford, 1998; McKay, 2000; Milburn, 1995; Parkin & McKeganey, 2000; Turner & Shepherd, 1999). This is particularly pertinent for offenders who infrequently access conventional methods, even when highly distressed. Moreover, in comparison with professional-led programs, some studies have also suggested that peer-led approaches result in increased participant knowledge and life skills; improved motivation and self-confidence in bringing about change (Topping & Ehly, 1998); improved interpersonal relationships; and enhanced self-esteem and self-worth (Maheady, 1998).

For the peer educators, many discover that they possess skills to help others. This role gives them the same sense of empowerment and fulfillment that they were seeking, unsuccessfully, through their criminal behavior (Maruna, 2001; Milburn, 1995; Turner & Shepherd, 1999), or were unable to achieve in other prison-based roles (e.g., factory work, horticulture; Keller, 1993; Maruna, 2001). Consequently, they feel proud about themselves and their legitimate contribution to the world, often for the first time in their lives, resulting in enhanced self-esteem and self-confidence (Backett-Milburn & Wilson, 2000; Keller, 1993; Parkin & McKeganey, 2000). Furthermore, peer counseling enables offenders to associate their own negative attitudes and behaviors with those of their clients. They may therefore be able to gain invaluable insights into their own behavioral motivations, thereby experiencing a kind of self-rehabilitation and, simultaneously, becoming more effective as counselors (Keller, 1993; Maruna, 2001). In the long term, counseling others on the disadvantages of deviancy may result in the development of healthier cognitive scripts and internalization of law-abiding values. Consequently, the peer educator may begin to feel a connection to or ‘embeddedness’ within society, rather than feelings of alienation, enabling the offender to reintegrate and move forward with their lives (Keller, 1993; Maruna, 2001).

In terms of organizational impact, peer programs can ease the pressure on professional counseling staff who are often inundated with referrals, resulting in less time spent with each client and a reduction in the quality of professional care. It is therefore possible that a peer-education program may decrease the demand of basic referrals, leaving professional staff more time to address complex cases (Maheady, 1998). Furthermore, despite numerous start-up expenses, peer programs represent long-term cost effectiveness. This is largely because peer educators operate without any monetary gain 24 h a day, 7 days a week. Such a service would not be financially viable for most organizations, if conducted by professional staff (Maheady, 1998; Maruna, 2001; Milburn, 1995; Parkin & McKeganey, 2000; Turner & Shepherd, 1999). Finally, using credible offenders to assist other offenders, particularly those posing management difficulties, can help in maintaining the security and good order of the correctional environment. Moreover, such programs may be a vehicle for promoting an organization’s commitment to best practice in offender rehabilitation (Maheady, 1998).

## 7. Recommendations for effective implementation and evaluation

It appears that the benefits of utilizing offenders in the rehabilitation process far outweighs the associated risks, particularly when complimented by careful planning, implementation, and monitoring processes. Based on British guidelines (HM Prison Service, 2001), the following recommendations are divided into four phases, which may assist in the effective implementation and evaluation of prison-based, peer-led programs.

### 7.1. Planning and development phase

Different correctional settings may have diverse needs; thus, a successful peer program should begin with a determination of the specific issues of a particular target group and the resources available to meet those needs to plan the most suitable intervention (Cowie & Wallace, 2000; Walker & Avis, 1999). This planning stage could involve a working party encompassing management, therapeutic and correctional staff, and, at a later stage, several representative offenders who may become peer educators should they possess the necessary skills. Table 1 outlines some of the issues that need to be addressed during this phase.

Following this initial planning stage, the program's structure and content can begin to be developed. Specifically, aims and objectives, as well as a general overview of the program's content, must be explored. An appropriate evaluation assessing the program's intended impact on its target audience should also be drafted at this early stage to ensure that the program's aims and objectives are measurable. The working party then needs to develop the principles and guidelines for program implementation. Several logistical and organizational issues need to be discussed. First, staffing, often peer-led work, is 'tacked onto' an

Table 1  
Planning and development of a peer program

Planning and development		
Domain of concern	Area of concern	Specifics
Staffing	Training and oversight Involvement	Forensic training, motivating peers, recognition, etc. Staff team members, those involved in selecting peers.
Conditions of using peers	Mode of delivery Peer housing Times of service	Group, individual, crisis, etc. Prison-wide, secure units, buddy cells. 24 h? 7 days?
Ethics	Professional conduct Boundary issues Abuse of system	Confidentiality, respect, personal bias, etc. Limits of knowledge, referral process, etc. Coordinating riots between wings, free labor, etc.
Referral system	Documented procedures	Process of referral to professionals, etc.
Peer recruitment	Selection method Selection basis Selection Stability Selection Process	Peer, self or staff nomination, advertising within prison, etc. Qualities, skills, attitudes, and mental health. At least 6 months left to serve. Two stages: for training; final selection.

employee's other responsibilities, without recognition of the complexity and time involved (Walker & Avis, 1999). A skilled and committed staff member(s), preferably trained in forensic psychology, should therefore be responsible for developing and delivering training packages to the peer educators, supervising and motivating peer educators, conducting evaluations on the program's effectiveness, and providing outcome reports to management. Such a program should also, a priori, decide upon which staff members are involved in the whole program, including the peer selection.

The conditions of use of the peer educators also need to be addressed. This includes the following: mode of program delivery (e.g., the main role of the peer educators could involve either group, individual, and/or crisis work); areas to be covered (e.g., certain peer educators may need to be designated to protection and management units to access these inmates); possibility of shared accommodation in crisis situations (e.g., buddy cells in which peer educators can reside within the same cell as a fellow offender in crisis, to offer support and guidance for a designated time period); and times of service (e.g., 24 h a day, 7 days a week, particularly if crisis work is involved in the repertoire of activities).

Clarification of the many ethical issues also needs to be addressed. This includes the following: professional conduct (specific guidelines need to be developed, which include discussion of confidentiality, respect for clients, and dealing with personal bias and values); boundary issues (emphasis should be placed on operating within the limits of their knowledge and training, with guidelines for seeking supervision or making referrals to professional staff in the event of complex issues); and abuse of the system (procedures on managing abuse of the program by the organization, staff and fellow offenders are also required). Relating to this last point, it is imperative that a system be devised to stop the passing of information and/or drugs among prisons or prison wings by peer educators.

The referral system also requires an effective communication strategy which can manage referrals from staff to peer educators, and referrals from peer educators to professional staff, particularly for more complex issues, or crises.

Once these aspects have been addressed, we recommend that very careful attention should be paid to the peer educator selection and recruitment processes. This includes prudent attention to the methods of selection (e.g., self-nomination, peer nomination by fellow offenders, and/or staff nomination). Strategies for establishing nominations, such as advertising through posters, leaflets, or local bulletins around the correctional environment, should also be discussed. Further attention should also be paid to the basis of selection (determination of the qualities, skills, and attitudes needed and those to be avoided). It appears to us that the main criterion is the willingness and ability to positively influence the behavior of their peers. They also need to be representative of, and influential with, the various subcultures within the correctional environment, and peer educators cannot be seen as representing the correctional administration as this would automatically alienate them from fellow offenders and be ultimately self-defeating. Naturally, exclusion criteria would also have to be sensitive to the mental health of the volunteering peer. This aspect should extend to the issue of psychopathy. Previous research has highlighted the increased risk of general and violent recidivism for psychopaths (e.g., Hare, 2002; Hart, Kropp, & Hare, 1988; Sjoestedt &

Langstroem, 2000). It is suggested that until evidence to the contrary, these prisoners would not make for good peer-educators, and may even make for poor participants. These particular prisoners may require their criminogenic needs to be met through other interventions (Andrews & Bonta, 1994; Blackburn, 2000). Other aspects, which need to be addressed, includes the following: stability (the peer educator should have at least 6 months to serve following training, to ensure some commitment to the program); and the selection process (a two-stage selection process would be most effective, where potential peer educators are chosen at a pretraining stage, and then, pending their performance during training, a final group is selected at a posttraining stage).

### 7.2. Training and implementation phase

Based on the above general principles and guidelines, the appointed staff member(s) can then specifically develop the peer training package. Such an approach would require exploration of a number of issues (see Table 2), one of which, relates to the structure of training. This would require that the modality of training is decided upon and facilities made available (group training is generally deemed the most appropriate and cost-effective). Furthermore, one should prepare for the intensity of the training (e.g., need to determine the number of sessions and time allocated for each session, such as 10 sessions of 2-h duration). This will undoubtedly depend on the peer program to be implemented. For

Table 2  
Training members, program implementation and maintenance

Training, implementation, and maintenance		
Domain of concern	Area of concern	Specifics
Structure of training	Modality	Group training; appropriate and cost-effective.
	Intensity	Number and length of sessions.
Content of training	Specific Skills	Core education, listening, communication, confrontation, empathy, problem solving, enhancing self-esteem, individual and group skills, cultural and ethnic perspectives, ethical issues.
Delivery of training	Facilitators	Current staff and peers from previous years.
	Process	Use of videotapes, role-plays, didactic, and experiential.
Program Implementation	Communication	Of available peers and program availability to inmates and staff.
	Supervision and support	Practical and emotional support of peer-educators, weekly group meetings and individual sessions, emergency support.
Program maintenance	Management support	Structural and procedural.
	Regular meetings	Staff, management, peer-educator representatives.
	Training	Ongoing training and refresher courses.
	Program promotion	Informing inmate population and staff of program availability and process
	Forward planning	New peer educators, training based on inmate feedback.



example, a suicide/violence prevention peer-training program would be much more in-depth than a peer-training program on prison orientation. The intensity is also dependent on the regime of the correctional setting, for example, shorter training programs may be required in remand settings where offender turnover is high.

The content of the training program is undoubtedly one of the major concerns for the supervisor of the program. The specific skills required will differ depending on the aims and objectives of the particular program. However, several core skills should be delivered across all training programs, such as attending and listening skills; communication skills (responding, summarizing, and questioning); confrontational skills (assertiveness, giving feedback, and conflict resolution); empathy skills; problem-solving skills; enhancing self-esteem; individual and group work skills; cultural and ethnic perspectives; and ethical issues (e.g., confidentiality, personal bias, etc.).

Preparations relating to the delivery of training should address the facilitators utilized. Apart from the appointed staff member, peer educators from previous years who are involved in training may prove invaluable (Walker & Avis, 1999). The process of training is important to skill acquisition. Although videotapes have been successfully used for training offenders in peer-counseling interventions (George, Hosford, & Moss, 1978), several studies emphasize the importance of practicing skills through role plays and similar techniques (Atkinson, 1976; Lomis & Baker, 1985). Apart from didactic learning, ample time should therefore be given for experiential learning, which should involve having an active experience and/or observing others having that experience, reflecting on the experience, drawing some understanding/conclusions from the experience, and attempting the activity again after developing a new understanding of the process.

The first stage in implementing the Peer Program requires clear communication to both other prison staff and inmates of the availability of the program and the selected peer-listeners. A system of supervision and support is then needed to establish a process whereby peer educators have the opportunity to consult with the appointed staff member(s) and confidentially discuss difficult issues they may have encountered, and/or to obtain emotional support. This is most important in creating a safe, effective peer program that ultimately ensures the welfare of its users, and the motivation and commitment of its educators (Cowie & Wallace, 2000). Depending on the number of peer educators involved in the service, weekly group meetings could be arranged, as well as individual sessions on a per need basis. Procedures for emergency contact may also be required so that in the absence of the appointed staff member, other staff, such as medical or counseling staff, are available to offer immediate support.

### *7.3. Maintenance phase*

The maintenance of a peer program is also important in ensuring the overall success of the project. Ongoing maintenance requires ongoing support from management; ongoing support/supervision meetings with peer educators; regular meetings with stakeholders, including management, appointed staff member(s), representative correctional staff, and representative peer educators; ongoing training and refresher courses for existing peer educators; ongoing promotion of the programs to staff and fellow offenders to ensure a constant influx of referrals;

and forward planning of new recruitment and training to ensure a steady flow of peer educators, given the possibility of existing peer educators being released or transferred to another establishment.

#### *7.4. Evaluation and monitoring phase*

Evaluation is an integral part of implementing an effective peer program because it establishes whether the program is meeting its aims and objectives, provides quality assurance to enable the program to continue into the future, enables continuous program feedback and improvement, and ensures that the program is accountable to stakeholders and users of the service (Hollin, 1995). Therefore, evaluation needs to be built and budgeted into the program from inception, and should include both process and impact evaluation, utilizing both qualitative and quantitative evaluation methods.

A process evaluation establishes whether there were any changes as a result of implementing the program, and ensures that the program has been implemented and managed as intended (Hollin, 1995). To do this, pre- and postquantitative and qualitative measures could initially be administered to correctional staff, offenders and peer educators, investigating areas, such as opinions from the system's users and potential users; benefits and/or problems experienced by the peer educators; and any changes in the climate or ethos of the organization (Cowie & Wallace, 2000). Process notes taken by the appointed staff member during supervision sessions could also be a useful qualitative measure of the program's success. Furthermore, individual interviews with a random sample of staff members and offenders, perhaps conducted by an external evaluator, could assist in establishing the program's integrity.

An impact evaluation determines whether the peer program has met its overarching aims and objectives (Hollin, 1995). Initially, it may be useful to determine whether peer-led approaches are as successful as professionally led programs. To achieve this, qualitative and quantitative measures investigating offenders' preferences for peer versus professional programs may be useful. Following this, impact evaluations exploring the overarching aims of a specific program could be conducted, which will vary depending on the program under investigation. For example, the evaluation of a suicide prevention peer program could involve the comparison of pre- and postlevels of distress, self-harming incidents, and suicidal ideation. A long-term follow-up would no doubt assess the actual attempted and completed suicides. To be most effective, such comparisons could involve three groups: a peer-led group; a professional-led group incorporating the same program content as the peer-led group, and a control group receiving no intervention, wait-listed for either the peer- or professional-led group. Furthermore, the same comparative data could be obtained periodically over an extended period of time (e.g., annually for 5 years) to demonstrate the long-term impact of the program (Hollin, 1995).

Results of both the process and impact evaluations not only demonstrate the success and future viability of a peer project, but are also useful in initiating a review process of existing practices. After several months, most initiatives need some rejuvenation and these findings can help identify strengths and weaknesses of the project, and detect possible avenues for further development and refinement to encourage ongoing peer-led innovations.

## 8. Conclusion

Although there is a paucity of evidence-based literature highlighting the efficacy of prison-based, peer-led programs, research published to date suggests that such programs are well tolerated, effective, and possibly more cost effective than professionally led programs. Not only have these programs had a positive impact on those utilizing the service, but the peer educators themselves have gained heightened insight into their lives, empowering them to move beyond their criminal lifestyles (Keller, 1993; Kerish, 1975; Maheady, 1998; Maruna, 2001; Milburn, 1995; Parkin & McKeganey, 2000; Turner & Shepherd, 1999). The utilization of peer counselors may therefore be one way to augment the rehabilitation process. In any event, it is important to appreciate that peer programs alone cannot bring about and maintain long-term behavior change. Peer educators are not substitutes for professionals, but are complimentary. Thus, with careful planning, implementation, and evaluation, peer programs may be the key to establishing the powerful alliance between offenders, correctional staff, and management, which is required for successful offender treatment and management.

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