Prisoners with Special Needs

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Prisoners with special needs are those offenders who are incarcerated for special needs purposes ranging from physical, mental or other forms of disability. The term special needs encompass many types of conditions, which includes but not limited to offenders with severe psychological needs, significant psychiatric disorders, mental impairment, multiple handicaps, substance abuse, neurotically impairment and behavior disorders. So these prisoners have special diverse needs that make them to be categorized differently because of unique characteristics.

Due to their increase number and that fact that they are separate offenders not the same as normal offenders, prison receive funds from state or federal agencies which are meant to cover the special needs of the offenders but this rarely happen in jail as funds are mostly diverted for personal use, Gideon, L. (Ed.). (2012). More attention is focused on the offenders since they are supposed to be treated and not punished since they are offenders of special needs. They need to be treated differently according to their needs. It actually makes officers to train on how to handle special needs offenders. It makes jails and prison to train some officers who will be specialist in handling special needs offenders thus using more funds instead of putting such funds to programs, which are designed to help such offenders. It gives prison and jails a task of separating normal offenders from offenders with special needs and placing them in different facilities while dealing with them differently. This is actually a double work that needs a lot of energy and dedication for it to be successful.

It requires that prison and jails builds a hospital to actually deal with those who need regular medication an in any case that prison and jail fails to build, they will be forced to be taking hospital offenders who need regular medication and this costs them much funds. Congestions of prisons and jails because “normal” offenders will not e attended to well for the reason that special attention is diverted to offenders with special needs. This makes offenders to finish their sentence without proper rehabilitation and thus causing many to re-offending.

Offenders with special needs are mostly not handled well in jails and prison but are actually handled well in when placed I hospital. This because in hospitals, doctors are well trained and deals with them appropriately. This is because special needs offenders needed care and treatment. Some special needs offenders have attempted suicide. Through more investigation, it is established that most of the attempted suicide is as a result of poor care since most of the officers in jails and prison officers are not trained to handle their cases. Those suffering from psychiatric are not handle well in jails and prison and if there, they usually commit offenses even in prison or jails for example there can assault others and thus, they just require a hospital where they can be attended. Physical harassment by colleagues is common since they can’t defend themselves. When all prisoners are mixed together, there will be physical harassment among offender and in most cases; offenders with special need are the one harassed, Giordani, A. T., & Bueno, S. M. (2015). Sexual harassment and disease infection. Offenders with special needs are usually harassed by others who are not under that category. This mostly results to sexual abuse. Those who are infected with sexually transmitted disease for example AIDs; syphilis among others infects offenders with special needs if they are separated.

Most offenders in the prison setup and jails are there because of substance abuse. This is the greatest problem as it carries a bigger percentage. As a result of drug (substance) abuse, sanitation in jails and prisons is worse and that is even what contributes to diseases. Therapeutic communities program are common form of long-term residential treatment for substance use disorders. The program begun in 1950s and entirely depends on competent staff, support of correctional authorizes, and availability of resources above all, the programs must go beyond parole to effectively deal with drug (substance abusers), Rapoport, R. N. (2013).

The program incorporates drug education for example alcohol, psychological rehabilitation, vocational training among others. Therapeutic communities use active participation in group living and activities to drive individual change and the attainment of therapeutic goals as well. Separations of offenders as offenders who are participating in substance abuse are separated with other offenders for effective treatment. Seclusion of participants so as to reduce the influence by those who are not participating in the program of drug users or other forms of violence caused by drug use. It is based on personal responsibility of sticking to the program guidelines as this helps so many participants if they adhere to.

There is reduction in re-offending rate as a result of the program as compared with those who are not placed under the same program since more re-offended. Therapeutic programs help so much in changing behaviors of individuals and this program has always proved to be really the most effective program. Those who complete programs are unlikely to be arrested for any offense compared with non-participants.

A prisoner(s) (offenders) with special needs faces several challenges just as correctional authorities (jails and prisons) as well as medical departments. Special needs offenders include drug abusers, mentally ill, those suffering from various diseases among others with various disabilities. Different human rights movements among others have championed for the provision of needs and most recommend therapeutic communities as the most effective, efficient, and productive program.

**References**

Gideon, L. (Ed.). (2012). *Special Needs Offenders in Correctional Institutions*. SAGE Publications.

Rapoport, R. N. (2013). *Community as doctor: New perspectives on a therapeutic community* (Vol. 5). Routledge.

Giordani, A. T., & Bueno, S. M. (2015). [Body scars in imprisoned women victimized by physical violence and vulnerability to STD/AIDS]. *14*(4), 13-17.