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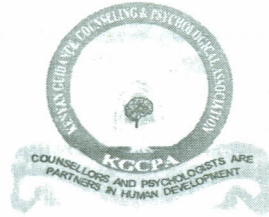
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Rehabilitation of Delinquent Adolescents in Kenya: Challenges and Implications for Counseling

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Abstract

The problem of delinquency in adolescence is a worldwide social phenomenon. Of most concern is the impact of delinquency on the adolescence, their families, and the society at large, and the relationship between delinquency and adult crime. It has been argued that delinquency leads to adult crime and therefore a life long career. There is need therefore to deal with adolescence delinquency to curb the trend of adolescents maturing to adulthood with criminal behaviors. The government of Kenya has established rehabilitation schools with the aim of correcting and reforming the delinquent adolescents into adjusted productive citizens. The rehabilitation schools have programs designed to meet this objective. This paper aimed at assessing the factors related to the effectiveness of rehabilitation schools with particular attention to parents' involvement and adolescents perception towards rehabilitation schools and recommend measures that can increase their effectiveness. This is against the backdrop of the vital role played by the family in acquisition of delinquent behaviors and perception of the rehabilitation schools. The study was done using a descriptive survey with the target population being the children, staff members of the rehabilitation schools in Nairobi and Kiambu. Stratified random sampling was applied to get samples of the sub-groups in the population. The research instruments were questionnaires and interview schedules while data collection procedures were structured interviews and observations. The data was analyzed using both manual and computer programs and presented using descriptive statistics in form of frequencies and percentages distribution. The study found that the adolescents had inadequate perception about the rehabilitation schools and process. Proper orientation process was also not in place. Parents were found to be minimally involved, that is only in the provision of basic needs to their children. Various recommendations were suggested which included proper orientation that include the adolescents and staff members, and opportunities to be availed for the parents to be involved in the rehabilitation process which could include family therapy restorative conference. The study also recommended that this study be done in other rehabilitation schools outside Nairobi and Kiambu to help in making general conclusion for the whole nation for intervention measures to be taken.

Key words: Children's court, Inmates, Juvenile delinquent, Rehabilitatees, Rehabilitator

Introduction

Kitada' (2004) in a workshop on importance of coordinating Juvenile Agencies commented that Juveniles are treasures of the country because they will shoulder the future of the country. However this dream may never become a reality to those who engage in delinquent behaviors. Delinquency is detrimental to the well-being of adolescents which harm their cognitive, physical and social development. They also come into conflict with their families and society when their behaviors violate societal norms and codes of laws.

The delinquent behaviors if not successfully curbed, continue to occur in secondary schools manifested in form of bullying, destruction of property and even killing fellow students. The trend may continue into adult life. Lauer R. (1998) contends that delinquency trends lead to adult crime and thereby a lifelong criminal career. The criminal behaviors may then be transmitted to their children continuing the cycle. This can be prevented if delinquent adolescents are

effectively rehabilitated. According to (Kitanda 2004) adolescents are still in the process of growing and developing and they make mistake or /and violates criminal provisions, but vast majority of them have the ability to rehabilitate themselves given the opportunity.

Adolescence is a Latin word derived from the verb *adolescere*, which means to grow into adulthood. The age of onset varies according to various writers; Santrock (2001) states that adolescence stage begins approximately at age 10 to 13 years and ends between 18 and 22 years in most individuals in most cultures. Reber and Reber (2001) are of the view that adolescence development is marked at the beginning by the puberty and at the end by the attainment of physiological and psychological maturity. Hendry (1990) places importance on the changes in the levels of hormone in the bloodstream, these hormonal changes initiate and regulate all changes associated with puberty. Hormonal changes are related to mood and behavior changes.

Cobb (1992) gave three definitions based on the major changes that occur during the adolescence stage. The biological definition emphasizes the events of puberty that transforms the bodies of children into those of sexually and physically mature adults; psychological definition distinguishes adolescence in terms of the developmental tasks which adolescents face and relates to the central task of achieving a stable personal identity. Sociological definition perceives adolescence in terms of the adolescents' status within the society viewing it as a transitional period between childhood and adulthood. The Social changes include evolution of emotions, personality, identity, moral judgment and social skills. It involves definition of adolescent's self-concepts, self-esteem, sexuality, moral values, standards of his or her cultures and religious beliefs (Cobb 1992). This transition results from the operations of internal pressures, which are psychological, and emotional and also external pressures emanating from peers, parents, teachers and the society at large.

Although all adolescents experience the biological, cognitive and social transitions of adolescence stage, the effects of these changes are not uniform for all adolescents. Many adolescents will cope and others will not (Cobb, 1992). Each child is an individual born with a distinct personality and a set of inherited traits. They grow up in a unique environment while being affected in different ways by adults and other children around them. According to Joy (1990) heredity provides the potential for development while the environment provides the context in which the genetic potential can be realized. Therefore, the impact of adolescence stage is shaped largely by the environment (the family, peer groups and schools)

According to Coleman and Hendry (1990) it is the interplay of environmental (external) and psychological (internal forces) which contributes to success, or failure of the transition to maturity. The adolescence period therefore, becomes a pivotal point in human growth and personality development where adolescents may be swayed to either becoming adjusted human beings or maladjusted beings. Hoffnug and Seifert (1997) contends that this period is associated with behavioural and psychological problems for some adolescents, while Sethna (1952) terms adolescence as a period of instability with often a disturbed emotional state when the adolescents tend to defy paternal admonitions and are prepared to defy those in authority. In adventures to find pleasure they are prepared for violent deeds, more so, some adolescents feel alienated from the society leading to increase in drug and alcohol abuse, delinquency and sexual promiscuity.

According to Reber and Reber (2001) the term delinquent is mostly used to refer to a juvenile offender for which a local legal statute defines the age to be around 16 to 18 years. Sullivan and Thompson (1994) define delinquent acts as criminal behaviors committed by minors less than 18 years or violation of juvenile code. These behaviors encompass aggressive acts, theft,

vandalism, fire setting, truancy, running away; defying authority and other antisocial behaviors. Various risk factors predispose children and adolescents to delinquent acts. The factors acts as stressors and place an adolescent at risk of delinquency. According to Steinberg (1993), nearly half of all adolescents report difficulty in coping with stressful situations at home or school and these stressors can be externalized in behavior and conduct problems such as delinquency, alcohol and drug use. According to various writers (Steinberg, 1993; Kazdin, 1995; Siegal and Senna, 1997; Ndung'u, 2005) the following factors are associated with delinquent behaviors.

The criminal behaviors, antisocial acts, alcoholism and substance abuse in the family and some features parent child interaction. These are firstly harsh punishments, which may lead to child aggression or more lax inconsistent discipline practices within a given parent or between parents, which does not result to any learning or unlearning. On the other hand, the parents may reward deviant behavior directly through attention and compliance or they may ignore or provide aversive consequences to pro social behavior hence discouraging it. Secondly as Kazdin (1995) stated, parents of antisocial youths also show fewer acceptances of their children, less warmth, affection, emotional support and less attachment. This may be aggravated by family disruptions due to spousal conflicts and breakups making it difficult for the family to play the crucial role of imparting values, attitudes and guiding the children as they grow up. Thirdly in some families, there is under involvement and lack of supervision from parents. Therefore children are allowed to roam the streets permitting them to engage in many independent and unsupervised activities.

However, despite the factors making the adolescents susceptible to delinquent behaviors being many and varied not all individuals at risk for conduct problem manifest later problems. Not all adolescents at risk become delinquents. Consequently the presence of a single factor does not indicate that the children will be delinquents. According to Kazdin (1995) many delinquent behaviors in mild forms emerge in the course of normal development raising little or no concern. But their persistence and extreme patterns among children and adolescents together with broad personal and social impacts reflects a serious problem.

According to Regoli and Hewitt (2000) research in the United States indicated that by 1800, Juvenile Street gangsters had become an unwanted feature in many cities. The habits of hanging out on the street corners, verbally abusing pedestrians and pelting citizens with rocks and snowballs were among the least threatening behaviors. More serious crimes were acts of violent gangs of Juvenile robbers, use of dangerous weapons such as guns with cases of Juvenile shooting schoolmates, teachers and parents and use of drugs. According to Tauchi Masahiro director of United Nations Asia and Far East Institute for the prevention of crime and treatment of offenders. (UNAFEI) In Phillipines about 1,340 youth offenders were confined in various regional rehabilitation centers while 5,651 of youth offenders are under the community based rehabilitation program (Resource material serial No. 68, 2006). In Kenya according to Oywa (2004) there is congestion in confinement facilities such as Juvenile Remand Homes and other rehabilitation Institutions showing that the number of delinquent cases is also quite high. Otunge (2004) cite the problem of street children engaging in delinquent acts of theft, mugging, drug abuse and illicit sexual behaviors.

Steinberg (1993) contends that most chronic delinquents go on to commit serious and violent crimes and continue their criminal acts into adulthood. Hence the need to curb the progression of delinquent acts once manifested among the adolescents. This is mainly done through the juvenile justice system. The engagement in acts that contravenes the laws may result to apprehension of the adolescents and subsequent disposition to community or institutional treatment. Kariuki

et al (1991) states that rehabilitation is an institutionalized supportive program for delinquent juveniles and youngsters of ages between 6 and 18 years. The Webster third new international dictionary (1991) defines rehabilitation as the process of restoring an individual to a useful and constructive place in society through some form of vocational, corrective, therapeutic, and retraining or through relief, financial aid or other constructive measures. The decision to place delinquent adolescents for rehabilitation lies in the hands of the judge of the children's court. When a delinquent is apprehended the police decide whether to release them or make referral to the children's court for litigation process. Serious delinquency cases based on violation of criminal law, situations where delinquents deny any guilt, cases of repeat offender and cases where offenders are a threat to themselves or to the community often undergo court processes of adjudication and disposition.

According to the Children's Act (2001) the Kenyan government shall establish rehabilitation schools to provide accommodation and care for children. The rehabilitation schools therefore play both the welfare and rehabilitative roles and according to Lauer (1998), the legal theory recognizes that children who violate laws are in need of care and treatment as are law-abiding citizens who cannot care for themselves and require state intervention into their lives. Kitanda (2004) contends that the key aim for juvenile justice system is to assist in their sound development while Siegel and Senna (1997) states that the purpose of rehabilitation schools is to rehabilitate the adolescents within the institutions, to reform them into well-adjusted individuals and send them back into the community. The rehabilitation schools then have a responsibility of reforming the delinquents and enhance their re-integration into the society. Miruka *et al.* (2005) states that it should be for a minimum of three years. During this period, they are engaged in various rehabilitation programs. According to Sullivan and Thomson (1994), Siegel and Senna (1997) and Miruka *et al.* (2005) rehabilitation schools ought to have educational, vocation, spiritual, recreational and medical programs. These programs plays the role of enhancing social development and imparting skills that will help the rehabilitated delinquents adjust more easily into the community after their release. This is in hope that the adolescents will be less delinquent.

Siegel and Senna (1997) adds that educational, vocational training and specific counseling strategies can be effective if they are intensive, relate to program goals and meet adolescent's individual needs. They enables the adolescents form an improved self image, attitude and behavior (Redd *et al.* 1979). Nichols and Schwartz (2006) contends that, ineffective parenting practices in childhood maintain antisocial behaviors into adolescence, hence given the primary role played by the family in creation of behavior problems, treatments that intervene directly to improve the family relationships and functioning's, are the most potent treatments for childhood and adolescent with conduct problems. Family-based programs focus on family patterns maintaining behavior problem, maladaptive interpersonal processes, correcting parenting behaviors that contribute to negative behaviors and developing parenting skills. Lauer (1998) contends that effective rehabilitation programs are those that focus on changing behaviors and beliefs conducive to crime. They should promote personal responsibility and provide offenders with real opportunities to succeed in legitimate occupations.

However according to Siegel and Senna, (1997) reviews for correctional treatments for juveniles and adults have concluded that a significant number of juvenile offenders commit more crimes after release from incarceration and that the occasionally successful rehabilitation effort was a rare exception to the general rule of failure. On recidivism, about 17 percent of juvenile probationers and about 23 percent of juvenile parolees are disposed of or adjudicated by courts for recommitting crimes in Japan. (White Paper on Crime, 2000). (Oywa (2004) also cited that

there are high levels of recidivism among ex-inmates delinquents in Kenya. Wakanyua, (1995), reported that 16 out of the 22 (72.7%) of the staff respondents stated that the rehabilitation system is not as effective as it should be and that there was high rate of absconding at Kabete rehabilitation school, and that majority of children adhered to rules and regulations so as to avoid punishment. Njuguna (2003) noted the same in his report and added that inmates at Kabete showed lack of interest in class work.

Miruka, Mwangi and Ndung'u (2005) in their situational analysis report noted that at Kakamega rehabilitation school, inmates display reformed character by the time they are leaving but this is attributed to close monitoring. The report also recorded that there were cases of children who committed criminal offences in the institution such as stealing and selling school property. This shows that the delinquents are rarely reformed by the time they are leaving the rehabilitation schools. According to Siegal and senna (1997) if successful rehabilitation were not the ultimate goal of juvenile corrections, the use of residential facilities would be an expensive exercise in futility. This study therefore assessed whether government rehabilitation schools provide the opportunity for adolescent to become rehabilitated effectively.

The above studies assessed important factors and made recommendations on how to make rehabilitation schools more effective based on rehabilitation school's capacity, adequate qualifications and morale of personnel, adequacy of facilities and finances. However, these studies did not address the following factors; adolescents perception about the rehabilitation school and the involvement of parents, which in their absence also, the rehabilitation maybe ineffective.

Therefore, the purpose of this study was to assess the factors related to the effectiveness of the rehabilitation schools under the Children's Department of the Ministry of home affairs. The aim was to identify the gaps in order to pave way for the recommendations of intervention measures that would improve the performance of the rehabilitation schools. The objectives of the study were to: (i) To establish the rehabilitatees' perception about the rehabilitation schools, (ii) To assess the parents' involvement in the rehabilitation process, and (iii) To recommend intervention measures that can increase the effectiveness of the rehabilitation schools.

Research Methodology

The study used a descriptive survey design. The sites of the study were Kirigiti, Kabete and Dagoretti Rehabilitation School. Both workers and adolescents were used in the study. The study only focused on the Rehabilitation Schools located in Nairobi and Kiambu due to accessibility. These were Kirigiti, Kabete and Dagoretti. The schools had 226 children, 49 staff members and therefore the total target population for the study was 275. The population was heterogenous therefore stratified random sampling technique was applied to get samples of children and staff members. Equal allocation method was applied to ensure that the population size is reflected in the sample size. The stratas were the three schools. One quarter of the staff members and one eighth of the children was selected from each school. Table 1 below presents the sampling procedure

Table 1:
Sampling Procedure

School	Target population		Sample size	
	Staff members	Children	Staff members	Children
Kabete (boys)	7	85	2	11
Kirigiti (girls)	22	75	7	9
Dagoretti (girls)	20	66	7	8
Totals	49	226	16	29

The total sample size had 45, 16 staff members and 29 adolescents. The final sample was randomly selected from classes six, seven and eight. Data collection procedures were structured interviews and questionnaires. Only one questionnaire was administered to the staff members and 13 questionnaires were returned giving 81.3 % return rate. A structured interview schedule was administered to the adolescents. All of them in the sample were interviewed giving a 100% return rate. Descriptive statistics was used to analyze the data. Descriptive statistics inform of frequencies and percentages were used to present the data. The frequencies summed up according to the demographic representation and then converted to percentages. The Likert scale of five was used to allocate the score for each item with the highest score being five and lowest one. The researcher upheld ethical considerations while conducting the research and in the management of the data. The true purpose of the study and its implications on the subjects was explained before getting an informed consent. The researcher ensured subject's identity and privacy by using codes on the questionnaires.

Results and Discussion

Table 2:
Demographic information of the respondents

Age	Frequency	Percentage
10-13 years	4	13.8
13-14 years	25	86.2
Total	29	100

Adolescents Gender

Gender	Frequency	Percentage
Male	13	44.8
Female	16	55.2
Total	29	100

The gender of the adolescents was (55%) females and (45%) males. The adolescent's age ranged between 14 and 18 years. This is because Kirigiti and Dagorreti were girl's schools while Getathuru was a reception centre.

It was investigated whether adolescents were aware of the nature and the reason of their being in the rehabilitation school. The results are presented in table 3 below.

Table 3:

The adolescent's perceptions of rehabilitation schools and process

Area	Yes		No	
	Frequency	Percentage	Frequency	percentage
Name of the school	25	86.2	4	13.8
School locality	11	7.9	18	62.1
Nature of the school	4	13.8	25	86.2
Purpose	12	41.4	17	58.6
Duration	24	82.8	5	17.2
Average Perception		52.4		47.6

Only 13.8 % were aware of the nature of the school and only 41.4% were aware of the purpose of being there. Low percentage on the perception of, nature and purpose could mean low understanding of the rehabilitation school and the ultimate goal of being in the school. It was quite notable however that 82.8% were aware of how long they would be in the rehabilitation school.

They were asked what other information they were given concerning the school. The results are presented in Table 4.

Table 4:

Other Information Adolescents had on Joining the Rehabilitation School

Information That:	Frequency	Percentage
They were being taken to a boarding	2	6.9
It is a school for street children	1	3.4
That the school is not for criminals	6	20.7
It is a prison school	1	3.4

Adolescents had incorrect information with (20.7%) being informed that they were being taken to a boarding school and (6.9%) percent to a school for street children. Incorrect information can be interpreted as deception by adolescents leading to dissatisfaction with the school. This could result to failure of effective rehabilitation. The knowledge of why, how, where and for how long would prepare the adolescents on what to expect and avoid unnecessary surprises. This would reduce behaviors of acting out and escapism. This could have been solved through an orientation process that is effective.

To facilitate perception, orientation process is vital .It can be enhanced by involving the

adolescents already undergoing rehabilitation, and the staff members. Respondents were asked about their perception of the orientation process. This was found to be lacking with the involvement of other adolescents being rated as below average by 53.8%, and of staff members by 46.2 %. In general the orientation process was rated to be average and below average by 46.2% consecutively.

The respondents were told to describe how involved the parents were in the rehabilitation of their children and also state ways the parents were involved. The results are presented in the Tables 5, 6 and 7 below.

Table 5:
Parent Involvement in the Rehabilitation According to the Staff members

	Above average		Average		Below Average	
	Frequency	percentage	Frequency	percentage	Frequency	percentage
Parent Involvement -	-	-	1	7.7	12	92.3

The study indicated that parent's involvement in the rehabilitation of their children was below average rated by 92.3% and 7.7% indicated an average involvement. This showed minimal involvement of parents in rehabilitation despite parent involvement being a key factor in providing effective rehabilitation. The study further investigated ways in which the parents were involved and revealed the following from adolescents and staff members.

Table 6:
Ways in which Parents are involved in the Rehabilitation according to the staff members

Ways	Frequency	Percentage
Visiting their children once in a while	7	53.8%
Taking them home for holidays	2	15.4%
Following up on their progress	2	15.4%

Table 7:
Involvement of parents according to the Adolescents.

Parent involvement	Yes		No	
	Frequency	Percentage	Frequency	Percentage
Parent's visits	18	62.0	11	37.9
Provision of personal needs	21	72.0	8	27.6
Involvement in school activities	7	24.1	22	75.9

Respondents were asked what other programmes could be included to make rehabilitation to be more effective. The responses are presented in Table 8 below.

Table 8:
Other Programs that can be Included

Program	Frequency	Percentage
Open day program and visiting days	6	41.2
<i>Educational tours</i>	3	23.1
Spiritual seminars (weekend challenge)	3	23.1
Exchange programs	2	15.4
After care programs	2	15.4

The results demonstrated that parents showed interest in their children by visiting them, taking them home for holidays and following up on their progress as indicated by 15.4 percent of the staff members. The adolescents also indicated more involvement of their parents in their personal affairs (visiting them and providing personal needs) than the way they were involved in school activities where 75.9 percent indicated non-involvement. This concurs with Joy (1990) who stated that most programs report less success in involving parents. This is despite the fact that parent involvement is vital in the rehabilitation process and in its absence the process could be ineffective. According to Siegel and Senna (1997), the society may view the returning adolescents with a good deal of prejudice and therefore adjustment problems may reinforce a pre-existing need to engage in bad habits or deviant behaviors. The parents therefore and siblings involved in the rehabilitation process can form a support group for the adjusting adolescent. The need for open day's programs and visiting day's was rated highest of other programs (41.2 percent) This would enable the adolescents keep in touch with their parents while parents make a follow up on the progress of their children.

Conclusion and Recommendations

The adolescents had insufficient perception of the schools due to inadequate or faulty information hence not psychologically prepared for the whole process. Adequate orientation programme which could fill the gap and enable the adolescents to adjust to rehabilitation schools and process effectively was also found to be lacking. The parents were minimally involved in the rehabilitation process. However the study revealed that there were diverse ways of involving parents in the rehabilitation process above provision of personal items and occasional visits. This is against the backdrop of the fact that in most cases adolescent behavior is greatly caused by the home environment.

The following recommendations were made: (i) The government and the school management should establish a well organized orientation system that would include explanation of purpose and expectations, involving teachers and also adolescents already undergoing rehabilitation, (ii) Programs and activities that the rehabilitees are involved in should include psycho-educational programs meant to educate both the parents and their adolescents on the challenges of growing up, (iii) Parents can also be recruited as members of school teams and advisory committees with their roles defined, (iv) Parents can also be invited to attend meetings and workshops and parent-training programs. More parental involvement needs to be encouraged. (41.2%) indicated the need for open day's programs and visiting days. Parents would have the opportunity to follow up on the progress of their children. This would enable the adolescents keep in touch with their parents and not to feel rejected, and (iv) The schools then should strive towards creating a caring and supportive atmosphere through proper orientation and involvement of parents. In Canada's Young Offenders Act, a famous quote that goes with it is *It is not law, but only love and religion that can save or reclaim. Every juvenile delinquent shall be treated not as a criminal, but as a misdirected and misguided child"*

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