

**AN EVALUATION ON THE SIGNIFICANCE OF RISK ASSESSMENT ON
REHABILITATION STRATEGIES OF VIOLENT OFFENDERS AT KAMITI
MAIN PRISON, KENYA**

BY

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DECLARATION

This research project is my original work and all materials which are not my own have been cited and acknowledged. The work has not been presented for a degree in any other University.

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DECLARATION BY SUPERVISOR:

This research project report has been submitted for examination with my approval as University Supervisor.

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DEDICATION

This study is dedicated to my son Andrew Kamau and my daughter Ruby Nyambura who are my strength and reason for living. Special dedication to my husband who gave me all his support during my studies.

God bless you in all your endeavors.

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ABBREVIATIONS AND ACRONYMS

APA	American Psychological Association
DRAOR	Dynamic Risk Assessment for Offender Re-entry
HCR-20	Hare Psychopathy Checklist Revised
HM	Her Majesty
KCI	Kenyan Correctional Institutions
KMP	Kamiti Main Prison
KPS	Kenya Prison Service
ODPM	Office of the Deputy Prime Minister
OIA	Offender Intake Assessment
PCL-R	Psychopathy Checklist Revised
SARA	Spousal Assault Risk Assessment
SIR	Statistical Information on Recidivism
SPJ	Structured Professional Judgement
UCR	Uniform Crime Reports
VRA	Violence Risk Assessment
VRAG	Violence Risk Assessment Guide
CSC	Correctional service of Canada

ABSTRACT

The criminal justice system as well as other agencies that work closely with offenders for example parole boards, medical facilities at one time or another will require forensic psychologists to provide a probability statement that a given offender is likely to behave in an inappropriate manner. The probability statement may be centered on either clinical judgment or predictor variables. To provide the probability statement mainly serves as a risk indicator, thus “risk assessment”. The process whereby various threats and how likely it is that they can occur as well as preventative measures is known as Risk Assessment. (Bartol, 2014)

One of the core functions of the Kenya prisons service is rehabilitation of the offender. Rehabilitation is a process that is undertaken by the offender in order to bring about change from previous criminal acts or behaviors to behavior that is morally and socially accepted. Some of the rehabilitation programs found in the Kenya prisons service include; counseling, spiritual nourishment, games and sports, farming, academics, industries amongst others.

The main objective of this study is to find out if risk assessment is carried out in the Kenyan prisons and what is its significance in relation to the rehabilitation programs.

The research will use both descriptive and cross-sectional research design. Kamiti Main Prison is the site that was identified for the research because of its unique nature. The target population of violent offenders was available and a sample selected using purposive sampling, the sample was then categorized into clusters and sub strata as per the different violent offences.

Data analysis will be carried out using inferential statistics such as regression and also descriptive statistics that include measures of central tendency and measures of dispersion.

Presentation of the data will be done by use of tables, graphs and narration. After analysis on the significance of risk assessment on rehabilitation strategies, it was established that violent offenders with a strong social support system and those who had developed social control were more receptive to making changes in their lives that they had the ability to change. Further research should seek to establish if these findings would vary in female correctional institutions and juvenile correctional institutions.

CHAPTER ONE

INTRODUCTION

1.1. Background Information

Since the establishment of the Kenya Prisons in March 18, 1911, through circular No. 1 of the year 1911. The main purpose of imprisonment was solely punishment and protection of the society, rehabilitation was not part of the task given to the correctional institutions and thus the personnel were not fully trained. Inmates who had been imprisoned were subjected to hard labor as a way of instilling fear in the society with the intention of deterring others.

According to Monahan 1996, Risk Assessment is a probability assessment that can be founded on either clinical judgment or on particular ‘predictor variables’ that can be found in a person’s background such as alcohol or other substance abuse, past violent behavior, history of serious mental disorder, age and adequate system of social support are all significant pointers that a person is likely to become violent again.

Remarkable studies have been made over the past decade in identifying factors that increase the probability that someone will commit a violent act. There are certain factors in an individual’s life that cannot change for example an individual’s age, when they committed their first offence or a history of parental criminality, these can all be referred to as Static Risk Factors. On the other hand those factors that are likely or can be changed for example unemployment, alcohol and drug use are called Dynamic Risk Factors.(Bartol & Bartol,2014)

Risk assessment of violent offenders is vital so as to protect the outside community from any harm that would be caused by the inmate once they are released from prison.

In Washington State USA once an assessment is carried out on an offender by a qualified professional then he/she can get an opportunity to apply to be placed under community protection program. (RCW71.A 12.230)

The qualified professional must determine at a minimum whether the offender can be managed effectively in the community even with the least available safety measures and that

less restrictive residential settlement substitutes have been thought through and would not be rational for the individual seeking the services. (RCW 71.A.12.320)

According to the National Police Service crime situation Report of the years 2014, 2015, 2016 and 2017 the indication was that the year 2015 recorded an increase of 3114 cases or 7% compared to 2014. An increase was noted in criminal damage 275 cases or 7% increase, offences against the persons 1263 cases or 6%. The crime figures suggest the following;

Nature of crime	year	cases reported
Homicide	2013 –	2879
	2014 -	2649
	2015 –	2648
	2016 –	2751
	2017 -	2774
Offences against the person	2013 –	19344
	2014 –	19911
	2015 –	21174
	2016 -	22295
Criminal damage	2013 –	3603
	2014 –	3708
	2015 –	3983
	2016 –	4307
Offenses against morality	2013 –	4779
	2014 –	5184
	2015 –	6164
	2016 –	6228

The statistics therein indicate a definite increase in violent crimes

According to the Kenya National Bureau of Statistics in its 2017 edition of the economic survey, puts offences committed against persons as the leading type of crime reported, five years in a row.

The National Police Service spokesman sighted that crime incidents increased by 1448 cases in the first quarter of 2018 hitting 21263 compared to 19815 in 2017. (standard digital April 30th 2018)

The Kenyan criminal justice system can be seen to be retributive rather than restorative. Retributive justices focus on the crime and punishment whereas restorative justice focuses on healing and community relationship.

In this research, the focus of risk assessment will be on violent offenders and the nature of the violence. It is important to understand the term violence before delving further into its nature and characteristics. Violence is a deliberate or non-consenting act of physical harm that can be real, attempted or threatened. This definition excludes consensual physical contact that would occur in sports, for example in rugby and focuses on physical harm. The mode in which violence is measured is key to risk assessment and an act resulting in physical harm is easier to measure (Huss, 2009).

Violence and aggression should be noted cannot be used interchangeably. According to Bartol 2011 violence must include physical might whereas aggression may not involve force in all instances. Aggression is usually carried out with the main purpose being to harm an individual or group of individuals psychologically or physically.

Murder, manslaughter, robbery and aggravated assault have been identified as the four violent crimes by the Uniform Crime Reports (UCR). The data provided by the UCR designates that the males account for most of the arrests 87% to 90% of violent felonies in any given year. The causes of violence according to psychological works can be divided into four categories which are cognitive, biological, situational and socialization factors. (Morawetz, 2002)

Currently correctional institutions in Kenya have developed rehabilitation programs to aid the inmates build their self-esteem and growth, giving them a positive outlook to life and an

opportunity to gain knowledge and skill that will be of help to them. Some of these programs include: - prison industries where inmates acquire different kinds of specialized skills in areas such as carpentry, tailoring, farms amongst others. Inmates also have access to formal education from the lowest level (literacy class) right up to secondary school and those who do well proceed to higher institutions of learning while still incarcerated.

The African Prisons Project, 2014 suggested that inmates during their stay in prison need to be provided with profound activities to carry out and to equip them with insight and skills for them to realize their self-belief and empower them that once they are released they can adequately support themselves hence the society becomes safer and at the same time recidivism would be reduced. However if inmates remain indolent chances are that they would develop anger and resentment towards the society and institutions and systems that had them incarcerated.

The task or responsibility of rehabilitating offenders in correctional institution should not be left to the government alone, Andrew (2006) pointed out that if it was left to the government alone then the rehabilitation process would be ineffective. Non-governmental organization have gone a step further to aid in rehabilitation of offenders and by equipping them with skills that will make them responsible and respected members of the society once they are out of prison and assist in the process of reintegration back to the community (Lowankemp, Latessa and Smith, 2006).

The criminal justice system in Kenya is mainly retributive rather than restorative. The criminal justice system views a crime as an act against the state or an infringement of the law whereby the crime is viewed as an individual act with individual obligation and reprimand is supreme.

If the Kenyan criminal justice system shifted to restorative justice rather than retributive justice then the chances of recidivism would decrease and offenders would better understand themselves and take responsibility of their actions and hence make peace with the victim and the community.

Restorative justice is a community based approach in combatting crime its effects and prevention. Restorative justice focuses on problem solving and healing as compared to

incarceration, with key emphasis on showing the same concerns for all parties involved i.e. the offenders, victims and the community. Restorative justice also highlights the need for the offender to take responsibility for their actions in order to repair any harm caused rather than focus on retribution. (Conflict Solution Centre, 2016)

Restorative justice has been seen to be successful in countries such as South Africa having been pioneered by Bishop Desmond Tutu as a form of reconciliation after the apartheid

1.2. Problem Statement

This research was based on the concern that risk assessments should be carried out in Kenyan correctional institutions. If adopted the risk assessment would be useful in predicting future re-offending and at the same time be a useful tool of rehabilitation so as to build behavior change by identifying a specific treatment program for violent offenders

Any study pursuing Risk Assessment should target the feasibility of risk assessment in a guarded surrounding like “Kamiti Main Prison”. Evidence clearly shows that there has been an increase in violent crimes over the years. Statistics have gone further to show that murder, robbery and sexual offences cases reported in 2018 have gone up compared to 2017 and 2015 respectively.

Research has also showed that most of the released prisoners, still return back to prison immediately upon release (ODPM, 2002).

Recidivism basically means ex-convicts relapsing or returning back to criminal activity upon their release from prison.

Rehabilitation and the various responsibilities correctional programs play in integrating prisoners back to society can be reflected by the rates of recidivism, this means that low rates of recidivism reflect successful rehabilitation, whereas high rates would translate to poor rehabilitation.

According to Wambugu (2007) recidivism is a problem in Africa and particularly Kenya. The recidivism rate in Kenya is at 47% Rwanda and Tanzania 36%.

According to prison (fellowship Kenya, 2011). There is an increase in recidivism indicating that reoffending rate is at 50%. The Kenya National Bureau of Statistics economic survey of 2015, showed an increase in the Daily Average Population (DAP) of male offenders which went up by 4% as compared to the survey of 2014.

Still with the various rehabilitation programs and interventions in Kenyan correctional institutions there is evidence of an increase in violent crime and at the same time an increase in recidivism rates in the correctional institutions. This therefore sets the rationale to carry out the research on evaluating risk assessment and its significance on rehabilitation strategies. Specific rehabilitation treatment programs for violent offenders such as anger management, SARH, SARA, VRAG, Drug and Substance abuse are not in use. Evidence also exists of increased violent crimes up since 2013 to 2018 as per the annual police crime reports.

However even after all these interventions being carried out in the correctional institutions, there is evidence of an increase in violence. Inmates who have served their time and are released have been seen to return to the correctional institutions over and over again.

There is therefore need for further exploration on the issue of carrying out risk assessment in Kenyan Correctional Institutions and its importance in determining the right treatment program for a violent offender so as to avoid recidivism. .

1.3. Purpose of the study

This study sought to evaluate the significance of risk assessment on rehabilitation strategies of violent offenders by using a case study of Kamiti Main Prison.

1.3.1 Objectives of the study

1. To determine the significance of static risk assessment on rehabilitation strategies of violent offenders at Kamiti main prison, Kenya.
2. To determine the significance of dynamic risk assessment on rehabilitation strategies of violent offenders at Kamiti Main prison, Kenya.
3. To determine the relationship between rehabilitation strategies and recidivism of violent offenders at Kamiti Main prison, Kenya.

1.4. Research Questions

1. What is the impact of static risk assessment on rehabilitation strategies of violent offenders at Kamiti main prison, Kenya?
2. What is the impact of dynamic risk assessment on rehabilitation strategies of violent offenders at Kamiti main prison, Kenya?
3. Is there a relationship between rehabilitation strategies and recidivism of violent offenders at Kamiti Main prison, Kenya?

1.5. Justification of the study

Risk assessment has been identified to be an integral tool in determining the likelihood of violent behavior and is common in many prisons across the world. An important factor that this research wanted to establish was if risk assessment was carried out on violent offenders and what was its importance in the rehabilitation programs that are offered for these violent offenders and thereof reducing recidivism and to an extent increased violence.

1.6. Significance of the study

The importance of the study was to highlight the value of carrying out risk assessment in correctional institutions as a way of aiding in rehabilitation of violent offenders.

The findings would be of importance to the inmates since the upgraded and adjusted programs would help them rediscover themselves right from within and transfer this new understanding of “the new self” in other areas even upon their release from prison.

The findings would be of importance to the judiciary, whereby before release of an inmate via an appeal, the court will have to request for a risk assessment schedule from the correctional institution that clearly shows the level(s) of risk the inmate had acquired while in the prison and at the same time show the number and kind of rehabilitation programs the inmate had successfully completed and this will help the court in resolving the release of the inmate taking into account the probability of re- offending.

The correctional institution management will find importance in the findings of this research in terms of better developed rehabilitation programs that would help to reduce recidivism by lowering an inmate’s chances of re-offending upon release from the correctional institution.

1.7. Scope of the study

This study was principally about the significance of risk assessment as an instrument that can be used in support of rehabilitation programs for violent offenders. Kamiti Main Prison was the site selected for the research based on the fact that it accommodates male prisoners whom research had shown to carry out more violent crimes compared to women (Morawetz, 2002) and who also had a variety of sentences such as the death penalty, life sentence and long sentences which were not common in many other prisons. Kamiti main prison is also the largest and most infamous in the country and the only correctional institution that carried out the death penalty by hanging, though the practice has since stopped since 1988.

1.8. Delimitation of the study

The study was conducted on inmates who had been charged with violent offences such as murder. Sexual offences, robbery with violence and assault. Inmates with other offenses such as fraud, drug trafficking were not included in this research.

The information was accessible to the researcher having worked with the Kenya prisons service it took the researcher fewer resources to persuade the respondents to participate in the research

1.9. Limitation of the study

The research focused only on violent offenders and no other types of offenders.

Some of the terms used such as “risk assessment” were new to some of the respondents and therefore the researcher had to explain clearly to the respondents some of the terms used.

The respondents were guaranteed that the information gathered was for academic use only and that confidentiality would be sustained throughout and after the research.

In collecting the data, it presented as a challenge to control the respondent’s attitude, out of fear the respondents may decide to give socially accepted responses that will lead to inaccurate findings but the researcher assured them of confidentiality and anonymity.

1.10. Assumptions of the study

The research presumed that the respondents were candid about the information given. The research went on to assume that the research tools were valid and reliable hence assisting the researcher gain more knowledge about the rehabilitation programs in correctional institutions and on risk assessment.

1.11 Definition of terms

Recidivism – refers to committing new offenses after being punished for a crime.

Risk assessment – process whereby various dangers are conceptualized so as to reach conclusions about the possibility of them occurring and the necessity for different preventive actions.

Violence- this is real, attempted or threatened physical harm that is intentional and has no consent

Murder – this is illicit killing of one person by another person with malevolence aforethought either implied or expressed.

Aggression- this is a behavior that is carried out or attempted with the purpose of injuring a person (or group of people) psychologically or physically.

Rehabilitation – A process whereby a person is restored from former self to a more functional person who can readapt to society

Prison – refers to any building enclosure or place, or any part thereof declared by the minister in charge of the prison service by notice gazette to be a prison for the purposes of Cap 90 of the laws of Kenya (GoK. Cap 90).

Incarceration – refers to imprisonment of offenders once they are found guilty by the court

Psychological support- refers to the counseling and psycho-social support offered to inmate by trained staff.

Vocational training – refers to the manual training given to prisoners which included activities such as mental work, carpentry, tailoring.

Violence – violence is real attempted or physical harm that is conscious and intentional.

Murder – illicit homicide of one person by another with spite either directly or indirectly.

Aggression – refers to actions done or attempted with the purpose of hurting an individual or group of people psychologically or physically.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

Chapter two discusses the previous studies that have been carried out in the area of risk assessment and on the rehabilitation programs in correctional institutions. The chapter presents the evolution of risk assessment, nature and causes of violence and lastly the theoretical and conceptual framework

2.2. Empirical Review

According to Bartol 2014, there exists three types of facilities set out to contain apprehended persons, accused or convicted who are not eligible to live in their own homes. They include community based facilities, jails and prisons.

Jails are institutions that hold persons who are briefly incarcerated or held for not acquiring bail as they await their trial proceedings, popularly known as remand. Prisons are institutions that hold offenders of more serious or grievous crimes (also called felonies) unlike the jails. Most persons taken to prison are sentenced to a period of more than one year to life imprisonment and in some cases those with a death sentence. Lastly community based facilities are less restrictive as compared to the prisons and jails. They are commonly known as halfway homes/houses or transitional homes. Community based facilities are meant for offenders who cannot be allowed to remain in their own homes but are not in need of maximum security like in the prisons or jails. Bartol, 2014.

In Kenya, there are different kinds of prisons, those exclusively for men, those exclusively for women and some for children. The main objective of imprisonment is to serve as a form of deterrence, punishment, retribution and rehabilitation. Its significance is to protect the society from crime. Risk assessment is required at different levels in the criminal justice system such as court, sentencing an offender, classification while in the prison and during conditional release. (www.insideprison.com/riskassessment.asp).

2.2.1 Risk assessment

Assessment is the process whereby some key variables in an offender that have been established and known to increase the chances of committing an offence are measured. The variables to be measured are basically known as risk factors and are further sub divided into two categories which are:- static risk factors and dynamic risk factors. (Andrews & Bonta 2002)

Douglas & Kropp (2002) state that static risk factors are not changeable and cannot be modified even with various interventions and they also do not indicate what factors to target during treatment so as to reduce risk.

Andrews and Bonta 2002 cited that designed strategic and well planned intervention plans can be used to change criminal behavior with dynamic risk factors. This can help to identify treatment objectives and in formulation of treatment plans.

Dynamic risk factors can further be classified into acute and stable risk factors.

Stable dynamic risk:- change takes place bit by bit over several months or years and reveals lasting traits for example attitude to crime. (Beech, Fisher & Thorton, 2003).

Acute dynamic risk:- change takes place over a short period of time such as few days or hours for example ones mood.(Hanson et al., 2007). This shows likelihood of short term change

2.3. Evolution of Risk Assessment

Research on predictions of dangerousness and violence risk assessment has frequently been communicated upon in terms of generational development, (Otto, 1992). The first generation occurred during the 1970's largely focused on institutionalized individuals in psychiatric, forensic and correctional settings awaiting release. Results of this first generation of research especially the studies comparing mental health professionals, predictions against the outcomes in the community, were so poor that some called for the abolishment of civil commitment (Monahan 1981).

Many studies during the second generation focused on short-term predictions, primarily in hospital settings (McNiel & Binder, 1991). These suggestions as these situations may allow

for greater attention to precise data collection and control that would increase the accuracy of forensic psychologists.

The third generation was the identification of individual and contextual variables that related to violence. Klassen & O'conner (1988a 1988b), conducted some of the most noted research among psychiatric samples. Klassen & O'conner followed formerly hospitalized patients for upwards of one-year post discharge in the community. They identified patients who exhibited violence either via an arrest or readmission to the hospital and those who were non-violent. They then identified variables that related to the prediction of one of those two groups and were able to classify 88-93% of the patients accurately, though the accuracy decreased when the model was applied to additional samples (Klassen & O'conner,1990).

A final and very important development was the move from predicting dangerousness to assessing risk of violence (Poythress 1992). Forensic psychologists historically referred to the process described here as predicting dangerousness potentially because of the legal tradition involved.

2.4. Approaches to Risk Assessment

Risk Assessment has numerous approaches which vary depending on the subject at hand. The approaches are as discussed below

2.4.1. Clinical assessment of violence

When diagnosing mental illness and in attempts to treatment, clinical judgment is the foundation for much of clinical psychology. Most clinical psychologists will use the skill they have acquired through their education and experience when they want to make a suggestion in therapy rather than perform a complicated statistical calculation. A study by Lidz, Mulvey & Gardner, 1993 was publicized to be the most erudite report published for predicting violence (Monahan, 1996) and revealed that clinicians could envisage violence at greater than 50% chance levels.

2.4.2. Actuarial Measures of Violence

Unlike the clinical approach, actuarial approaches differ greatly in that they have a more statistical basis are unbiased they are more official or prescribed and are algorithmic.

The violence risk assessment guide was the first widely examined actuarial instrument. It was developed by Harris, Rice & Quinnsey 1993. It consists of 12 items that are gauged according to the statistical findings. They include elementary school maladjustment, a total score on the psychopathy checklist (PCL-R), separation from either parent before attaining age 16, previous evasions on conditional release like parole or probation, a total summary score for non-violent criminal offences preceding the current offence and lastly the severity of the injury on the victim during the present offence. If the patient met criteria for schizophrenia, if the patient met the criteria for a personality disorder, a female victim during the current offense and an alcohol abuse history score.

Each of these clusters has a supplementary level of risk for violence, to further indicate the risk they pose over 7 and 10 years. An individual with a score of -1 on the violence risk assessment guide (VRAG) may tally with a 17-31% chance of being violent in the next seven years.

Another important actuarial approach was based on the MacArthur Risk Assessment analysis (Monahan et al., 2001). It was a large multi-site study that assessed both female and male acute civil psychiatric patients. The Mac Arthur group examined a large number of variables and followed patients assessing potential violence at 20 weeks and one year post discharge. Actuarial measures are often criticized for their lack of generalizability away from the original sample used to construct them.

2.4.3. Structured Professional Judgments

Structured professional judgment lays emphasis on lists of vital risk factors and general procedures for using those risk factors. Structured approaches to risk assessment are normally grounded on identification of a number of factors from the relevant scientific literature (Litwack et al.,2006)

Structured approaches such as the HCR-20 can be scored similar to actuarial measure. The HCR-20 comprises of 20 items that focus on clinical, historical and risk areas. According to Douglas & Webster 1999, despite the HCR-20 being originally validated on a sample of civil psychiatric patients, it has also been validated on correctional samples.

In predicting violence in institutions both the HCR-20 and the PCL-R were used in two correctional main security institutions. They studied 41 long term sentenced offenders. The rationale behind the study was to establish if the two instruments that were used to predict institutional violence actually had validity. Findings suggested that in prediction of violence in correctional institutions the two instruments were seen to have a certain degree of validity even when used on groups of offenders that were of a high level of risk.

2.5. Specific Risk Assessment Predicting Violent Offending

For the Violent offenders, there are specific approaches to their risk assessment the approaches are as discussed below:

2.5.1. HCR-20 risk assessment

The HCR-20 risk assessment was developed (10), historical factors (10) and risk management factors for a total of 20 items, each scored on a scale of 0 to 2. It measures the risk of violence among mentally disordered offenders as well as non-mentally disordered.

2.5.2. Spousal Assault Risk Assessment (SARA)

The spousal assault assessment instrument checks for risk factors in persons presumed of or are under treatment for either spousal or family related assault. It contains 0 items and determines the extent to which a person poses as a danger to his or her spouse, children, family members or any other persons involved. It is commonly used by those in the criminal justice system to envisage the possibility of domestic violence

2.5.3 Violence Risk Appraisal Guide (VRAG)

The violence Risk Assessment guide has been majorly used to foresee the threat of violence within a stipulated time frame upon release of a violent mentally disordered offender. The instrument contains 12 items and focuses on the clinical record, more precisely the psycho-social history factor as a basis for scoring as contrasted to interviews or questionnaires. (www.fitres.ch/index.cfm)

2.6. Theoretical perspectives on violence

According to Bartol & Bartol (2014) criminal violence can be looked at from two poles. One pole can represent the amount of time or extent of preparation involved in the act that is if

the act is amply planned and calculated (cold blood). The other pole is highly impulsive and demonstrates a behavior that is emotionally driven with absolutely no planning involved, commonly known as 'crimes of passion'.

In psychological literature violence can be explained through a continuum, whereby both the expressed or reactive kind of aggression and instrumental aggression happen with equivalent essentials of the two arising at the middle section of the continuum. When the injury of a person happens while in pursuit of the acquisition of another external goal e.g. money, status or security that is known as instrumental violence (Woodworth & Porter, 2002)

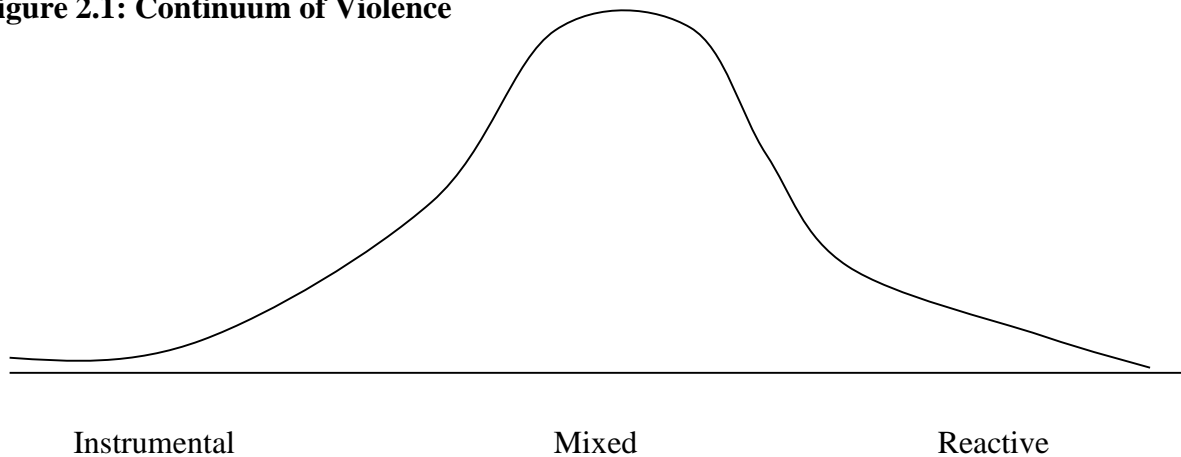
On the other hand reactive violence also known as expressive violence is physical violence that is occasioned by an enraged or unpleasant reaction to dangerous situation or supposed threat, it therefore is the unthoughtful and impetuous response to a provocation be it real or imagined (APA,1996). An example would be a person who shoots a friend over a petty confrontation. In most cases once the aggressor's emotions have calmed down, they usually cannot believe what they have done or understand how they could lose control to that point.

It is never really easy to differentiate whether a violent act is instrumental or reactive, it most often appears to be a combination of both thus, violent actions fall along the middle ranges of the instrumental-reactive continuum, similar to the normal curve.

Psychopaths are also impetuous and extremely reactive to provoking circumstances irrespective of their lack of compassion and guilt and superficial emotions generally.

A research done by Woodworth & Porter (2002), studied both psychopathic and non-psychopathic offenders who had committed murder. Their findings showed that psychopaths tended to engage more in the instrumental or goal driven kind of violence. Non-psychopathic offenders however engaged predominantly in reactive spontaneous violence.

Figure 2.1: Continuum of Violence



2.7. Precipitating Causes of Violence

Violence can be caused by several factors. Psychological studies classify these causes into four groups. observing

2.7.1. Cognitive Factors

Research distinctively shows that aggressive people have unusual ways of processing and understanding information. They are inclined to notice hostility when there is none. (APA, 1996).

Cognitive factors therefore refers to beliefs, ideas and patterns of thinking that develop as a result of interactions with the world over an individual's lifespan.

A major characteristic with violent people is that they cannot think of non-violent ways of solving social disagreements and conflict such as negotiations, they tend to identify more with violence. According to Shahinfar, kupersmidt & Matza, 2001 belligerent children and adolescents have more antisocial, violent beliefs as compared to the non-aggressive peers.

Bartol, 2014 stated that members of violent groups or gangs notably some young males have assumed conviction that it is fine to respond to every supposed or imagined sign of disrepute with aggression and further violence.

2.7.2. Situational Factors

Aversive situations like stress, repeated loud noises, excess heat, and overcrowded cramped living conditions can trigger aggression and violence in people exposed to these conditions. Bartol 2014, further explains that characteristics of the environment for example aggression or stress encourage violent behavior. Children who have higher risk chances of engaging in violent activities when grown up are predominantly those who have been brought up in underprivileged or poor environments.

Agents such as schools, neighborhoods, families and peers can all contribute to the growth of violent behavior. Bartol 2011, indicates that adult violence can be linked to childhood aggression in some individuals. Research shows that 10% of extremely aggressive children grow up to account for 50-60% of the bulk of violent crimes

2.7.3. Biological Factors

Neurological, physiological or chemical influences on aggression and violence all sum to biological factors. Recent advance in the neurosciences show that a child's development can be influenced by biological factors interacting with the social environment. Though the nature of these influences is still unknown.

Researchers on child development indicate that there are links between aggression and brain injury that can be as a result of various environmental factors e.g lethal substances in the surroundings, dietary pre-natal deficiency, head injury as a result of accidents, abuse, the mother ingesting alcohol or drugs during key fetal development stages as well as birth trauma. (Bartol & Bartol 2014)

2.7.4. Socialization factors

Children learn social behavior from their interactions with others. They learn basically by looking at or observing their care givers or significant others as compared to learning from their own experience. The American Psychological Association describes socialization as a process whereby the child learns "scripts" for certain social behavior as well as values norms that guide how they interact with other people and attitudes.

Practices whereby a person learns the patterns of behavior, early life experiences that include thoughts and feelings are known as socialization factors. (Bartol & Bartol, 2014)

Extensive research shows that aggression, violence and anti-social behaviors are more often learned from television, significant others or movies and are stored in reserve for response to an exact social situation. It is therefore important to limit children's exposure to violent media images.

2.8. Motivation and violence

Weiner (1993) indicated that human beings are not only motivated to satisfy the need for food and water but they have several other needs as well. Motives for human behavior are also endless. Some people are motivated by power, praise and money while others seek the pleasure of creativity.

Human motivation falls into four major general categories, the first being motivation by biological needs more so need for food water and sex (Tinbergen, 1989). According to Izard, 93 emotional factors come in second for example fear, anger, love or hatred. Cognitive factors can encourage human behavior whereby people behave in a certain way because of how they view the world, beliefs of what they can do and their anticipation of others response (Weiner, 1993). Finally motivation may be from social factors, siblings, friends, television, outcomes to parents, teachers and other socio-cultural factors.

The above categories of motivation can be used to explain violence. The biological category can be used to explain a case of sexual abuse, sexual assault or rape. A person who is biologically motivated with the need for sex may use actual violence on an unsuspecting victim and sexually assaults them. The emotional category is commonly used to explain crimes of passion. A man who stabs and kills an intruder who breaks into his house and sexually abuses his daughter can be argued to have committed a crime of passion also known as reactive violence (Bartol & Bartol, 2000). An individual's perception of the world can lead them to act violently. The cognitive category of motivation can be used to explain an act that is highly calculated and planned 'cold-blooded' (Woodworth and Porter, 2002). Other social factors can be a motivating factor to lead one to violence. Farrington et al., 2001 showed that several studies have indicated that parental criminal histories predict criminal behavior in their offspring when older. The unskilled or unemployed engage more in violent acts than the unemployed.

2.9. Rehabilitation in correctional institutions

Rehabilitation programs in correctional institutions are mainly intended to help offenders leave the correctional institutions with education, confidence, career skills and behavior change so that they can thrive despite the difficulties they encounter.

When admitted into the correctional institution the offenders criminogenic and risk to relapse needs are assessed. After a meeting between the offender and their criminal counselor the offender is placed in a suitable program based on their rehabilitative needs. The rehabilitative program may offer cognitive behavior treatment programs that are developed and designed to help them reintegrate successfully back to the community once released from prison. California Department of Corrections and Rehabilitation (CDCR).

2.9.1. Violent offender's rehabilitation program

Several researchers such as Mills, Kroner & Forth 98 suggest that violent offences may not necessarily be angry offences. Howels et,al 97 further say that insufficiencies in how to control anger can be considered a criminogenic need for certain violent offenders. Novaco, 97 indicated that it can be a risk factor for the predictor of violence.

Different intervention programs target violent offenders with a range of criminogenic needs. Violent offenders who are persistent have greater needs than non-violent offenders who are not persistent more specifically in the areas of employment, community functioning, substance abuse, criminal attitudes, marital and family relationships (Serin & Preston, 2001)

A conclusion that has been established after evaluations of various treatment programs is that anger management on its own is not enough when it comes to the treatment of violent offenders. (Howells & Day, 2002).

2.10. The use of violence risk assessment in other countries compared to Kenya

In Canada Violence Risk Assessments were introduced in 1977. This happened when they introduced the dangerous offender's legislation. When an offender was nearing his discharge dates or when they want to apply for conditional release then the violence risk assessment was necessary.

The correctional service of Canada and the National Parole Board (Solicitor General Canada, (1988a) have discovered that carrying out offenders risk assessment was vital in their work. Immediately an offender is admitted into a correctional facility they are subjected to the assessment up to the time of their release. They further found that risk assessment influenced an offender's classification, security and determined the programs the offender would undertake while incarcerated.

The process of risk assessment in Canada is now more standardized and formal. New scales and several tools for risk assessment have been established for future use in correctional risk management. During release the National Parole Board is required to consider the scores of an offender on different statistical risk assessment measures done by correctional officers. Some of the factors they take into consideration include:- the behavior of the offender while in prison, in some instances the opinion of the psychiatrist or psychologist may be required to find out the level of risk presented by the offender. They assess each offender on a case by case basis not just the high risk scores.

Some of the tools used by the corrections and parole officers include Statistical Information on Recidivism (SIR), Offender Intake Assessment (OIA) and the Community Risk/Needs Management scale. According to Motiuk 1997 the OIA looks at seven basic need areas which are:- Substance Abuse, Employment, Social Interactions, Personal/ emotional orientation, marital/family, community functioning and attitude.

Cromier, 1997 stated that the (SIR) scale was started in 1988 by the correctional service of Canada as a risk assessment instrument that would be used in pre-release decision making of offenders. The scores on the (SIR) range from the value -27 (high risk) to the value +30 (low risk).

These scores are determined by a checklist of 15 static factors that include the current offence, prior incarceration, age on admission, age at initial adult conviction, security level, marital status, previous convictions for assault, escape, employment at arrest, revocation of release orders, risk interval since last offence, current sentence, previous break and enter convictions, previous sex offence convictions and number of dependents.

Finally Motiuk 1997, said that the Community Risk Needs Management scale is mainly used by parole officers to assess the needs and risk on ongoing basis. The scale combines measures of an offender’s criminal history and recidivism with an all-inclusive assessment of an offenders specific case needs. Areas that are assessed by the SIR scale are: - behavioral and emotional supports, family supports, alcohol and drug usage, employment, positive associations. The rating is done by giving low, moderate or high need by the rater based on their knowledge of the offender that is gained after several interviews and careful readings of their case files. The Community Risk Needs Management scale can be used to assist focus on community based intervention approaches that can keep already released offenders from re-offending and returning to prison.

A study done by Ruth Mann & Gill Atrill on Assessing, Reducing and Managing risk in HM Prison Service in Frankland showed the following reconviction rates after two years at the prison. (www.rmScotland.gov.uk/index.php/download_file/view/138/189.)

Table 2.1: Table showing reconviction rates after two years at the HM Prison.

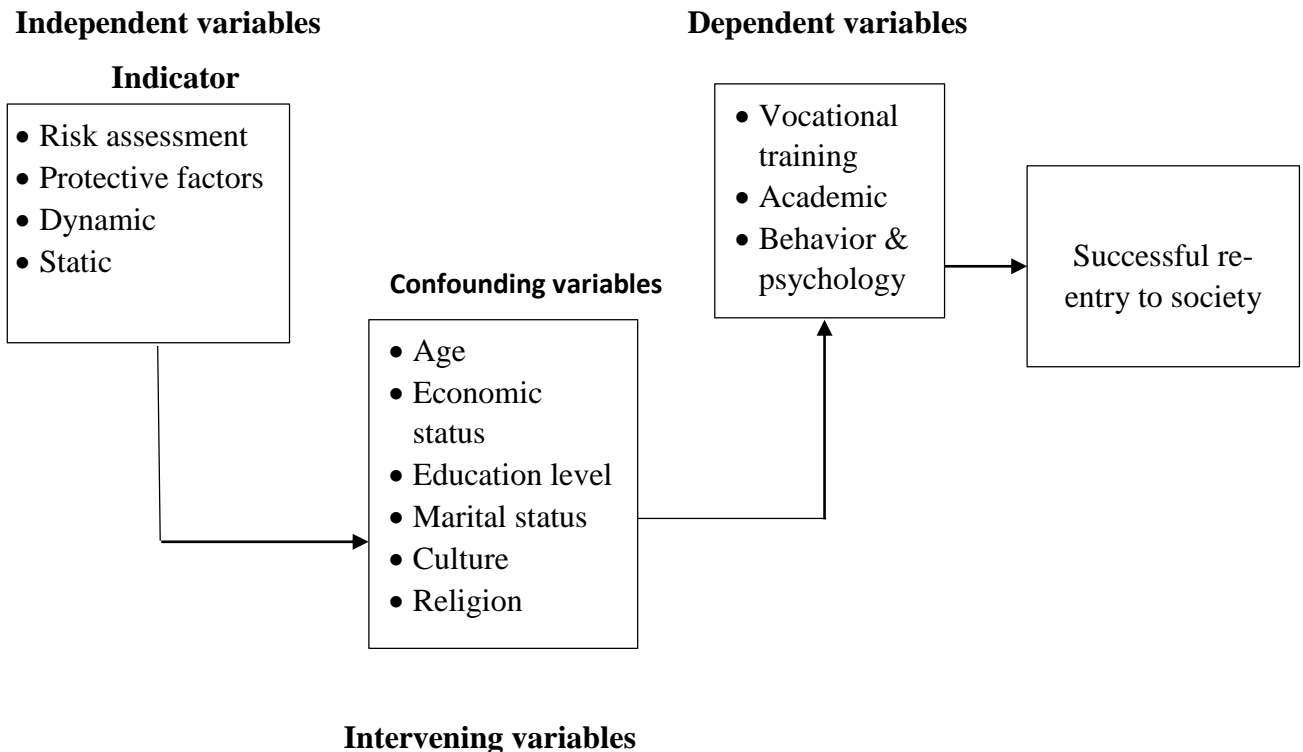
Level of Risk	Risk Assessment (Treated)	No Risk Assessment (Untreated)
Low	1.9%	2.6%
Medium Low	2.7%	12.7%
Medium High	5.5%	13.5%
High	26%	28.1%

Risk assessment is a fairly new procedure that is currently being piloted only in 5 maximum prisons in Kenya. Trained documentation officers carry out a risk need assessment on the offenders upon entry into the correctional institution. On admission to a correctional institution from the courts an offender is required to fill the PF10 a document that assess the inmate’s health records with focus on tuberculosis, HIV/Aids, hypertension, diabetes, epilepsy amongst others. Kenyan correctional institutions can heavily borrow from the Canadian

correctional institutions with the use of risk assessment from the time an offender enters the correctional institution to the time of their release. Kenyan correctional institutions can borrow on the use of the Offender Assessment Intake (OIA), Statistical Information Recidivism Scale (SIR) and the community risk/need management scale. The three scales have been known to vital in determining what program is suitable for an offender and also reduce recidivism upon release. If risk assessment is adopted in all Kenyan correctional institutions, then it would be helpful in placing offenders in the right rehabilitation program for specific treatment that would aid in behavior change upon release thus contribute to reduced level of violence in the community.

They would also be used by the courts in determination of an inmate's appeal, whereby the level of risk can be established and likelihood of re-offending can be predicted.

2.11. Conceptual Framework



2.12. Theoretical Framework

The most important theories to consider when working with risk assessment of the offenders are the interactional theory by Terrence P. Thornberry as well as Free will theory by Carl Rodgers. The Conceptualization of the theories is important as it recognizes the multiple factors involved in understanding violent behavior and a persons will power to change and make conscious decisions.

2.12.1. Interactional Theory of Delinquency

Terrence P. Thornberry in 1987 advanced the interactional theory on delinquency. This theory is a combination or blend of two theories that include the social learning theory of Albert Bandura as well as the social control theory of Travis Hirschi. The interactional theory on delinquency postulates that learning and weak societal bonds lead to deviant behavior.

According to Krohn, 2001 suggests that persons with poor values and weak societal bonds are most likely to form connections with other delinquents who share the same poor values. Delinquency is viewed as a result of the freedom given by the individuals weakening of

conventional societal bonds to form an interactional setting whereby delinquent behavior is learned and reinforced. This theory purposes to look at all influential factors that may be experienced by an individual throughout their lives.

An example would be that of an inmate in the correctional institution who has had previous criminal convictions as a juvenile. The engagement into criminal activity may have been propelled by the hostile and harsh environment he grew up in and also having poor attachment with parents and siblings. The inmates seek for attachment from other peers experiencing the same conditions who are mostly engaged in criminal activities and hence must engage or participate in a criminal activity in order to be accepted into the group and to acquire status in the group by e.g. how many people you stab, kill etc.

2.12.2. Free will theory

According to Carl Rodgers the healthy development of an individual is viewed in terms of how the person perceives their own being. This is to mean that a person who is healthy will most likely see similarity between their sense of who they are that is their 'self' and who they feel they should actually be 'ideal self'.

No person will experience perfect similarity all the time but the relative degree of similarity is a sign of health.

The free will theory is a Humanistic theory that takes up an all-inclusive dimension to human existence. It encourages mindfulness and self-awareness that helps a person change their current state of mind and behavior to a healthier set that involves more thoughtful actions and productive self-awareness.

According to Carl Rodgers self-actualization can be achieved through positive childhood experiences and a supportive environment. However an individual's ability to make valued judgment and constructive choices may be hindered by environmental constraints that impair one's self concept.

The humanistic theory can be used mainly to support the rehabilitation programs in correctional institutions. Inmates are empowered with knowledge and insight that they can change their current self (one engaged in criminal activities) to a better individual who is pro-

crime. The inmate decides to focus on their strengths and abilities as assets to help them reform, once this is realized then recidivism the rates will decrease.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Introduction

This chapter discusses the Research study design to be adopted, Sampling method to be used, study area and target population, research instruments, data collection procedure, data analysis as well as presentation and ethical considerations are also outlined.

3.2. Research Design

Mixed research approach that uses both quantitative and qualitative methods was used by the researcher. The research design that was chosen for this research is the descriptive cross sectional research design. This was an appropriate choice because the data was gathered from a population or a representative sub-set at a specific time provided a comprehensive and clear picture of the condition.

The quantitative data gathered was used to define the situation using frequencies, central tendencies and dispersion (Struwig & Stead, 2001). It involved a complete observation of the unit under study as well as the data that was collected from multiple sources and findings be verified by use of exhaustive probing with the sampled population.

3.3. Target Population

The target population for the research were of violent offenders only, others who were not violent offenders were not included in the research. The violent offenders targeted for the research had a variety of offences such as robbery with violence, murder, sexual violence offences and assault. The violent offenders also had different sentences depending on the severity of the violent act they perpetrated. From the records, there were a total of 400 violent offenders from a total number of 1500 offenders in the correctional institution.

3.4. Sampling procedure

The offenders were stratified into two strata's that is violent and non-violent offenders that had been sentenced in the prison. These strata's were homogenous, mutually exclusive and every each population was assigned to only one stratum (sub-group). Since we were interested with only the violent offenders, we selected our sample from the violent offender's strata then

randomly selected the violent offenders from the strata. The random sampling in the strata was without replacement and each respondent was sampled only once.

The following formula was used in obtaining the sample size, $n = \frac{N}{1+N(e)^2}$ Yamane (1973) where N= Population size (400), n = sample size, P is the degree of variability (0.5) and e is the sampling error or level of precision expressed in percentage (5 % or 0.05).

$$n = \frac{N}{1 + N(e)^2}$$

$$n = \frac{400}{1 + 400(0.05)^2}$$

$$n = 200$$

Therefore, the researcher will select a sample of 200 violent offenders

3.5. Study Area

The research was carried out at Kamiti Main Prison, located in Nairobi County, Roysambu constituency. The prison had a population of 1500 as per the unlock register of the prison. Kamiti Main Prison was the only prison in Kenya that was mandated to hang inmates who had been sentenced to death, but since 1988, the practice had since stopped. The prison is a maximum security prison housing only male inmates.

3.6. Methods of data collection

Data collection instruments are the tools used to collect information from the respondents (Mugenda & Mungenda, 2003).

The researcher chose to use questionnaires since it was economical when it came to time and cost. The questionnaire method was best suitable for the research given that all the respondents were in the same locale. The respondents were made aware of the informed consent and were notified that participation was voluntary and no one would be coerced into taking part in the activity unwillingly. According to Kothari (2004) self-administered questionnaires are most

appropriate for descriptive studies because it obtains self-report on people opinion, values and beliefs.

The dynamic risk assessment for offender Re-entry (DRAOR) by Ralph Serin, 2007 was identified as a good instrument since it captured the different domains of the dynamic risk which are acute dynamic risk, stable dynamic risk and protective factors.

The static-99R Coding form was also used by the researcher to capture information on static risk factors

The researcher checked for completeness of the data. Any incomplete or wrongly filled questionnaire was discarded. Once a data entry template was generated, recording was done in duplication for purposes of validation, a process known as double entry and it was counter checked for any entries that may have been recorded wrongly and range checks.

An interview schedule was also administered to the key informants. The interviews main purpose was to know if the correctional institution had any tool for risk assessment of the offenders, how beneficial was the use of the risk assessment instrument and in what ways. The interview also wanted to establish if the risk assessment instrument had any impact on the rehabilitation programs offered and whether there is any need to develop other rehabilitation programs. The research also sought to know if there were any challenges encountered when carrying out risk assessment.

3.7. Pre-test

Before actual dissemination of the questionnaire, the researcher carried out a pre-test on a group of non-violent offenders so as to validate the questionnaire. The pretest was done using the selection of a pilot group of ten inmates who were outside the sampling frame and were not incorporated in the actual study. This was necessary because it helped the researcher become familiar with the administration procedures, to correct any discrepancies that could arise from the instruments and identify items that may need adjustment while ensuring that the questionnaire measures what it was intended to measure.

3.8 Validity

Validity basically means assessing if the items measure what they were purposed or intended to measure. Content validity was used by the researcher to check if the instrument answered the research question. Content validity provides for the researcher an opportunity to see if the topic in question has exhaustively and adequately been covered by the instrument. Through consultations with the supervisor some additions were done as well as modifications in order to improve on the content validity.

3.9 Reliability

Cooper & Schindler, 2006 state that reliability is achieved if a research tool provides consistent findings after several trials. The researcher in an attempt to obtain the highest degree of reliability of the instrument used the test-retest method. This method was employed when the instrument was given two times to the respondents with a one week interval apart. The researcher collected the data in person but in few cases required the assistance from competent research assistants.

3.10. Data Analysis

The research used both quantitative and qualitative approaches. The research was a mixed research that used both quantitative and qualitative methods to collect data. The data collected was analyzed using descriptive statistics and content analysis methods. Descriptive statistics that include frequencies and percentages were used to analyze quantitative data. Content analysis was used to analyze qualitative data, whereby responses from the open ended questions were clustered and classified based on the developing themes relevant to the research. Results of qualitative data analysis were presented in descriptive narrative prose.

The first objective used descriptive statistics and multiple regression as it involves gathering data so as to answer pertinent questions regarding the occurrence under study (Mugenda & Mugenda, 2003). Descriptive research depicts respondents in an accurate way.

Multiple regression was also used in the second objective since the researcher wanted to establish if a relationship existed between the independent variable and dependent variable. Independent variable had nominal variables which are acute dynamic risk stable dynamic risk

and protective factors. The third objective used regression analysis to determine if there was a relationship among the variables which are rehabilitation strategies and recidivism.

3.11. Ethical Considerations

The researcher sought permits of authority from the following bodies or institutions; The university of Nairobi- Clearance from the psychology department; National commission for science technology and innovation (NACOSTI)- Permit to carry out research on risk assessment and rehabilitation strategy; and the Kenya Prisons- Clearance from the officer in charge Kamiti Main Prison. There were a number of ethical considerations to be kept in mind during the research process: Confidentiality should be always maintained; Respondents were made aware of all risks and protections in the written consent form; all data based on the research were reported in combined form. No individual respondents were identified; before conducting the interview, interviewers should restore climate of confidence by explaining the goal of the study and the use of the data collected; No participants were interviewed without their informed consent; Participation was purely on voluntary basis, there was also a clear description that depicted what was the purpose of the study as well as an assurance that the information obtained was strictly for academic purposes only.

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION

4.1. Introduction

The chapter contains the presentation of findings and their understanding. The first section involves the presentation of response rates, demographic features of the respondents and the next section presents inferential results, in line the research objectives which are:

1. To determine the significance of static risk assessment on rehabilitation strategies of violent offenders at Kamiti main prison, Kenya.
2. To determine the significance of dynamic risk assessment on rehabilitation strategies of violent offenders at Kamiti Main prison, Kenya.
3. To determine the relationship between rehabilitation strategies and recidivism

4.1.1. Response rate

A total of 166 respondents (about 83% response rate) were successfully reached during the period of data collection of the research and is distributed as per the violent crimes committed as shown below.

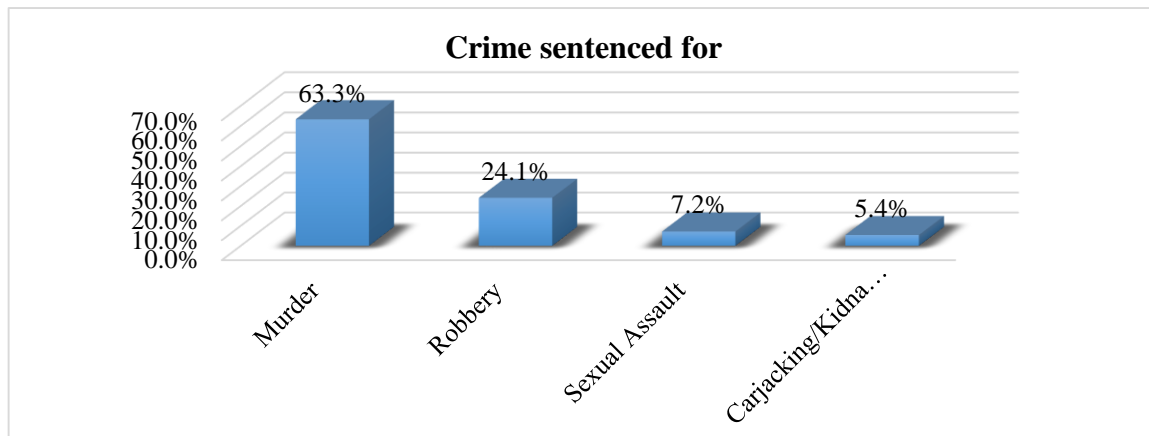


Figure 4.1: Response rate

The response rate shows that 63.3% of the respondents were sentenced for murder, whereas 24.1% of the respondents sentenced for robbery, 7.2% of the respondents sentenced for sexual assault and finally 5.4% of the respondents sentenced for carjacking and kidnapping as shown in figure 4.1 above.

4.2. Demographics

Demographics give the quantifiable characteristics of a given population that is the study size, structure, and distribution of these populations. The responses are as stated below.

4.2.1. Age of the respondents

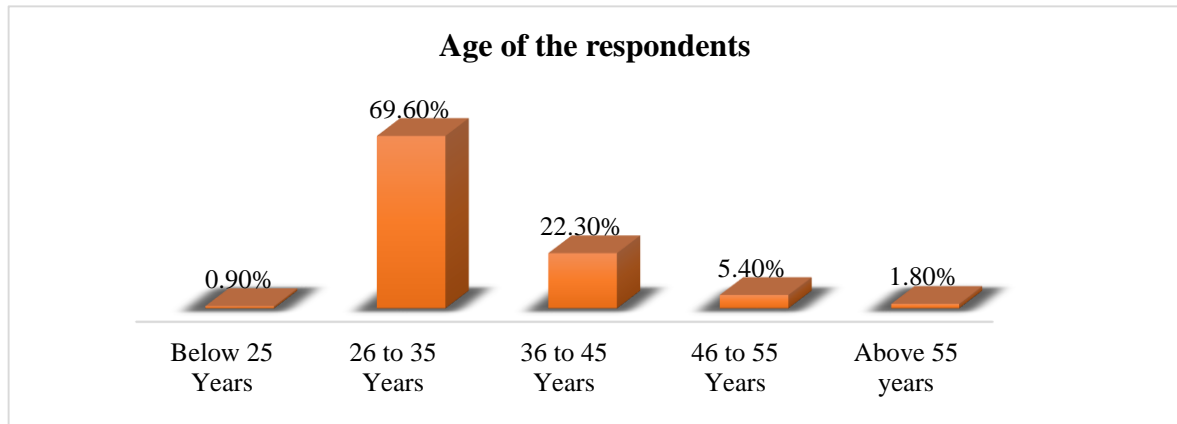


Figure 4.2: Age of the respondents

Figure 4.2 shows that 69.6% of the respondents were between 26 to 35 years of age, 22.3% were between 36 to 45 years, 5.4% were between 46 to 55 years, 0.9% have ages between below 25 years and 1.8% those above 55 years. This indicates that majority of the respondents were between ages of 26 to 35 years.

4.2.3. Highest Education level of the respondents

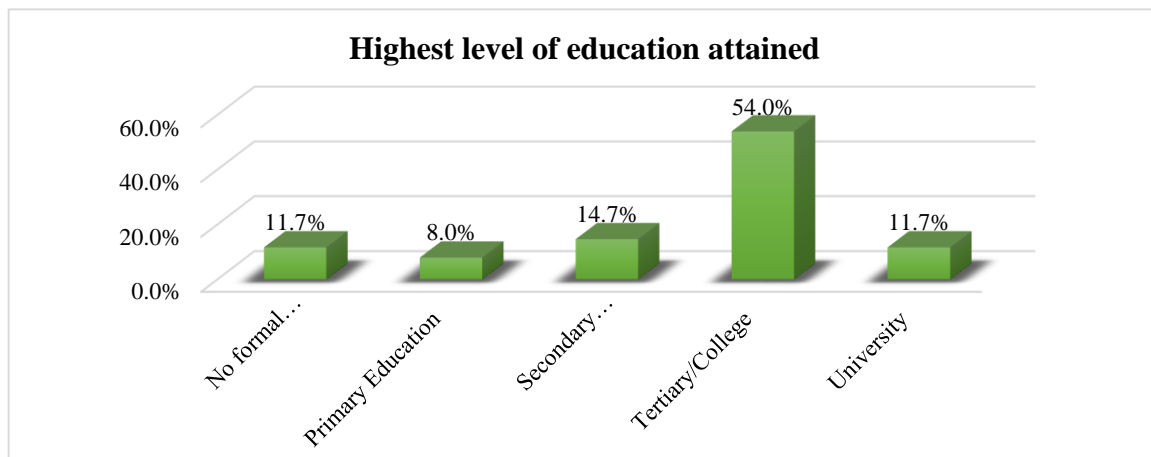


Figure 4.3: Education level of the respondents

Figure 4.3 shows that 11.7% of the respondents had a no formal education, 8% had attained primary level of education, 14.7% had attained secondary level of education, 54% had attained tertiary/college level of education while 11.7% were university graduates. This implies that majority of them had attained highest level of education of a college/tertiary education.

4.2.4. Marital Status of the respondents

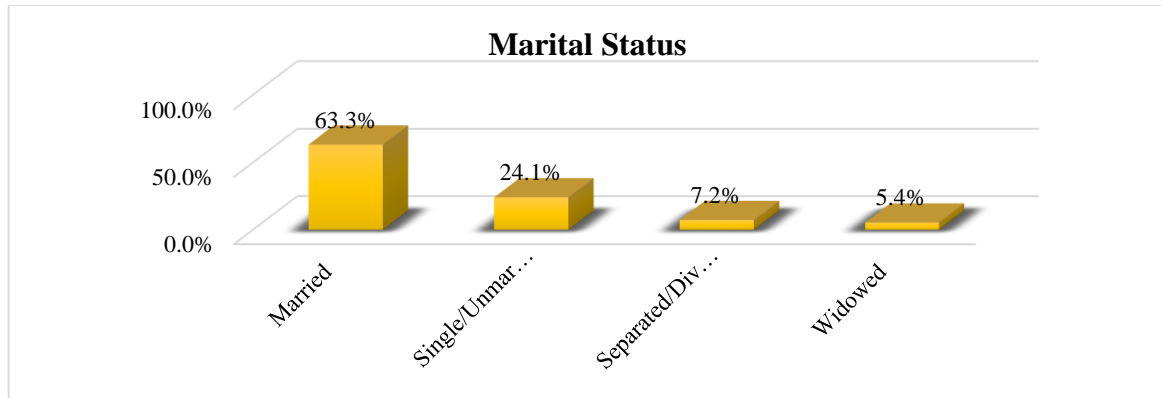


Figure 4.4: Marital Status of the respondents

Figure 4.4 shows that 63.3% of the respondents were married, 24.1% were single or unmarried, 7.2% were separated or divorced and finally 5.4% were widowed. This implies that majority of them were married.

4.2.5. Employment Status of the Respondents

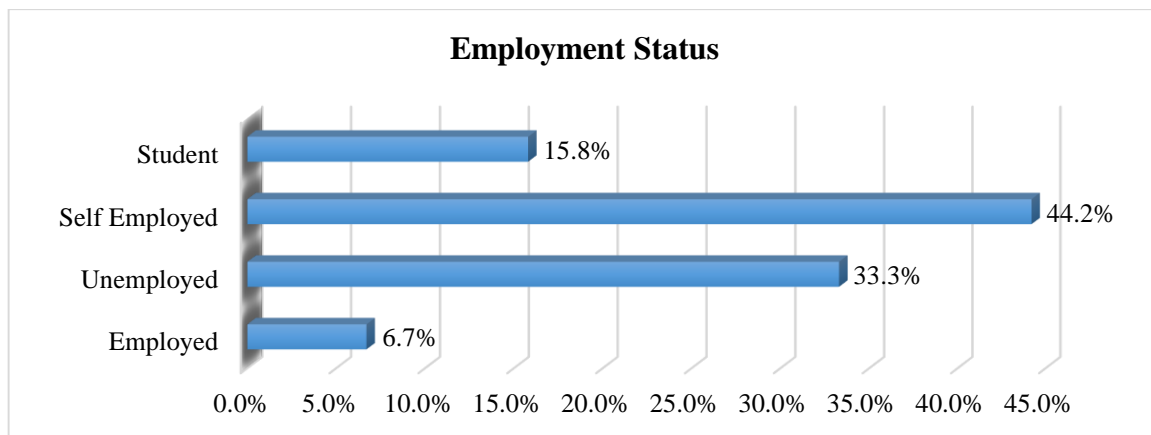


Figure 4.5: Employment Status of the respondents

A bigger proportion of the respondents (44.2%) were self-employed followed by those who were unemployed at 33.3%, then those who are still students at 15.8%, and finally the least proportion (6.7%) were employed.

4.3. Risk Assessment

Remarkable studies have been made over the past decade in identifying factors that increase the probability that someone will commit a violent act which are either static risk factors or dynamic risk factors.

According to respondent X (key informant) risk assessment is relevant in correctional institutions because it will help to keep track of the rehabilitation progress of the offender, it would also help to determine appropriate rehabilitation program for different kinds of offenders.

Risk is Assessment is carried out at the correctional institution though it is relatively new owing to the fact that it was adopted early in the year 2016 and several officers were trained on how to carry it out.

4.3.1. Dynamic risk

Dynamic risk factors are those factors that are changeable. Factors such as employment, drug and substance use. Dynamic risk factors can further be subdivided into three subsets which are:- stable risk, Acute risk and Protective factors. They are hereby discussed below.

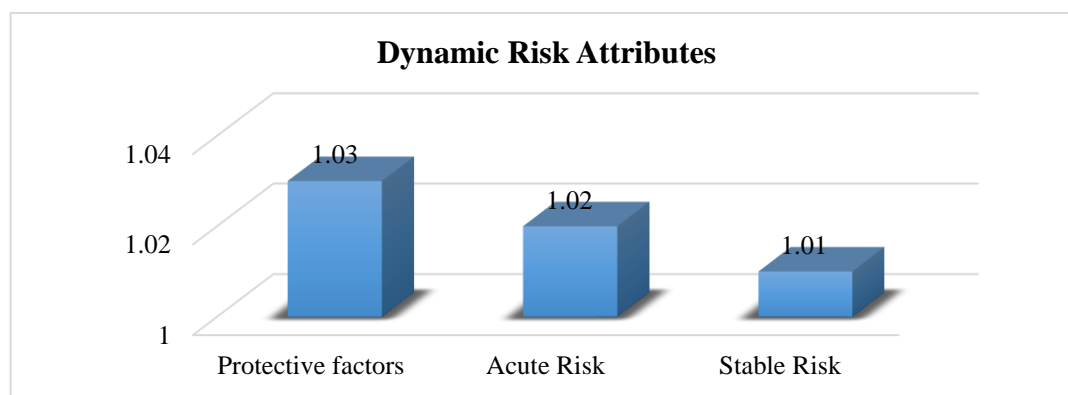


Figure 4.6: Dynamic risk attributes

Protective risk factors had the highest contribution to dynamic risk (mean of 1.03), which is followed by the acute risk (mean of 1.02) and finally stable risk had the lowest contribution to dynamic risk (mean of 1.01).

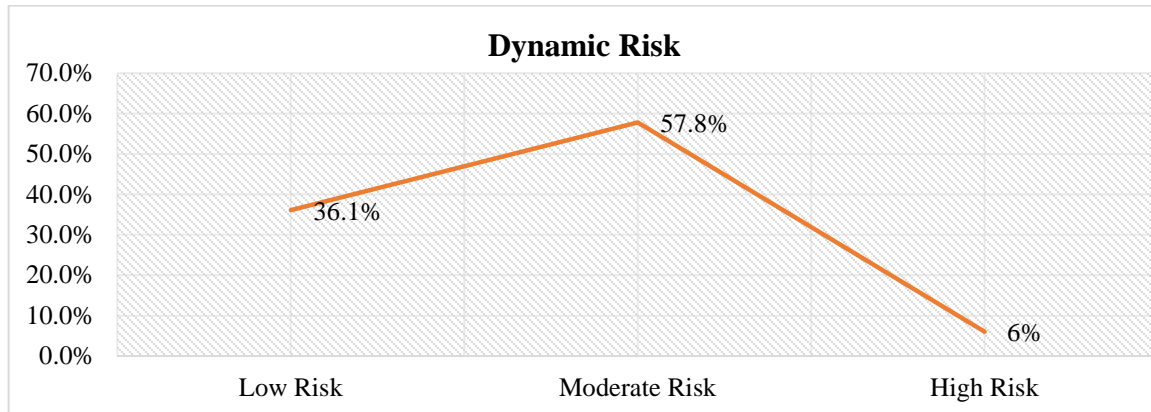


Figure 4.7: Dynamic risk assessment

From the Figure above, 36.1% of the respondents have a low risk to violent crimes whereas 57.8% of them have a moderate dynamic risk to violent crimes and 6% have a high dynamic risk to violent crimes

Table 4.1: Table Stable dynamic risk

Stable Dynamic Risk Descriptive Statistics				
	N	Mean	Std. Deviation	Skewness
a. Peer Associations	164	.97	.787	.054
b. Attitudes Towards Authority	166	.95	.920	.096
c. Impulse control	164	.95	.782	.086
d. Problem-Solving	166	.98	.762	.041
e. Sense of Entitlement	164	.96	.782	.064
f. Attachment with Others	166	1.25	.807	-.493

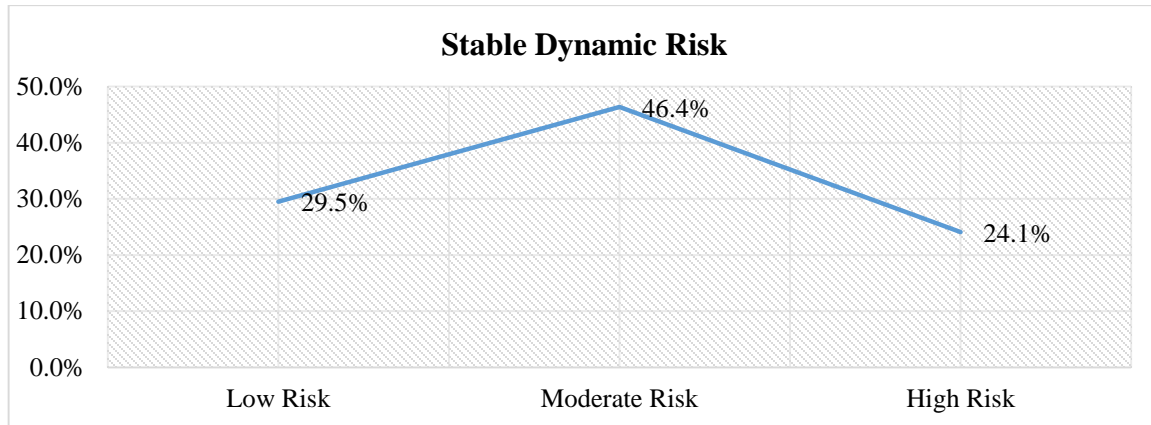


Figure 4. 8: Stable dynamic risk

From the Figure above, 29.5% of the respondents have a low Stable dynamic risk to violent crimes whereas 46.4% of them have a moderately Stable dynamic risk to violent crimes and 24.1% have a high Stable dynamic risk to violent crimes

Table 4.2: Acute dynamic risk

Acute dynamic Risk Descriptive Statistics				
	N	Mean	Std. Deviation	Skewness
a. Substance Abuse	164	.95	.782	.086
b. Anger/Hostility	166	1.02	.742	-.029
c. Opportunity/Access to Victims	164	.97	.787	.054
d. Negative Mood	166	1.22	.855	-.447
e. Employment	164	.95	.785	.097
f. Interpersonal Relationships	166	.98	.767	.031
g. Living Situation	166	1.05	.847	.501

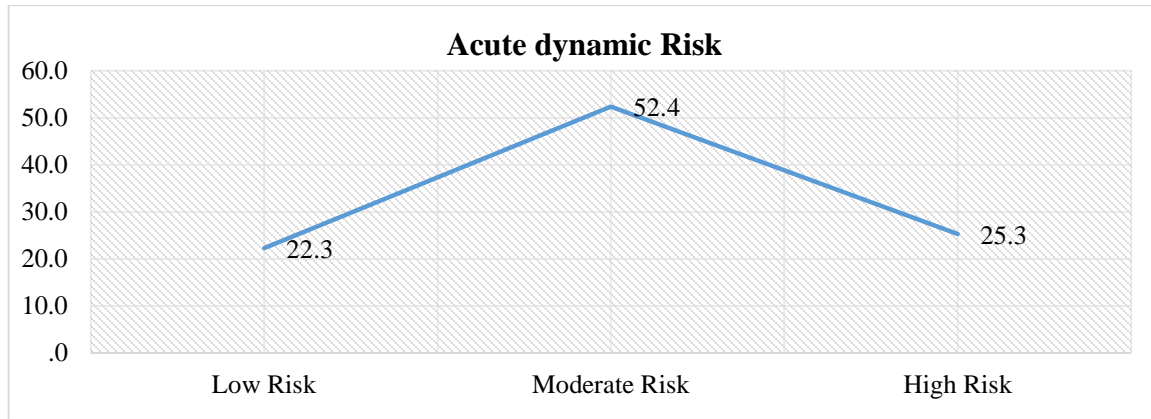


Figure 4.9: Acute dynamic risk

From the Figure above, 22.3% of the respondents have a low acute dynamic risk to violent crimes whereas 52.4% of them have a moderately acute dynamic risk to violent crimes and 25.3% have a high acute dynamic risk to violent crimes

Table 4.3: Protective factors

Protective factors Descriptive Statistics				
	N	Mean	Std. Deviation	Skewness
a. Responsive to Advice	165	.73	.750	.482
b. Prosocial Identity	166	1.11	.597	-.042
c. High Expectations	166	1.33	.725	-.600
d. Costs/Benefits	164	.95	.785	.097
e. Social Support	166	.98	.767	.031
f. Social Control	166	1.05	.847	.501

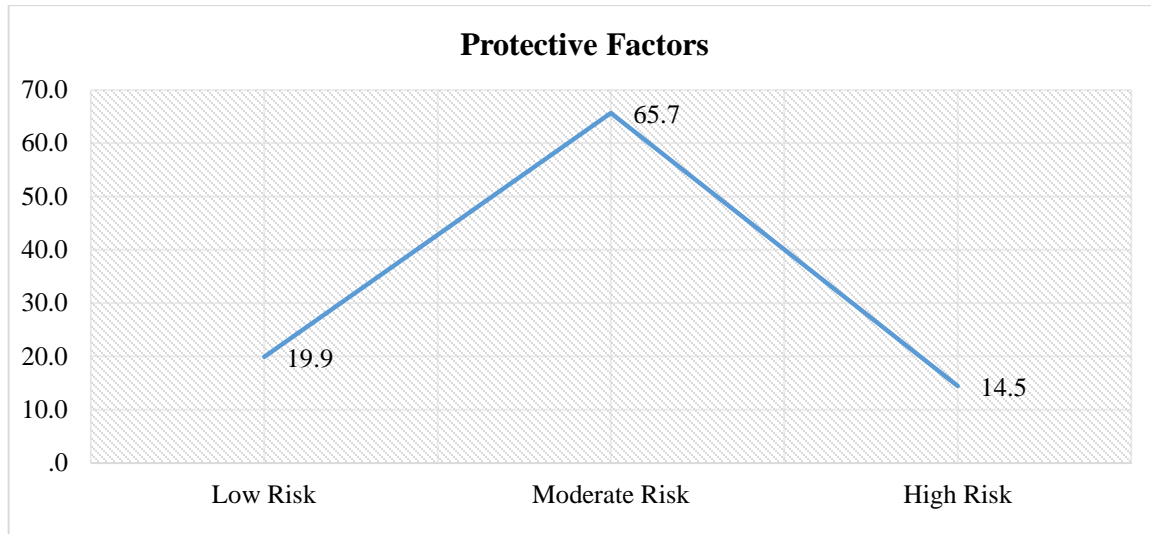


Figure 4.10: Protective factors dynamic risk

From the Figure above, 19.9% of the respondents have a low protective factors dynamic risk to violent crimes whereas 65.7% of them have moderate protective factors dynamic risk to violent crimes and 14.5% have a high protective factors dynamic risk to violent crimes

4.3.2. Static Risk

Static risk factors are those risk factors in an individual’s life that cannot change. For example a history of parental criminality, one’s age when they first committed a violent crime.

Table 4.4: Static Risk attributes Descriptive Statistics

Static Risk attributes Descriptive Statistics				
			Std.	
	N	Mean	Deviation	Skewness
Age at release	163	-2.00	1.478	1.033
Ever lived with partner/ lover for at least two years?	166	1.58	.495	-.320
Index non-Violent Crime-Any Convictions	166	1.41	.493	.371
Prior non-Violent Crime-Any Convictions	166	1.52	.501	-.073
Prior number of Violent Crimes (Charges)	147	1.84	.844	.526
Prior number of Violent Crimes(Convictions)	147	1.84	.844	.526
Prior sentencing dates (excluding index)	166	1.52	.501	-.073
Any convictions for non-violent crimes	163	1.43	.497	.288
Any related Victims	165	1.39	.502	.584
Any Stranger Victims	165	1.65	.477	-.656
Any Friends Victims	166	1.51	.501	-.049

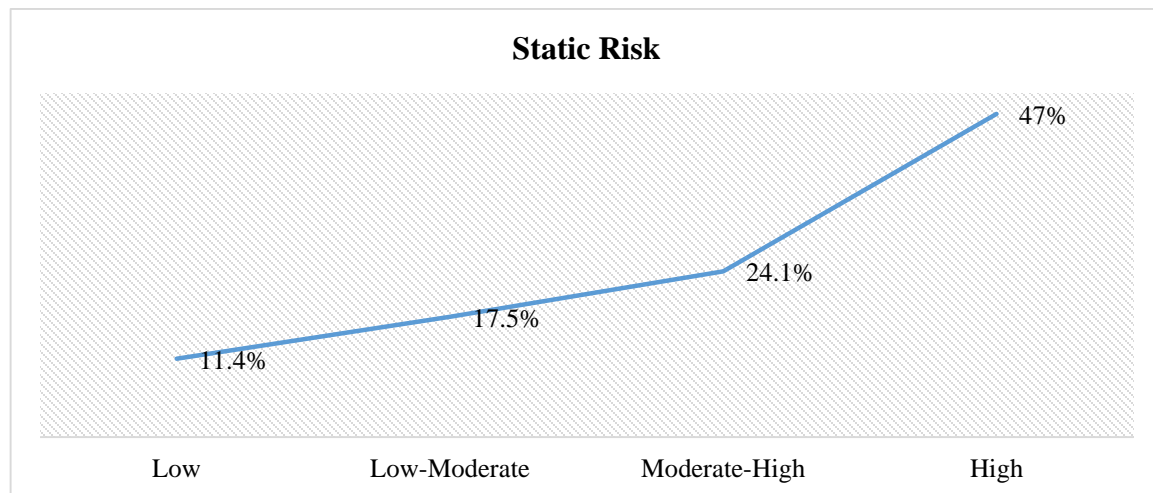


Figure 4.11: Static risk assessment

From the Figure above, 11.4% of the respondents have a low risk to violent crimes whereas 17.5% of them have a low to moderate risk to violent crimes and 24.1% have a moderate to high risk to violent crimes and finally 47% have a high risk to violent crimes

4.4. Rehabilitation strategies

Table 4.5: Types of rehabilitation programs enrolled for in the prison

Types of rehabilitation programs enrolled for in the prison			
Sector	Program	Frequency	Percentage (%)
Academic & Religious Education Unit	Learn to pray	99	59.6%
	Religious Education	110	66.3%
	Study for A/Levels	79	52.7%
	Study for O/Levels	69	46.3%
Behavioral and Psychological Unit	Counseling Therapies	75	45.5%
	Family Counseling	79	53.7%
	Health Awareness Programs	77	46.7%
	Prison Drug Treatment Program	76	46.1%
	Psychiatric Treatment	85	51.2%
Vocational Training Unit	Learn a Vocational Skill	81	55.1%
	Life Skills	75	51%

As part of the Academic & Religious Education rehabilitation strategies, 59.6% of the prisoners have been enrolled on how to pray whereas 66.3% have undergone religious education, 52.7% have undergone A/Levels education and finally 46.3% have undergone O/Levels education. For the Behavioral and Psychological rehabilitation strategies, 45.5% of the prisoners have been enrolled on Counseling Therapies whereas 53.7% have undergone family counselling, 46.7% have undergone Health Awareness Programs, 46.1% have undergone Prison Drug Treatment Program and finally 51.2% have undergone the Psychiatric Treatment. Finally, for the Vocational Training rehabilitation strategies, 55.1% of the prisoners have learnt the Vocational Skill whereas 51% have undergone the life skills.

Adoring to respondent X (key informant), the rehabilitation programs in the correctional institution are productive in terms of behavior change and skill acquisition however, other rehabilitative programs should be developed for holistic rehabilitation of the offender.

4.5. Study Objectives

4.5.1. To determine the impact of dynamic risk assessment on rehabilitation strategies among violent offenders at Kamiti main prison, Kenya

In inferring the impact of dynamic risk assessment on rehabilitation strategies among violent offenders we run a regression analysis to give the individuals output as below:

Table 4.6: To determine the impact of dynamic risk assessment on Academic & Religious Education rehabilitation strategies

Regression Coefficients					
	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.733	0.348		4.984	0
Stable Risk	0.156	0.098	0.228	1.593	0.113
Acute Risk	-0.123	0.104	-0.17	-1.176	0.241
Protective Factors	-0.07	0.094	-0.082	-0.748	0.456
Age	-0.044	0.034	-0.116	-1.282	0.202
Education Level	-0.034	0.037	-0.077	-0.907	0.366
Marital Status	-0.022	0.048	-0.038	-0.455	0.649
Employment Status	0.067	0.059	0.111	1.149	0.252

a. Dependent Variable: Academic & Religious Education Strategies

A probable increase in the stable risk assessment, there is a probable increase in the number of Academic & Religious Education rehabilitation strategies ($\beta=0.156, p=0.113$). An increase in the acute risk assessment, there is a decrease in the number of Academic & Religious Education rehabilitation strategies ($\beta=-0.123, p=0.241$). An increase in the protective factors assessment, there is a probable decrease in the number of Academic & Religious Education rehabilitation strategies ($\beta=-0.07, p=0.456$). Similarly, an increase in the age of the respondents, decreases the number of Academic & Religious Education rehabilitation strategies ($\beta=-0.044, p=0.202$), an increase in the education level of the respondents, decreases the number of Academic & Religious Education rehabilitation strategies ($\beta=-0.034, p=0.366$). The more the married individuals, the less the number of Academic & Religious Education rehabilitation strategies ($\beta=-0.022, p=0.649$) and then an increase in employment levels increases the number of Academic & Religious Education rehabilitation strategies. ($\beta=0.067, p=0.252$).

Table 4.7: To determine the impact of dynamic risk assessment on Behavioral and psychological Strategies rehabilitation strategies

Regression Coefficients					
	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.068	.346		3.089	.002
Stable Risk	-.012	.097	-.018	-.127	.899
Acute Risk	.014	.104	.019	.131	.896
Protective Factors	.047	.093	.056	.510	.611
Age	.069	.034	.180	2.007	.047
Education level	.052	.037	.119	1.410	.161
Marital Status	.067	.048	.115	1.396	.165
Employment Status	-.050	.058	-.082	-.855	.394

a. Dependent Variable: Behavioral and psychological Strategies

A probable increase in the stable risk assessment, there is a probable decrease in the number of Behavioral and psychological rehabilitation strategies ($\beta=-0.012, p=0.899$). An increase in the acute risk assessment, there is an increase in the number of Behavioral and psychological rehabilitation strategies ($\beta=0.014, p=0.896$). An increase in the protective factors assessment, there is a probable increase in the number of Behavioral and psychological rehabilitation strategies ($\beta=0.047, p=0.611$). Similarly, an increase in the age of the respondents, increases the number of Behavioral and psychological rehabilitation strategies ($\beta=0.069, p=0.047$), an increase in the education level of the respondents, increases the number of Behavioral and psychological rehabilitation strategies ($\beta=0.052, p=0.161$). The more the married individuals, the more the number of Behavioral and psychological rehabilitation strategies ($\beta=0.067, p=0.165$) and then an increase in employment levels decreases the number of Behavioral and psychological rehabilitation strategies. ($\beta=-0.050, p=0.394$).

Table 4.8: To determine the impact of dynamic risk assessment on Vocational Training rehabilitation strategies

Regression Coefficients					
	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.616	.353		4.574	.000
Stable Risk	.266	.100	.385	2.652	.009
Acute Risk	-.167	.110	-.222	-1.526	.129
Protective Factors	-.146	.096	-.169	-1.517	.132
Age	-.077	.035	-.202	-2.220	.028
Education Level	-.016	.037	-.037	-.423	.673
Marital Status	-.069	.049	-.118	-1.393	.166
Employment Status	.151	.058	.252	2.585	.011

a. Dependent Variable: Vocational Training Strategies

A probable increase in the stable risk assessment, there is a probable increase in the number of Vocational Training rehabilitation strategies ($\beta= 0.266, p=0.009$). An increase in the acute

risk assessment, there is a decrease in the number of Vocational Training rehabilitation strategies ($\beta = -0.167, p=0.129$). An increase in the protective factors assessment, there is a probable decrease in the number of Vocational Training rehabilitation strategies ($\beta = -0.146, p=0.132$). Similarly, an increase in the age of the respondents, decreases the number of Vocational Training rehabilitation strategies ($\beta = -0.077, p=0.028$), an increase in the education level of the respondents, decreases the number of Vocational Training rehabilitation strategies ($\beta = 0.016, p=0.673$). The more the married individuals, the less the number of Vocational Training rehabilitation strategies ($\beta = -0.069, p=0.166$) and then an increase in employment levels increases the number of Vocational Training rehabilitation strategies. ($\beta = 0.151, p=0.011$).

4.5.2. To establish the impact of Static risk assessment on rehabilitation strategies among violent offenders at Kamiti main prison, Kenya

In inferring the impact of dynamic risk assessment on rehabilitation strategies among violent offenders we run a regression analysis to give the individuals output as below:

Table 4.9: To determine the impact of Static risk assessment on Academic & Religious Education rehabilitation strategies

Regression Coefficients					
	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.536	.296		5.188	.000
Age	-.020	.032	-.053	-.625	.533
Education Level	-.026	.038	-.060	-.683	.495
Marital Status	.002	.047	.003	.040	.968
Employment Status	.043	.050	.070	.857	.393
Static Risk	.015	.042	.032	.367	.714

a. Dependent Variable: Academic & Religious Education Unit

An increase in the static risk assessment, there is a probable increase in the number of Academic & Religious Education rehabilitation strategies ($\beta = 0.015, p=0.714$). Similarly, an

increase in the age of the respondents, decreases the number of Academic & Religious Education rehabilitation strategies ($\beta=-0.020$, $p=0.533$), an increase in the education level of the respondents, decreases the number of Academic & Religious Education rehabilitation strategies ($\beta=-0.026$, $p=0.495$). The more the married individuals, the more the number of Academic & Religious Education rehabilitation strategies ($\beta=0.002$, $p=0.968$) and then an increase in employment levels increases the number of Academic & Religious Education rehabilitation strategies. ($\beta=0.043$, $p=0.393$).

Table 4.10: To determine the impact of Static risk assessment on Behavioral and psychological rehabilitation strategies

Regression Coefficients					
	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.421	.290		4.892	.000
Age	.066	.031	.173	2.102	.037
Education Level	.035	.038	.081	.938	.350
Marital Status	.058	.046	.100	1.267	.207
Employment Status	-.064	.049	-.105	-1.312	.192
Static Risk	-.046	.041	-.095	-1.117	.266

a. Dependent Variable: Behavioral and psychological Strategies

A probable increase in the static risk assessment, there is a probable decrease in the number of Behavioral and psychological rehabilitation strategies ($\beta=-0.046$, $p=0.266$). Similarly, an increase in the age of the respondents, increases the number of Behavioral and psychological rehabilitation strategies ($\beta=0.066$, $p=0.037$), an increase in the education level of the respondents, increases the number of Behavioral and psychological rehabilitation strategies ($\beta=0.035$, $p=0.350$). The more the married individuals, the more the number of Behavioral and psychological rehabilitation strategies ($\beta=0.058$, $p=0.207$) and then an increase in employment levels decreases the number of Behavioral and psychological rehabilitation strategies. ($\beta=-0.046$, $p=0.266$).

Table 4.11: To determine the impact of static risk assessment on Vocational Training rehabilitation strategies

Regression Coefficients					
	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.268	.317		4.004	.000
Age	-.043	.033	-.114	-1.309	.193
Education Level	-.002	.039	-.005	-.053	.958
Marital Status	-.027	.049	-.046	-.544	.587
Employment Status	.113	.052	.189	2.191	.030
Static Risk	.043	.045	.087	.954	.342

a. Dependent Variable: Vocational Training Strategies

A probable increase in the static risk assessment, there is a probable increase in the number of Vocational Training rehabilitation strategies ($\beta= 0.043, p=0.342$). Similarly, an increase in the age of the respondents, decreases the number of Vocational Training rehabilitation strategies ($\beta= -0.043, p=0.193$), an increase in the education level of the respondents, decreases the number of Vocational Training rehabilitation strategies ($\beta=-0.002, p=0.958$). The more the married individuals, the less the number of Vocational Training rehabilitation strategies ($\beta=-0.027, p=0.587$) and then an increase in employment levels increases the number of Vocational Training rehabilitation strategies. ($\beta= 0.113, p=0.030$).

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1. Introduction

This chapter describes the summary of the major findings, the relations to other research studies, suggestions for future research, conclusion and even recommendations of the studies that has been built up through the previous four chapters. Chapter one dealt with an introductory note on the significance of risk assessment on rehabilitation strategies of violent offenders while Chapter Two addresses the in-depth literature review on the empirical literature including the related studies on the significance of risk assessment on rehabilitation strategies on violent offenders. Then it progresses to discuss the theoretical framework and finally the conceptual framework. Chapter three is on the research methodology that is the research design, sample size, data collection and data analysis. Results and discussions on demographic characteristics, attributes of risk assessment (static and dynamic assessment) on rehabilitation strategies (Academic & Religious Education, Behavioral and psychological, Vocational Training) on violent offenders are outlined in Chapter Four.

5.2. Validity and reliability

In the study, it is indicated that the target population was only restricted to violent offenders which could breed some level of biasness as it only involved the violent offenders who might be influenced by the non-violent offenders. On the data collection procedure, some violent offenders had a lower level of education that led to translation of the questionnaire to them which might be seen to distorts the intended meaning and thus compromise the objectives projected, however, care was taken to ensure this didn't engulf to a hindrance.

The findings showed that there is a significant relationship between stable risk assessment, age, education level, employment levels on Vocational Training rehabilitation strategies. Similarly, there is also a significant relationship between age of the respondents on the behavioral and psychological rehabilitation strategies

5.3. Summary of key findings

The demographic information of the study shows that a bigger proportion of the respondents (69.6%) of the respondents were between 26 to 35 years of age. Similarly, most of respondents (54 %) had attained a highest level of college/tertiary education. In addition, a majority of them (63.3%) of the respondents were married. And finally a bigger proportion of the respondents (44.2%) were self-employed.

On the dynamic risk assessment, the protective risk factors had the highest contribution to dynamic risk (mean of 1.03), which is followed by the acute risk (mean of 1.02) and finally stable risk had the lowest contribution to dynamic risk (mean of 1.01). 36.1% of the respondents have a low risk to violent crimes whereas 57.8% of them have a moderate dynamic risk to violent crimes and 6% have a high dynamic risk to violent crimes. This

On the static risk assessment, 11.4% of the respondents have a low risk to violent crimes whereas 17.5% of them have a low to moderate risk to violent crimes and 24.1% have a moderate to high risk to violent crimes and finally 47% have a high risk to violent crimes

As part of the Academic & Religious Education rehabilitation strategies, 59.6% of the prisoners have been enrolled on how to pray whereas 66.3% have undergone religious education, 52.7% have undergone A/Levels education and finally 46.3% have undergone O/Levels education. This confirms a study by Wang, Bloomberg and Li (2005) that education empowered inmates with knowledge and skills and the ability to make rational decisions in different situations hence avoiding criminal behavior.

For the Behavioral and Psychological rehabilitation strategies, 45.5% of the prisoners have been enrolled on Counseling Therapies whereas 53.7% have undergone family counselling, 46.7% have undergone Health Awareness Programs, 46.1% have undergone Prison Drug Treatment Program and finally 51.2% have undergone the Psychiatric Treatment. . This can be related to a study by Cullen & Gendreau (2010) which identified that psychological counselling was integral in behavior change of offenders

Finally, for the Vocational Training rehabilitation strategies, 55.1% of the prisoners have learnt the Vocational Skill whereas 51% have undergone the life skills.

A probable increase in the stable risk assessment, there is a probable increase in the number of Academic & Religious Education rehabilitation strategies ($\beta=0.156, p=0.113$). An increase in the acute risk assessment, there is a decrease in the number of Academic & Religious Education rehabilitation strategies ($\beta=-0.123, p=0.241$). An increase in the protective factors assessment, there is a probable decrease in the number of Academic & Religious Education rehabilitation strategies ($\beta=-0.07, p=0.456$).

A probable increase in the stable risk assessment, there is a probable decrease in the number of Behavioral and psychological rehabilitation strategies ($\beta=-0.012, p=0.899$). An increase in the acute risk assessment, there is an increase in the number of Behavioral and psychological rehabilitation strategies ($\beta=0.014, p=0.896$). An increase in the protective factors assessment, there is a probable decrease in the number of Behavioral and psychological rehabilitation strategies ($\beta=0.047, p=0.611$).

A probable increase in the stable risk assessment, there is a probable increase in the number of Vocational Training rehabilitation strategies ($\beta = 0.266, p=0.009$). An increase in the acute risk assessment, there is a decrease in the number of Vocational Training rehabilitation strategies ($\beta= -0.167, p=0.129$). An increase in the protective factors assessment, there is a probable decrease in the number of Vocational Training rehabilitation strategies ($\beta= -0.146, p=0.132$).

An increase in the static risk assessment, there is a probable increase in the number of Academic & Religious Education rehabilitation strategies ($\beta=0.015, p=0.714$) whereas a probable increase in the static risk assessment, there is a probable decrease in the number of Behavioral and psychological rehabilitation strategies ($\beta=-0.046, p=0.266$) and finally an increase in the static risk assessment, there is a probable increase in the number of Vocational Training rehabilitation strategies ($\beta= 0.043, p=0.342$).

5.4. Internal Validity

Internal validity is said to be the extent to which one can say that only the variable under study caused the result or outcome and other variables could not have contributed. The study

therefore had low internal validity because the changes that occurred on the rehabilitation strategies (dependent variable) were not entirely caused by risk assessment (independent variable). Several other factors such as ones age, employment, marital status, level of education amongst others contributed to the changes in the rehabilitation strategies.

5.5 External Validity

External validity refers to the ability of the conclusions found during the research can be generalized to other persons, places or at other times. Simply this means the extent to which results of any study can be generalized. (Coolican, 2002)

The research thereof does not have external validity because the findings can only be generalized to offenders who are confined in prison only, they cannot be generalized to offenders who are outside correctional institutions such as those on parole or those undergoing community service work.

The setting will also make it difficult to generalize the findings of the study because a prison is an enclosed confined and restricted area therefore the findings of the study can only be generalized in those similar settings and not any other. The prison is again a controlled environment with several restrictions and rules and regulations that must be adhered to and their violation will necessitate a punishment this makes it difficult to generalize the findings to a different kind of setting.

The population that was targeted was the violent offenders only to mean that findings could differ with non-violent offenders

5.5. Conclusion

Risk assessment is relevant in correctional institutions because it will help to keep track of the rehabilitation progress of the offender, it would also help to determine appropriate rehabilitation program for different kinds of offenders.

Risk Assessment is carried out at the correctional institution though it is relatively new owing to the fact that it was adopted early 2016 and several officers were trained on how to carry it out.

Rehabilitation programs are productive in terms of behavior change and skill acquisition however; other rehabilitative programs should be developed for holistic rehabilitation of the offender.

Individuals with a strong social support system, those responsive to advice as well as those who had developed social control were more receptive to change areas in their lives that they had the ability of changing such as substance abuse and employment.

Individuals who scored higher on the static risk were those undergoing academic and religious rehabilitation as well as vocational training.

In lowering recidivism rates behavioral and psychological rehabilitation as well as vocational training contribute the most thus should be encouraged and more programs of that kind developed for inmates in correctional institutions.

5.6 Recommendations

Arising from this research, the researcher makes the following recommendations that would contribute towards further research as well as formulations of interventions to improve rehabilitation strategies.

1. Well defined risk assessment instruments cut out for the different categories of offences be adopted by the prison authorities such as Structured Assessment for Risk and Need for Sexual Offenders (SARN), Violence Risk Appraisal Guide (VRAG) for violent offenders.

2. Risk assessment should be made a mandatory procedure and carried out not only upon admission of an inmate but consecutively throughout their stay in prison so as to monitor their level of risk.
3. Policy makers need to develop more rehabilitation strategies or programs that are holistic in order to reduce recidivism
4. Strengthen the infrastructure and capacity building of correctional institutions and staff management
5. Correctional institutions should reward offenders who have successfully undertaken the rehabilitation programs to completion, have shown behavior change and also have a low level of risk.
6. Risk assessment and rehabilitation treatment plan progress reports be submitted to the courts when and during determination of an inmate's release
7. The Kenyan criminal justice system should consider moving from retributive justice to restorative justice approaches as this will go a long way in reducing recidivism and community hostility, offering the much needed positive outlook to life.
8. Highly trained professionals such as psychologists and social workers be incorporated in processes of carrying out risk assessment and do follow ups on rehabilitation and treatment programs for violent offenders to later make re- integration back to society possible and easy.
9. Prison management and relevant stakeholders should consider developing community based programs designed to help the offender re-enter the community successfully from prison.

5.7 Future Research

An area of research that needs further exploration is on examining the degree to which dynamic risk assessment material can be used in generating case management approaches.

Although exploration of changes on the dynamic risk variables was outside the range of this study, further studies should keep seeking to explore variability in dynamic risk and protective results over time.

The research was carried out in a male correctional institution and therefore future research should look into female correctional institutions as well as juvenile correctional institutions as all these may pose different exclusive challenges.

Since Risk Assessment is relatively new in the Kenyan correctional Institutions and is in the piloting stage in 5 maximum Prisons in the country future research should focus on the challenges that arise with its implementation and the outcome.

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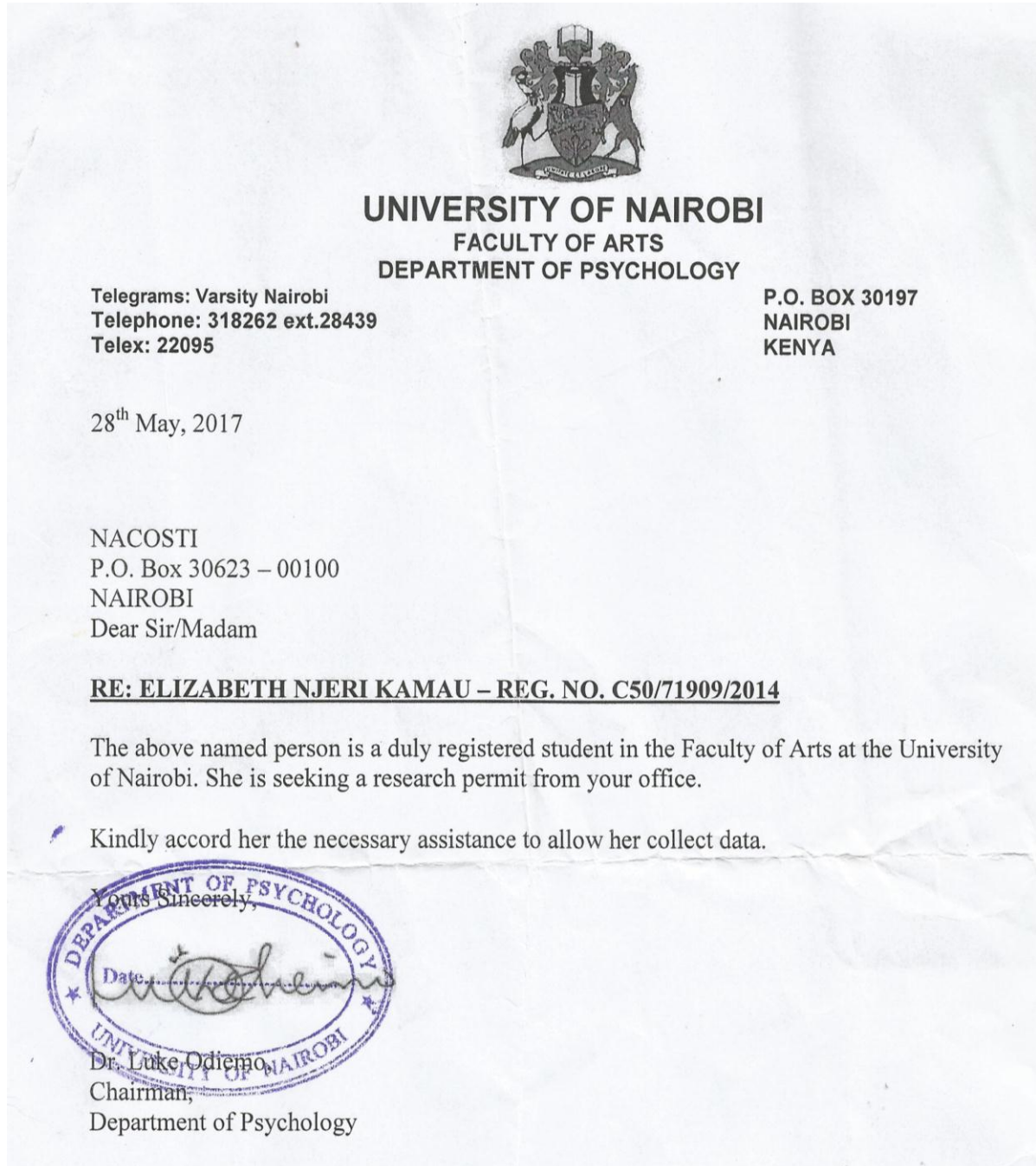
www.fitres.ch/index.cfm(www.mhs.com)

(www.rmScotland.gov.uk/index.php/download_file/view/138/189.)

(www.johnHoward.ab.ca/pub/c21.htm)

APPENDICES

Appendix I: Introduction Letter



Appendix II: Questionnaire

Instructions: Please tick or fill Gaps where appropriate

SECTION A:

	QUESTION	RESPONSE
1. 2	Age	<input type="checkbox"/> Below 25 years <input type="checkbox"/> 26 – 35 years <input type="checkbox"/> 36 – 45 years <input type="checkbox"/> 46 – 55 years <input type="checkbox"/> Above 55 years
2. 3	Highest level of education attained	<input type="checkbox"/> No formal education <input type="checkbox"/> Primary education <input type="checkbox"/> Secondary education <input type="checkbox"/> Tertiary/college education <input type="checkbox"/> University Education
3. 4	Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single/ Unmarried <input type="checkbox"/> Divorced/ Separated <input type="checkbox"/> Widowed
4.	Employment Status	<input type="checkbox"/> Employed

		<input type="checkbox"/> Unemployed <input type="checkbox"/> Self Employed <input type="checkbox"/> Student
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SECTION B: Dynamic Risk Assessment for Offender

Dynamic Risk Assessment for Offender Re-entry (DRAOR) Ralph Serin, 2007

5. Did the Offender reoffend/ violated conditions?

Yes No

a. If yes, what was the offence or violated condition?

Breach Recall New Offence Re-imprisoned

6. Characteristics associated with risk and capable of changing over months or years.

Stable risk indicators	0=Not a problem	1=Slight/ Possible problem	2=Definite problem
a. Peer Associations			
b. Attitudes Towards Authority			
c. Impulse control			
d. Problem-Solving			
e. Sense of Entitlement			
f. Attachment with Others			

7. Characteristics associated with risk and capable of changing in the short term (<1 month).

Acute risk indicators	0=Not a problem	1=Slight/ Possible problem	2=Definite problem
a. Substance Abuse			
b. Anger/Hostility			
c. Opportunity/Access to Victims			
d. Negative Mood			
e. Employment			
f. Interpersonal Relationships			
g. Living Situation			

8. Characteristics that may buffer risk.

Protective factors	0=Not an asset	1=Slight/ Possible asset	2=Definite asset
a. Responsive to Advice (<i>Follows direction from prosocial peers, partners, supervisor, etc.</i>)			
b. Prosocial Identity (<i>Legitimately views self as no longer criminally oriented with behavioral examples</i>)			
c. High Expectations (<i>Individual, family, and/or community have high expectations of success.</i>)			

d. Costs/Benefits (<i>Evidence that rewards of prosocial behavior outweigh those of procriminal behavior</i>)			
e. Social Support (<i>Evidence that meaningful and accessible prosocial supports exist.</i>)			
f. Social Control (<i>Conformity and compliance with prosocial others; Strong internalized connection/bonds.</i>)			

SECTION C: Static Risk Assessment for Offenders

Static-99R Coding Form

	Risk Factor	Response
	Age at release	<input type="checkbox"/> Aged 18 to 34.9 <input type="checkbox"/> Aged 35 to 39.9 <input type="checkbox"/> Aged 40 to 59.9 <input type="checkbox"/> Aged 60 or older
	Ever lived with partner/ lover for at least two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Index non-Violent Crime-Any Convictions	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Prior non-Violent Crime-Any Convictions	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Prior number of Violent Crimes	Charges.....
		Convictions.....

SECTION D

Types of rehabilitation programs enrolled for in the prison:

	Yes	No
Religious Education		
Counseling Therapies		
Life Skills		
Learn a Vocational Skill		
Psychiatric Treatment		
Health Awareness Programs		
Family Counseling		
Learn to pray		
Prison Drug Treatment Program		
Study for O/Levels		
Study for A/Levels		

If yes, was the programmes beneficial?

Yes [] No []

Thank you for your time

Appendix III: Interview schedule for the key informants

1. Is Risk Assessment relevant in correctional institutions?
2. Is Risk Assessment carried out in the correctional institution?
3. What are some of the challenges encountered when carrying out Risk Assessment?
4. Are the current rehabilitation programs for violent offenders productive?
5. What other rehabilitation programs would you recommend?

Thank you for your time

Appendix IV: Authorization Letter from the Ministry of Interior and Coordination

OFFICE OF THE PRESIDENT
MINISTRY OF INTERIOR AND CO-ORDINATION OF NATIONAL GOVERNMENT
KENYA PRISONS SERVICE

Telegrams: "PRISONS", Kamiti
Email: kamitimaxp@yahoo.com
Telephone: +254-020-2455100
When replying please quote:



OFFICE OF THE OFFICER IN CHARGE
KAMITI MAXIMUM PRISON
P.O Box 65501 - 00607
NAIROBI

Ref No: KAM/SF/6/VOL.V/236

DATE: 19TH SEPTEMBER, 2017

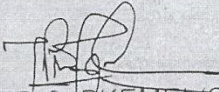
ELIZABETH NJERI KAMAU
KAMAE GIRLS BORSTAL INSTITUTION

RE: REQUEST TO COLLECT DATA FOR ACADEMIC RESEARCH PURPOSES.

Your letter Ref 34124/2006076360 dated 19-09-2017 on the above subject matter refers.

I am glad to inform you that your request to collect data on the significance of Risk Assessment and Rehabilitation strategies on a population of 200 violent offenders in this institution has been approved.

During the research, you will be required to adhere to the laid rules and procedures of this institution. On completion of the said research, you will be required to submit a copy to this office for our further necessary action.


PETER C. IKEMET (SSP)
FOR: OFFICER IN CHARGE
KAMITI MAXIMUM PRISON.

OFFICER IN CHARGE
KAMITI MAIN PRISON
P. O. Box 65501 NAIROBI

Appendix V: Research Permit

CONDITIONS

1. The License is valid for the proposed research, research site specified period.
2. Both the Licence and any rights thereunder are non-transferable.
3. Upon request of the Commission, the Licensee shall submit a progress report.
4. The Licensee shall report to the County Director of Education and County Governor in the area of research before commencement of the research.
5. Excavation, filming and collection of specimens are subject to further permissions from relevant Government agencies.
6. This Licence does not give authority to transfer research materials.
7. The Licensee shall submit two (2) hard copies and upload a soft copy of their final report.
8. The Commission reserves the right to modify the conditions of this Licence including its cancellation without prior notice.



REPUBLIC OF KENYA



National Commission for Science,
Technology and Innovation

RESEARCH CLEARANCE
PERMIT

Serial No.A **16714**

CONDITIONS: see back page

THIS IS TO CERTIFY THAT:
MISS. ELIZABETH NJERI KAMAU
of UNIVRSITY OF NAIROBI, 46786-100
NAIROBI, has been permitted to conduct
research in Nairobi County

on the topic: SIGNIFICANCE OF RISK
ASSESSMENT ON REHABILITATION
STRATEGIES OF VIOLENT OFFENDERS AT
KAMITI MAXIMUM PRISON

for the period ending:
4th December, 2018

Applicant's
Signature

Permit No : NACOSTI/P/17/45526/20170
Date Of Issue : 4th December, 2017
Fee Received :Ksh 1000



J.P. Kalewa

Director General
National Commission for Science,
Technology & Innovation