RELATIONSHIP BETWEEN DURATION OF INSTITUTIONALIZATION, ATTITUDES TOWARDS REHABILITATION AND PSYCHOLOGICAL COPING STRATEGIES AMONG CONFINED ADOLESCENTS IN NAIROBI COUNTY REHABILITATION SCHOOLS

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A THESIS SUBMITTED TO THE FACULTY OF ARTS IN PARTIAL FULFILLMENT FOR THE AWARD OF THE DEGREE OF MASTERS OF PSYCHOLOGY (COMMUNITY PSYCHOLOGY) IN THE DEPARTMENT OF PSYCHOLOGY, UNIVERSITY OF NAIROBI.

30TH NOVEMBER 2018
DECLARATION

I declare that this thesis is my original work and has not been presented for the award of an academic degree in any other university.

Signature……………………………… Date……………………………………

Mwangi Diana Njoki

C50/82659/2015

SUPERVISOR’S DECLARATION

I confirm that the candidate has conducted the research and submitted this thesis for review with my approval as university supervisor.

Signature……………………………… Date……………………………………

Dr. Luke Odiemo
DEDICATION

I dedicate this work to my late brothers- Milton and Oscar who always had passion for hard work and education, and went out of their ways many times to support and motivate young people to be law abiding and responsible youth; and to all the young boys and girls going through rehabilitation for benefiting and improve their lives in the short and long term and go back to the society as reformed law abiding and productive citizens. I hope that this research will make a positive impact in their lives.
ACKNOWLEDGEMENT

I wish to extend my sincere gratitude to all the people who have supported me in different ways in my study and contributed immensely towards the successful completion of this research.

First, I sincerely thank my supervisor Dr. Luke O. Odiemo for his invaluable mentorship, patience, inspiration and providing me with a great intellectual foundation and deeper understanding of the study. Without his guidance and advice, this thesis paper would not have been written.

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I also acknowledge the unwavering support from my darling husband Mr. Peter Mwangi Njiraini, for the moral and financial support he accorded me throughout the study, always being there for me and encouraging me when I felt overwhelmed. To our son Victor, may this study help move us one step close to a greater understanding of ourselves and others.

Many thanks to family, my parents, my brother and my sister for instilling good morals and positive virtue of hard work and determination and standing with me as a source of strength for this wonderful achievement. To my parents in law, thank you for the encouragement amidst many challenges, prayers and support throughout this study.

Finally, I want to specially thank the management of the two rehabilitation schools for hosting me and allowing me free access to their boys and girls, and to the adolescents and the caregivers in the two rehabilitation schools for their time, patience and willingness to participate in the data collection process as participants in this study.
# TABLE OF CONTENTS

DECLARATION................................................................................................................................. i
DEDICATION................................................................................................................................ ii
ACKNOWLEDGEMENT.................................................................................................................... iii
TABLE OF CONTENTS ..................................................................................................................... iv
LIST OF TABLES ................................................................................................................................. ix
LIST OF FIGURES ............................................................................................................................... xi
ABBREVIATIONS AND ACRONYMS .............................................................................................. xiii
ABSTRACT ........................................................................................................................................ xiii

CHAPTER ONE ............................................................................................................................... 1
INTRODUCTION ................................................................................................................................. 1
1.1 Background information .............................................................................................................. 1
1.2 Statement of the Problem ........................................................................................................... 4
1.3 Purpose of the Study ................................................................................................................... 6
1.4 Research Questions ...................................................................................................................... 6
1.5 Study’s Objectives ....................................................................................................................... 6
1.6 Research Hypotheses ................................................................................................................... 7
1.7 Justification of the Study ............................................................................................................ 7
1.8 Significance of the Study ............................................................................................................ 8
1.9 Scope and limitations of the Study ............................................................................................. 8
1.9.1 Scope of the Study ................................................................................................................ 8
1.9.2 Limitations of the Study ....................................................................................................... 10
1.10 Assumptions .............................................................................................................................. 10
1.11 Operational Definition of Terms ............................................................................................. 11

CHAPTER TWO ............................................................................................................................... 13
LITERATURE REVIEW ....................................................................................................................... 13
2.0 Introduction ................................................................................................................................. 13
2.1 Overview ..................................................................................................................................... 13
2.2 The Relationship between Duration of institutionalization and Attitudes towards rehabilitation ................................................................. 13
2.2.1 The relationship between Age and Attitudes towards rehabilitation ........................................... 15
2.2.2 The relationship between Gender and Attitudes towards rehabilitation ..................................... 16
2.2.3 The relationship between the Living environment and Attitudes towards rehabilitation ................................................................. 18
2.3 The relationship between Duration of institutionalization and Psychological coping strategies ........................................................................................................... 21
2.3.1 The Relationship between Age and Psychological Coping Strategies ........................................ 23
2.3.2 The Relationship between Gender and Psychological Coping Strategies .................................. 25
2.3.3 The Relationship between the Living environment and Psychological Coping Strategies ........................................................................................................... 28
2.4 The relationship between attitude towards rehabilitation and psychological coping strategies ........................................................................................................... 29
2.5 Theoretical framework ......................................................................................................................................................................................... 32
2.5.1 Agnew's General Strain Theory ........................................................................................................ 32
2.5.2 The Coping Theory ......................................................................................................................................................................................... 35
2.6 Summary of Literature Review ......................................................................................................................................................................................... 37
2.7 Conceptual framework ......................................................................................................................................................................................... 38

CHAPTER THREE ................................................................................................................................. 39

METHODOLOGY ................................................................................................................................. 39
3.0 Introduction ......................................................................................................................................................................................... 39
3.1 Research design ......................................................................................................................................................................................... 39
3.2 Method ......................................................................................................................................................................................... 39
3.3 Location of the Study ......................................................................................................................................................................................... 40
3.3.1 Kabete Boys Rehabilitation School ................................................................................................................................. 40
3.3.2 Dagoretti Girls Rehabilitation School ................................................................................................................................. 40
3.4 Target Population ......................................................................................................................................................................................... 40
3.5 Sample Size ......................................................................................................................................................................................... 41
3.6 Sampling Procedure ......................................................................................................................................................................................... 41
3.7 Research instruments ............................................................................................................ 42
3.7.1 Interview schedule: ........................................................................................................ 42
3.7.2 Focus Group Discussion Guide ....................................................................................... 42
3.7.3 Close ended Questionnaire: .......................................................................................... 42
3.8 Data Collection Procedures .............................................................................................. 45
3.9 Pilot Study .......................................................................................................................... 46
3.10 Data Analysis .................................................................................................................... 47
3.11 Ethical Obligations .......................................................................................................... 48

CHAPTER FOUR .................................................................................................................... 49
DATA PRESENTATION AND ANALYSIS ................................................................................. 49
4.0 Introduction .......................................................................................................................... 49
4.1 Respondent Social Demographic Characteristics .............................................................. 49
4.1.1 Duration of Institutionalization .................................................................................... 49
4.1.2 Respondents Age ......................................................................................................... 50
4.1.3 Respondents Gender .................................................................................................... 50
4.1.4 The Living Environment ............................................................................................. 51
4.2 The Relationship between duration of institutionalization and respondents attitudes
towards Rehabilitation ............................................................................................................ 53
4.3 The Relationship between Duration of Institutionalization and Psychological Coping
Strategies used by adolescents in the rehabilitation schools .................................................... 65
4.4 The Relationship between Adolescents Attitudes towards Rehabilitation and
Psychological Coping Strategies used by adolescents in the rehabilitation schools .............. 77

CHAPTER FIVE .................................................................................................................... 81
SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS AND
RECOMMENDATIONS ........................................................................................................ 81
5.0 Introduction .......................................................................................................................... 81
5.1 Validity of the Study .......................................................................................................... 81
5.1.1 Internal Validity ............................................................................................................ 81
5.1.2. External Validity ............................................................................................................. 82
5.2 Summary of the Study’s Major Findings ........................................................................... 84
5.2.1 Relationship between Duration of Institutionalization and Attitudes towards Rehabilitation .......................................................................................................................... 84
5.2.2 Relationship between Duration of Institutionalization and Psychological Coping Strategies .......................................................................................................................... 87
5.2.3 The Relationship between Attitudes towards Rehabilitation and Psychological Coping Strategies .......................................................................................................................... 90
5.2.4 Summary of the Major and Other Findings .................................................................... 91
5.3 The Findings in View of Theoretical Perspectives .............................................................. 92
5.4 Conclusion .......................................................................................................................... 97
5.5 Recommendations ............................................................................................................. 98

REFERENCES .......................................................................................................................... 100
APPENDICES .......................................................................................................................... 111
Appendix I: Letter for participant consent ............................................................................. 111
Appendix II: Adolescents’ Questionnaires to Examine Relationship between the Study’s Variables .......................................................................................................................... 118
Appendix III: Focus Group Discussion Guide for the Adolescents ........................................ 118
Appendix IV: Interview Schedule to the Caregivers (Welfare Officers, Vocational Instructors and Teachers) ................................................................................................. 119
Appendix V: Research Permit .................................................................................................. 120
Appendix VI: Research Authorization ...................................................................................... 121
Appendix VII: Letter of Authorization from the University/ Department to Kabete Rehabilitation School ...................................................................................................................... 122
Appendix VIII: Letter of Authorization from the University/ Department to Dagoretti Rehabilitation School ................................................................................................................... 123
Appendix IX: Letter of Authorization from the Director of Children’s Services to Dagoretti Rehabilitation school management .................................................................................. 124
Appendix X: Letter of Authorization from the Director of Children’s Services to Kabete Rehabilitation school management ........................................................................................ 125
Appendix X1: Map of part of Nairobi’s Lower Kabete where Kabete Rehabilitation School is located .......................................................... 126

Appendix X1I: Map of part of Nairobi’s Dagoretti where Dagoretti Rehabilitation School is located .......................................................... 127
LIST OF TABLES

Table 1: Target population and sample size ........................................................................... 42
Table 2: Distribution of respondents according to the duration of institutionalization .......... 50
Table 3: Distribution of Respondents According to Age Groups ........................................... 50
Table 4: Distribution of Respondents according to Gender.................................................... 51
Table 5: Distribution of the Living Environment in the Rehabilitation Schools ...................... 51
Table 6: Distribution of respondents’ attitudes towards rehabilitation scale’s subscales ........... 52
Table 7: Cross tabulation between duration of institutionalization and attitudes towards rehabilitation ................................................................................................................................. 54
Table 8: Chi-Square tests of duration and attitudes ................................................................. 55
Table 9: Cross tabulation between age and attitudes towards rehabilitation ........................ 55
Table 10: Chi-Square tests of age and attitudes ...................................................................... 58
Table 11: Chi-Square tests of age and attitudes ..................................................................... 58
Table 12: Chi square tests of gender and attitudes towards rehabilitation ............................ 59
Table 13: Cross tabulation between the living environment and attitudes towards rehabilitation among adolescents ................................................................................................................................. 60
Table 14: Chi-Square tests of living environment and attitudes .............................................. 62
Table 15: Psychological coping skills used to cope with the experience of being institutionalized..................................................................................................................................................... 62
Table 16: Utilization of the various coping skills .................................................................... 65
Table 17: Cross tabulation between duration of institutionalization and coping skills .......... 67
Table 18: Chi square tests of duration of institutionalization and coping skills .................... 67
Table 19: Cross tabulation between age and coping skills ..................................................... 69
Table 20: Chi square of age and coping skills ......................................................................... 70
Table 21: Cross tabulation between gender and coping skills ............................................... 71
Table 22: Chi- Square tests of gender and coping skills .......................................................... 71
Table 23: Cross tabulation between the living environment and coping skills ....................... 73
Table 24: Chi square tests of Living Environment and Coping Skills .................................. 76
Table 25: Cross tabulations of Attitude towards rehabilitation and Coping skills utilization ......................................................................................................................................................... 78
Table 26: Chi-Square tests of attitudes towards rehabilitation and psychological coping strategies .................................................................................................................................................................................. 79

Table 27: Attitudes towards rehabilitation and the various Psychological Coping Strategies ............................................................................................................................................................................................................. 79
LIST OF FIGURES

Figure 1: Conceptual Framework ........................................................................................................... 38
Figure 2: Overall living environment of the facilities a perceived/ experienced by the adolescents in the rehabilitation schools........................................................................................................... 51
Figure 3: Distribution of Adolescents three levels of attitudes towards rehabilitation...................... 53
### ABBREVIATIONS AND ACRONYMS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANOVA</td>
<td>Analysis of Variance</td>
</tr>
<tr>
<td>COPE</td>
<td>Coping Orientation for Problems Experienced</td>
</tr>
<tr>
<td>CVTRQ</td>
<td>Correction Victoria Treatment Readiness Questionnaire</td>
</tr>
<tr>
<td>EssenCES</td>
<td>Essen Climate Evaluation Schema</td>
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<tr>
<td>FGDs</td>
<td>Focus Group Discussions</td>
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<tr>
<td>GST</td>
<td>General Strain Theory</td>
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<td>KNBS</td>
<td>Kenya National Bureau of Statistics</td>
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This purpose of the study was to assess the relationship between duration of institutionalization, attitudes towards rehabilitation and psychological coping strategies among adolescents in Nairobi County rehabilitation schools. A mixed method research approach with correlational design was used combining quantitative and qualitative methods. Multiple choice questionnaires were used for the quantitative study conducted among the adolescents who were confined in the approved schools. FGDs among the inmates and key informant interviews among the adolescents’ caregivers were conducted as basis of qualitative study. Both descriptive and inferential statistics were utilized in analyzing the study’s data. Results showed that majority of the adolescents (47%) were aged between 15-16 years. Also, most of the adolescents were male (54%), while 46% of them were female. Most of the adolescents (59%) had stayed at the institutions for more than a year, while 41% of them had stayed at the institutions for less than a year. Results indicated that majority (58%) of the confined adolescents had neutral attitudes towards incarceration for behavior change irrespective of the period they had been confined. The study’s findings further indicated that there was a significant relationship between duration of institutionalization and the adolescents attitudes towards rehabilitation (P-value=0.022). Also, there was medium utilization of coping skills irrespective of how long the inmates had been confined, age, gender and the perceptions regarding the living environment. Majority of the adolescents utilized appropriate coping styles to deal with the reality of being confined. Additionally, there was a significant relationship between duration of institutionalization and utilization of various coping skills among the inmates (P-Value=0.019). The relationships between the independent variable and the two dependent variables were found to be significant when tested against a number of demographic factors. Findings further indicated that there was a weak positive relationship between inmates’ attitudes towards rehabilitation and the level of utilization of the various coping skills to deal with the reality of being incarcerated. (P-Value= 0.001). Further, correlation coefficients of the 14 coping skills assessed showed that only active coping (r²-0.001), emotional support (r²-0.002), use of instrumental support (r²-0.001), and positive reframing (r²-0.004), had a positive relationship with attitudes towards rehabilitation. The correlation coefficients between attitudes towards rehabilitation and utilization of coping strategies were less than the perfect (+1), hence concluding that there was a weak positive relationship between respondents attitudes towards rehabilitation and the utilization of the various coping skills. The conclusion was that developing positive attitudes result to high utilization of appropriate coping skills for adolescents to benefit fully from rehabilitation and inhibit negative feelings and emotions. Also, rehabilitation programs provide an ample ground for the adolescents to understand the benefits, reflect on mistakes, revise beliefs regarding confinement, assess capabilities and commit to reform. In view of the current study, the current practice of rehabilitating adolescents for 3 years is helpful. Recommendations were that more studies in other approved schools would help shed more light on findings similar to the current study. Also, confined adolescents should be fully supported to adapt well in confinement so that majority, if not all of them have positive rehabilitation attitudes and maximum utilization of the appropriate coping skills. Finally, caregivers should maximize positive reforms for the confined offenders while at the same time completely address factors that can influence those confined for care and protection negatively.
CHAPTER ONE
INTRODUCTION
Chapter one addresses the study background, statement of the problem, purpose, the study’s objectives, hypotheses and research questions. Also, justification of the study, significance, scope, limitations, delimitations and assumptions were also discussed so as to ascertain the grounds on which the study was carried out.

1.1 Background information
Children in need of institutionalized attention and rehabilitation due to being victims of crime or neglect in Kenya are more than 45,000 (Children’s department, 2010). 80% to 85% of children in this category are arrested and confined due to engagement in unlawful acts according to Odongo (2004). Reports have shown that youth in conflict with the law has risen significantly since 2006. For instance, inmates below 18 years increased from 2570 to 3455 in 2013 and 2014, according to Kenya National Bureau of Statistics (2015). In addition, most of youth formally guilty of crimes warranting imprisonment, if committed by older people, are aged between 16–17 years bracket, while 52.3% inmates consist of youth aged below 25 years as of 2014 (Children’s department, 2010; Oywa, 2004). Globally, more than 1.6 million delinquency cases are handled each year, and 72,000 youth are confinement, (Snyder, 2006). Also, an increase of youth offenders in public and private correctional facilities is evident. For instance, offenders in facilities rose from 26,275 in 2006 to 33,796 in 2009 according to Centres for Disease Control (2007).

Adolescents face the reality of being confined to this highly atypical context with the added disadvantage of immaturity. They are separated from loved ones at a time in their life when their skills acquisitions are still influenced heavily by those close to them (Notshulwana, 2012; Prinzie, 2009). In these facilities, their only peer group is mostly composed of other antisocial and unwelcoming age mates, and staff who do not know them well, rendering them vulnerable to the stresses of institutionalization further especially at entry, as they become more accustomed to the nature, realities, and restrictions that institutional life imposes. Confines also experience victimization from
fellow inmates as well as staff, congestion and fear of experiencing social stigma after release (Human rights watch, 2017; Kikuvi, 2011; Kinyua, 2004). On top of the high individuals population, the confinement setting is associated with high uncertainty levels, and it is hard for someone to predict anything, including not being aware of how long they will be in confinement (Toch, 1977; Farrall, 2011) Thus, they must employ mechanisms to embrace or detest rehabilitation, cope, adapt and survive (Frenk, 2007).

They are also faced with uncertainties as they are not sure of the outcome of assessments done eventually to determine if they are fit to be reintegrated to the society or if they need more time in confinement (Gendreau, 2006). All these fears can leave confines caught in between two worlds and devise various ways of reacting to these uncertainties and strategizing on the way forward during their rime in confinement (Nauta, 2008). These reactions and strategies play a role in enhancing or hindering inmates from making adequate preparations for what lies ahead in confinement (Haney, 2003). These uncertainties also hinder coping due to feelings of helplessness about one’s situation, impendes the inmates desires and willingness to engage in productive and appropriate coping effort, and come up with negative attributions in issues they have no control over (Reitzel, 2000).

One of the reasons for increased populations of young inmates in confinement is due to reoffending and rearrests after release. Statistics show that recidivating young offenders numbers increased from 59.1% to 76.9% between 2012 and 2013 in Kenya (KNBS, 2015). In the US and the Netherlands, recidivism rates vary between 50% and 75% respectively based on re-arrest figures annually (Nauta, 2008; Snyder, 2006; Van der, 2005). This is a clear indication that these adolescents develop negative attitudes towards the efforts of reforming them and result to inappropriate coping mechanisms while in confinement. After reintegration, lack of lasting care among young inmates is due to adverse childhood experiences like maltreatment, a criminogenic environment before and after confinement and lack of aftercare (Pritikin, 2008; Van der, 2008). This state cannot give the adolescents a chance to reflect on the rehabilitation benefits, and thus cannot embrace changes, thus not bearing positive fruits. Also, this can be attributed to
rehabilitation measures which ill-equipped to deal with the present realities or measures not fully implemented and also lack of a good state to help them embrace positive changes (Grella, 2011; Sickmund, 2008; U.S Department of Justice, 2007).

Juvenile delinquents are confined in rehabilitation schools for 6 months minimum and 3 years maximum, depending on the type of crime committed (Njagu, 1995), mostly for deterrence and rehabilitation (Gatti, 2009; Liebling, 2005). Other reasons for confinement are due to being victims of abuse and neglect (Gachara, 2011). Confinement serves the purpose of correcting and reforming delinquent adolescents into adjusted, productive citizens (Gachara, 2011; Miruka 2005; Siegel, 1997). Guidance, encouragement to embrace the process, promoting the positive attitude, enhancing proper coping, improving belief systems to help in modifying behaviors, motivating them to undergo rehabilitation and imparting skills ought to help them adjust more easily while in these institutions and leave them with a greater desire to thrive in life after release. Also, many rehabilitation programs focus on their effectiveness to meet the goals of reformation and many studies have examined the impacts of various juvenile interventions such as the effectiveness of the programs. Time spent in incarceration should change behaviour and restore a sense of dignity of the offender. However, there are short and long-term effects of these interventions (Biehal, 2010; Lipsey, 2009; Parisi, 1982).

Many changes have been effected in these facilities like the enactment of the Children's Act and name change from Approved due to the stigma associated with the name to Rehabilitation schools so as to change the perception inmates and other people have towards being confined in the facilities (Kinyua, 2004; Mugo, 2006). Also, there are numerous programmes aimed at empowering the delinquent adolescents academically, imparting vocational skills, providing guidance and counseling, encouragement to embrace the process, enhancing positive beliefs, attitudes and appropriate coping to help in positive behavior modification. These ought to help them adjust more quickly and easily while in these institutions and leave them with a greater desire to thrive in life in the facilities and even after releases (Gachara, 2011). However, the outcomes of children in rehabilitation have been unsatisfactory due to the challenges faced (Kinyua, 2004;
Njagu, 1995). Victimization, congested facilities, inefficient rehabilitation programmes, social stigma experienced after release, attitudes of the adolescents towards peers, teachers, and rehabilitation programmes are among the challenges faced. Negative attitudes and poor coping are the root causes of actions such as victimization (Human rights watch, 2017; Kikuvi, 2011; Kinyua, 2004; Njagu, 1995). Upon release, many continue reoffending through deviance and criminality, and end in penal institutions after rearrest (Wakanyua, 1995).

To date, there is an unresolved debate about the outcomes of adolescents’ incarceration. Some scholars contend that periods of institutionalization adversely affects young inmates because these adolescents react to the reality of being confined and develop various beliefs and assumptions to detest the experience and process; these reactions may or may not change overtime (Day, 2011). Other scholars insist that periods in confinement provides a solution to some of the problems that beset young offenders within their natural environment, and that isolation provides them with meaning in life and happiness which they were deprived wherever they came from (Listwan, 2012). Similarly, others contend that institutionalization enables delinquent adolescents to undergo appropriate programmes serving the purpose of correcting and reforming them into adjusted, productive citizens (Gachara, 2011; Kinyua 2004; Miruka, 2005). However, there is limited research focusing exclusively connecting duration/length of stay of rehabilitation interventions and the outcomes of inmates, yet, duration can significantly influence one to either benefit or detest the programmes, and thus instances of re-convictions and recidivism (Pritikin, 2008). Furthermore, institutional treatment, is still perceived a black box yet to be opened and characteristics that may be related to the rehabilitation outcomes are still under-researched according to Axford, 2005; Gendreau, 2006; Marshall, 2010).

1.2 Statement of the Problem
Reoffending among previously rehabilitated juvenile delinquents remains one of the greatest challenges faced by institutions for young offenders and the community (Oywa, 2004). This remains a huge threat compounded by their unreformed and maladjusted
nature. Reoffending simply shows that juveniles initially incarcerated do not reform through rehabilitation programmes; this influences them to continue reoffending when reintegrated in the community. This is influenced by factors like the failure of rehabilitations programmes and initiatives to meet goals and targets of their mandated roles of rehabilitating juvenile delinquents affectively (Kikuvi, 2011; Ndung'u, 2005). Maladjustment is evidenced by victimization cases, reluctance to participate in activities, negative attitude towards peers, caregivers and reluctance to embrace rehabilitation (Mugwera, 2010; Njuguna, 2003). Lack of sufficient trained staff, congestion, juveniles not understanding the reasons for confinement, being unhappy with some of the activities they participate in also trigger juveniles to develop varied perceptions and reactions. Also, parents are not fully committed or co-operative during the process of juveniles’ rehabilitation (Kikuvi, 2011). These further influence the inmates adaptation process, beliefs, attitudes development and coping approaches.

In addition to this, despite decisions by rehabilitation facilities to reintegrate the adolescents back to the community after satisfactory assessments, the outcomes leave a lot to be desired (Kikuvi, 2011). Upon reintegration, these adolescents become more dangerous and unruly than before (Mugwera, 2010). Most, if not some, are eventually handed over to the police by their families or community members who cannot tolerate their behaviours. Others find it difficult to integrate with their families and community setting and go back to the streets where they continue committing more serious offenses and are mostly re-arrested. This has been currently happening at alarmingly high rates (Oywa, 2004). This phenomenon makes matter worse by further increasing the number of juvenile delinquents institutionalized in facilities, compounding their vulnerabilities further due to the delinquent nature of most of the other inmates (Oywa, 2004).

A few local studies have studied the relationship that time in incarceration has on inmates’ reactions, attitudes and coping, and most of these studies are conducted in mainstream facilities by the media and NGOs. Additionally, studies done in the developed countries show that confinement duration in young people have undesirable outcomes (Gover., 2000; Harvey, 2005, Sykes, 1958). Thus, the researcher desired to find
out how being confined in rehabilitation schools for three years was related with the adolescents attitudes regarding rehabilitation and utilization of various coping skills in an attempt to adjust with the reality and experiences during confinement. The findings would shed light on the important roles of rehabilitation schools in correcting and reforming inappropriate behavior among confined youngsters.

1.3 Purpose of the Study
The research's main purpose was to find out whether there was any significant relationship between duration of institutionalization, attitudes towards rehabilitation and psychological coping strategies among adolescents in rehabilitation schools.

1.4 Research Questions
Does length of time institutionalization serve as an effective means of enhancing positive outcomes in the confined teenagers; does it improve their perceptions, reactions and adapting necessary to make a positive change in their lives during confinement during the duration of confinement? Was the central inquiry raised by the study. The specific research questions to address this were:

i. What is the relationship between duration of institutionalization and attitude towards rehabilitation among adolescents?

ii. What is the relationship between duration of institutionalization and psychological coping strategies among adolescents?

iii. To what extent are attitudes towards rehabilitation related with psychological coping strategies among adolescents in rehabilitation schools?

1.5 Study’s Objectives
The objectives of the study were to:-

i. Establish whether duration of institutionalization has a relationship with attitude towards rehabilitation in adolescents in rehabilitation schools.

ii. Examine whether duration of institutionalization has a relationship with psychological coping strategies among adolescents in rehabilitation schools.
iii. Assess whether attitude towards rehabilitation has a relationship with psychological coping among adolescents in rehabilitation schools.

1.6 Research Hypotheses

The hypotheses formulated for this study to be tested and validated by sampled data collected from the field were that:-

**H<sub>1</sub>:** There is a significant relationship between duration of institutionalization and attitudes towards rehabilitation among adolescents in Nairobi County rehabilitation schools.

**H<sub>2</sub>:** There is a significant relationship between duration of institutionalization and psychological coping strategies among adolescents in Nairobi County rehabilitation schools.

**H<sub>3</sub>:** There is a significant relationship between attitudes towards rehabilitation and psychological coping strategies among adolescents in Nairobi County rehabilitation schools.

Significance test of the above hypotheses was at α=0.05.

1.7 Justification of the Study

Numerous studies have been done on the link between confinement and the outcomes of inmates, as much attention has been biased mostly on adult inmates and confinement in mainstream facilities like prisons and borstal institutions and not in this category of institutions.

Studies on the relationship between length of time in institutionalizing confined adolescents, attitudes towards rehabilitation and coping skills are not comprehensive (Oywa, 2004). Most of the studies on institutionalization duration are mostly done by non-governmental organizations and media, mostly shedding light on the challenges experienced by inmates.

Locally, very few studies have specifically evaluated confined adolescents focusing on the perceptions of the inmates regarding the experience and the various survival tactics they result to. There is a need for further studies to be conducted locally, that will provide in-depth insight and additional information to the experiences of young inmates in our
Thus, this study seeks to fill that gap, and contribute greatly to the gradually growing body of knowledge in research on rehabilitation institutionalization of delinquent adolescents in the field of psychology in Kenya.

1.8 Significance of the Study
Adolescents who cope poorly or develop negative attitudes are likely to become chronic re-offenders, and maladjusted, raising a major concern for government, NGOs, society, and juvenile justice system.

The study's findings will benefit scholars and researchers who have the special interest with this population, in conducting further research on the institutionalization of juveniles and its relationship with psychological aspects.

Rehabilitation schools management will use the results to understand more on emotional, behavior and psychological challenges inmates face. They will also get insight into aspects that can be integrated/ modified with those currently in place so as to offer an enabling environment to cope well, develop positive attitudes, realizing potentials and adjusting well in the schools and communities later.

Communities' members will be better equipped in helping and supporting these young people in enhancing positive traits acquired while in confinement as well as after release.

Young people could benefit from this study by being able to identify triggers for inappropriate attitude development, maladaptive coping and appropriate coping skills, for better and improved rehabilitation outcome in the short and long term.

1.9 Scope and limitations of the Study

1.9.1 Scope of the study
Institutionalization is a widely used concept in the area of psychology meaning being confined to or residing in a healthcare facility for treatment, in a prison or a rehabilitation facility for reformation or other setting for a certain period; arranging for placement in a
health care, treatment or correctional setting; and, development of excessive dependency on the institution and its routines in individuals hospitalized for an extended period of time (Miller-Keane Encyclopedia, 2003; Medical dictionary, 2009). The study focused on the concept of duration of institutionalization as the length of time delinquent adolescents are committed or admitted and reside to a rehabilitation facility for a period so as to treat their problems and rehabilitate them for positive behaviour change. Duration of institutionalization was assessed according to the length of time the juvenile adolescents had been residing in the rehabilitation schools. In Kenya, rehabilitation takes at least six months and up to three years. Thus, the study grouped the participant adolescents as those who had been institutionalized for a shorter period (less than one year) and another group of the adolescents who had been institutionalized for a longer period (one year and more).

The widely used concepts pertaining attitudes towards rehabilitation according to Ward (2004), are treatment readiness (the willingness to go through a programme based on external factors such as mandatory or voluntary treatment, level of support and therapeutic environment and internal factors such as cognitive strategies, beliefs, attitudes, emotions, goals, desires and motivations, skills, and identity); and, treatment motivation (the perception an offender has regarding a treatment programme, which drives him/her to embrace and participate in rehabilitation with the aim of achieving positive change). The study looked at attitudes towards rehabilitation as treatment readiness and motivation, which is the perception that drives the Delinquent adolescents to be ready and willing to accept and engage in rehabilitation programmes.

Psychological Coping skills refer to both cognitive and behavioural efforts an individual makes, in an effort to deal with stressful circumstances through constant change of behavioural and cognitive efforts to handle particular internal and external demands seen as overwhelming or taxing one’s resources (Folkman, 1984). The study focused on the concept as those efforts and responses that the delinquent adolescents in the two rehabilitation schools engage in so as to reduce, tolerate and deal with the stress linked to the experiences of being institutionalized.
The theoretical frameworks used in this study consist of various types of strains and aspects of coping. The study confined itself to the three types of strains and the coping aspects captured and related to strains and coping associated with people who are in confinement for a particular period of time.

1.9.2 Limitations of the Study

The nature of the target population might have limited the study's findings. Some of them may not have been going to school at all before being institutionalized if they were street kids for instance. Therefore, some if not most of them could have been semi-illiterate, and not be able to fill in the questionnaires. This was addressed through assisting in filling the questionnaires, by the researcher and trained assistants so as to enhance the responses validity.

The study’s research design was not longitudinal in nature. Therefore, it was not possible to cater for the delinquent adolescents’ states and characteristics before and after rehabilitation. The results, therefore were limited because of the research design used. However, in an attempt to make up for this, comparison was made with a group that had been confined for a shorter period (one year or less), though they might not have had the specific characteristics of the other group of adolescents who had been confined for longer period (one year and more).

The study was a survey that captured information at a particular point in time. As a result of this, it was not be possible to differentiate the relationship among the variables and the possible causal relationship clearly, because explaining such scenarios adequately would require several surveys done periodically and this was beyond this study’s scope.

Since data collection was through self-reports from filling questionnaires and conducting interviews, this data might have been compromised. During filling in the questionnaires and answering questions during the interviews, the respondents might have voluntarily exaggerated and withheld some vital information. This was minimized by the researcher
re-assuring the respondents of confidentiality of information, responses, purposes of the date and the importance of giving factual and valid data.

1.10 Assumptions
The researcher embarked to conduct this study with the following assumptions:

i. Duration of institutionalization is related to how confined adolescents think and feel about themselves regarding the process of undergoing rehabilitation and how they perceive rehabilitation process and programmes they are in. As a result of these perceptions, the adolescents are either motivated positively to undergo rehabilitation process for positive change/ reforming or detest the process of rehabilitation thus becoming more unruly and change for worse.

ii. Duration which confined adolescents stay in the rehabilitation schools is related to the various coping mechanisms that they result to. Due to this, these adolescents result to various ways of reacting and responding to the experiences, programs and strains that they encounter during rehabilitation in an effort to survive and adjust to the new environment.

iii. The attitudes that confined adolescents develop regarding the rehabilitation process and programmes is related to the various coping strategies that the adolescents result to. Thus, development of positive/ appropriate attitudes regarding rehabilitation results to high utilization of the appropriate coping skills that help the adolescents undergo rehabilitation process successfully and adjust appropriately to the changes, strains and experiences encountered during the process and periods of rehabilitation.

iv. The independent variable and the dependent variables of the study assessing the relationship between duration of institutionalization, attitudes towards rehabilitation and psychological coping strategies is moderated by the demographic factors of age, gender and living environment.

1.11 Operational Definition of Terms
1. Attitudes towards rehabilitation: Perceptions, reasons, willingness and readiness to seek help, engage in, and comply with activities, programmes and processes meant to enhance positive change.
2. **Duration of Institutionalization**: Length of time/ Period of time that juvenile delinquents are officially committed in a statutory facility (rehabilitation school) to get access to care, protection, reforming and behavior change.

3. **Juvenile Rehabilitation institutions/schools**: Statutory institutions established and maintained by the government to receive, provide accommodation and facilities for the care, maintenance, training, psychotherapy, guidance and protection of children according to Children's Act No.8 of 2001.

4. **Living Environment**: The facilities living conditions characterized by the people who interact with the adolescents, the available resources and infrastructure; as experienced, perceived or interpreted by the adolescents.

5. **Psychological coping strategies**: Responses by adolescents in the rehabilitation schools aimed at diminishing psychological burdens linked to the institutionalization experiences. Also known as coping strategies/ coping skills.

6. **Rehabilitation**: The specific forms of intervention and practices most directly aimed at reducing maladaptive coping, maladjustment and re-offending in the adolescents by enhancing positive modifications in beliefs, attitudes, and behavior.

7. **Remand homes**: Temporary facilities set up by the government to receive juveniles less than 14 years who have ongoing court cases, pending adjudication or final disposition of their cases, as they await courts decisions to reintegrate them back into the society, or to further refer and keep them in a rehabilitation facility for a longer period.
CHAPTER TWO
LITERATURE REVIEW

2.0 Introduction
In this section, critical review of the various literatures was carried out by investigating research done in the past on the variables being studied about. This was done on each objective by focusing specially on controlling the various variables (age, gender and the facilities living environment) in all the objectives. Then, there was an overall summary at the end of critical literature review, followed by a theoretical framework appropriate to the study and finally the conceptual framework.

2.1 Overview
Research on incarceration duration do not shed light on the impact of this on the how inmates react during confinement and the outcome of the reactions based on the length of time they stay in confinement. Most researches on confinement experiences on inmates also focus on the programs to assess the aspect of interest without focusing on previous work in the same area/ on similar respondents. This limits large scale access to other studies that can be used for comparisons. Majority of the studies also focus on main confinement facilities (prisons) experiences and only a few do evaluations in confined adolescents in rehabilitation institutions. In this section, the few studies reviewed included the variables of attitudes and psychological coping components in assessments of confinement periods in rehabilitation programs. Also, there is lack of sufficient scholarly work on most of the common targets and demographic components that are known and very likely to influence the outcomes of any rehabilitation program targeting confined adolescents, due to the research designs used or accessing the most preferable samples.

2.2 The Relationship between Duration of institutionalization and Attitudes towards rehabilitation
Most studies on confined adolescents assessed the effects of incarceration, programs offered and causes of delinquency (Gachara, 2011; Kikuvi, 2011; Kinyua 2004; Miruka,
2005; Wakanyua, 1995). Four of these however asked participants confined for a certain period of time how they felt about being confined and doing various activities during the time they had stayed there and how they perceived their life after rehabilitation like.

Casey (2016) in an evaluation in Australia assessed whether how inmates' perceived rehabilitation programs was influenced by classification of safety and the length of time in incarceration. 76 male prisoners aged 21-66 years with incarceration means length of 289.84 days took part in the evaluation. Findings showed that there was a moderate effect size for sentence length; those who had been incarcerated more than six months rated the perceived the experience of being confined and the activities significantly than inmates confined for less than six months. Also, protective custody prisoners reported the experience in a positive way despite incarceration length. This revealed a collaboration outcome between incarceration length and perception/reaction status of rehabilitation by the prisoners.

The findings in this study are similar to arguments of the deterioration model by Porporino, (1988) which posits that long term incarceration leads to deterioration of offenders’ motivations, emotional, personality mental and physical well-being, and that confinement affects inmates’ ability to think, develop rigidity and apathy, increased introversion and loss of reality contact. Also, according to Nurse (2003), long periods of incarceration can bring about negative feelings such as frustration, anxiety and extreme anger among inmates as a result of the transition and enforced idleness providing inmates with a lot of time to cling on past adversities that they experienced throughout life (Graham, 1999; Anderson, 2004). Also, bad memories rekindled in such secluded environments/confine ment can also trigger incapacitating psychological responses which may have complemented the disturbing experiences previously (Haney, 2003).

According to Porporino, (1988), different studies done at the same time by psychologists in England, Germany and Canada however showed no consistent changes in attitudes and personality based on length of confinement, and that large number of inmates showed signs of emotional withdrawal, concluded to be based on incarceration length.
Furthermore, demoralization resentments and expression by the environment in custody were reported by the inmates regardless of whether they had served for the longest or the shortest time.

Of all the scholarly work reviewed, none of them had a separate group that could serve the purpose of comparisons. Therefore, it is incorrect to conclusively say that the reported outcomes in terms of attitudes, stress issues and the rest were due to duration of confinement. The researcher also sought to review literature on age, gender and living environment as the possible confounders in the relationship between the dependent variable and the dependent variable.

2.2.1 The relationship between Age and Attitudes towards rehabilitation
Research done on attitudes show a variation between older adults and young people, by indicating that young people are not hardened enough like older adults to resolve adaptation, dependency and identity issues. Long periods of confinement cause lack of and/ or limited freedom, and this is a major stressor for young inmates (Harvey, 2007, Sykes, 1958; Porporino, 1988). This is because young people cannot resolve identity, adaptation and dependency issues well in new settings as compared to adults, and thus elevating their worries on potential threats/ effects of freedom deprivations in their lives (Toch, 1977).

Crank (2010) assessed adaptation to periods of incarceration by finding out views of inmate’s life and adjustment in prison by interviewing 700 respondents of ages between 16 and 67 years in Georgia State University. The survey conducted was centred on individual interviews in place of self-administered assessments to minimize incidences of ambiguous and missing responses. Perception of prison difficulty was examined by utilizing the survey questionnaire statement where respondents used a 38 Likert scale for answer identification. The effects of other variables were controlled through Multivariate analyses. This also helped to isolate the influence of the basic independent variables on dependent variables. Results showed that intentions to reform and go straight are strengthened when inmates perceive prison as difficult. Those aged below 21 showed
lower odds of perceiving prison as difficult. Participants aged above 40 showed higher odds indicating a basic positive relationship between age and apparent prison strain.

Similar findings were noted in another assessment by Crewe (2016) in analyzing the pains’ of incarceration due to loss of heterosexual relationships, autonomy, and relationship with attitude changes by engaging prisoners aged 18-49 years. Prisoners were sampled purposively from 16 prisons in England guided by contact and sample size. A mixed methods design was used, surveying 294 prisoners and in-depth interviews to 126 prisoners. Questionnaires were scored on a 1-5 Likert scale. The findings were that negative attitudes were mostly reported by older inmates, caused by pains related to basic deprivations, loss of productive or useful life and concerns over loved ones especially at the beginning of the sentences. Also, imprisonment adaptation had a profound and deep effect on the inmates. This showed a positive connection between age and attitudes.

Hyman (2005) research involving young offenders aged 14-18 years to examine prisonization determinants and assess confinement consequences among juvenile offenders confined for a long period of time reported similar findings. Open-ended interviews were conducted using structured questionnaires to 340 delinquents to identify attitudes toward the programs and law, feeling contextually powerless, delinquent self-identification, perceptions of changes in life, prisonization, and institutional opposition. Manova was used for data analyses. Findings showed that juvenile offenders confined for long had attitudes generally accepted as reflective of prisonization and related consequences, implying more chances of reoffending rather than successful reintegration. According to the studies above, age may be related to rehabilitation attitudes.

2.2.2 The relationship between Gender and Attitudes towards rehabilitation

Gender is believed to influence how different people perceive things and cope (Folkman, 1984). Males feel that negative experiences are less taxing as compared to females (Monat, 1991) and also indicate experiencing fewer instances of stressors (Monat, 1991; Frydenberg, 1997) as opposed to female. Male inmates perceive being confined as less stressful compared to female inmates. Male inmates also go through low stress level
during the incarceration period (Paulus, 1993). This is what makes scholars to hypothesise that females may perceive confinement more stressful due to roles like parenting or having tight families attachments compared to male inmates (Paulus, 1993).

Focusing on assessing how juvenile adapt to imprisonment by analyzing autonomy, feelings of safety, well-being, and behavior, Eichelsheim (2015) assessed both male and female inmates in Netherlands. A multi-method approach was used and information was gathered from interviews, surveys, official record data and files data), and quantitative and qualitative data analysis. 207 offenders participated with 87% being male, 82% aged above 16 years. Official records provided more insight on juvenile offenders' misconducts. 38 juveniles were interviewed deeply and handled more expansively with central perceptions of imprisonment adaptation. Bivariate relationships and ANOVA's were used to compute variables so as to assess the relationships between the independent and dependent variables. Regression analyses was run to assess the relationships of a dependent variable.

Results indicated a positive relationship between gender and aggressive misconduct. In addition to this, the percentage of boys recorded for hostile misconduct during their confinement was considerably greater than girls percentage. Juveniles with longer imprisonment experiences viewed the institution as safer. Autonomy was positively linked to great attitude approaches, and good interaction with others. The more certainly the inmates experienced support in daily activities, and contact with staff, the further independence and inspired they were. In conclusion, the studies above show that gender may affect treatment motivation hence affecting rehabilitation attitude as well. It has been highlighted that boys engage in more misconduct than girls. Also, inmates with longer prior experiences of being confined indicate greater treatment motivation.

These reports are similar to findings by Grella (2011) in a study to examine treatment motivation among confined offenders with the average age of 36.6 years participating in prison-based treatment programs which was conducted and also two survival analyses. Treatment motivation score was predicted by a multivariate linear regression model.
Results showed that women incarcerated for long periods were more likely to have higher treatment motivation than men, indicating a positive correlation in attitudes in both men and women, but more higher in women than men.

Grennan (2015) examined variables associated significantly with rehabilitation attitude among incarcerated adolescents in Romania. The sample comprised 35 respondents; mean respondents age was 16.6 years and the mean respondents’ detention period 13.2 months. The study employed retrospective design approach using two adolescents’ scales. Variables related significantly with adjustment were incorporated into a logistic prediction model. Results showed that family-related issues were related to rejection of corrections by female and criminological variables were associated with correctional rejection by males during confinement.

Research by Dhami (2012) was conducted to investigate influence of time in confinement on male and adaptations to confinement. Data was collected through responses from a survey which was filled by available 712 inmates. Findings indicated that time spent in confinement had a direct influence on inmates programs participation, feelings of hopelessness thoughts of needed control and feelings of happiness.

2.2.3 The relationship between the Living environment and Attitudes towards rehabilitation

The living environment and treatment motivation are closely related (Drost, 2008; Helm, 2009 & Binsbergen, 2003). Research on confinement environment explains that supportive and open group living environment is often differentiated with a repressive and closed environment (Helm, 2002; Toch, 2008, Toch, 2007). A harmless and calming environment is frequently regarded as exposed when support is more, growth opportunities are obvious and evident flexibility that is well-adjusted with structural requirements for regulation (Helm, 2011; Ule, 2009; Wortley, 2002). Characteristics of a suppressive environment are power balance which is asymmetric, depending greatly on staff, lacking mutual respect, emphasizing on incremental rules and punishment, lack of protection, boredom, fear and hopelessness (Harvey, 2005; Little, 1990). Moreover, there is
strong empirical evidence on specific negative traits of the living environment hampering personal development, which may contribute to recidivism (Andrews & Bonta, 2007; Casey, 2005; Listwan, 2013).

According to Helm (2011), positive existing environment, steered by growth, positive support, low repression and a good atmosphere is associated with treatment motivation by stimulating juvenile delinquents internal locus of control. A living environment which is highly repressive can result in decreased treatment motivation/ attitude among others; these can inhibit treatment success and affect rehabilitation (Harvey, 2005; Schubert, 2012; Helm, 2009; 2012). An optimistic therapeutic coalition between caregivers and juveniles can enhance treatment motivation, success and lower therapy dropout (Constantino, 2010). This conclusion is similar to findings by Goldson, (2002), who argues that it is important for people to start confinement period positively; moreso young people, since the beginning of incarceration is followed by a state of fear and shock due to the sudden change of environment and associations. There is no adequate time to accept the fact that they cannot be trusted and have to be monitored by people they presume to be unfair and unfriendly (Sykes, 1958).

Prior to confinement, most young offenders are separated from support networks (Bird, 1998; Liebling, 1999) and confined without a clear foresight for their confinement and the different type of peers they have to get used to; thus, unprepared emotionally and mentally for what lies ahead (Goldson, 2002). Inmates who do not make sense of their incarceration believing that they are not treated justly have a high likelihood of experiencing difficulties when coping with confinement, interacting with each other, and also getting used to the unpredictable conditions in confinement (Liebling, 1992). The long-term inmates report hoped by everyone is that staff demonstrates attentiveness in and cares for prisoners, ie holds as well as support, and there exists a rank of care among inmates, that is, social cohesion and mutual support, according to Lovell, 2007). Studies investigating how prisoners adjust to confinement (Toch, 1989; Wright, 1991) show that overtime, inmates show less feelings of desperateness, punitive violations are fewer,
indulge more fully daily routines of life in confinement, hide their weaknesses and there is enhanced participation in prison undertakings.

An evaluation was conducted by Adams (1989) on 712 state inmates developmental, social, emotional, and psychological and variations to confinement resulting from their prison sentence. Being incarcerated for 5 years and more was related to increased number of misconduct charges and programs attended. The findings also showed that inmates with a decent life in confinement felt happier and engaged in more programs as compared to those with deprived life in confinement. Also, staff and inmates have a specific worth on stuffs, like order and series of worries about welfare and good fortune (Adams, 2002). Porporino (1990) say that jail environment triggers other aspects like using force against others and other prison misconducts. Staffs perceive sense of authority as well as supervision quality received as linked to the eagerness to apply force against prisoners (Griffin (1999). According to Cooke (1992), staff– inmate communication and morale are linked to the way inmates normally perceive the prison environment. Harding (2014) study’s findings showed that therapy initiatives that have improved effects in jails which have conducive living environment, and that an setting alleged to be insecure or disempowering counteracts several noble development made by inmates. Therefore, the conclusion was that prison’s living environment is associated with its influence on the positive process and facilitates appropriate behavior change.

Casey (2011) conducted an assessment on the effect of imprisonment length and perceiving the living environment in a prison setting with attitudes. One of the main objectives was to research if confinement length would influence views of the living environment as negative, positive or neutral. Also, the study assessed whether prisoners who had been confined for extended periods of time would have adapted better than those who had stayed in confinement for shorter periods among inmates aged between 21-66 years. Results indicated that prisoners held in a good environment, flexible settings and imprisoned for less than six months ranked the environment considerably less confidently than their counterparts who had been in confined in similar settings for more than 6 months, and were more willing to take part in the various activities. Irrespective of where
prisoners were held, those imprisoned more than six months rated the total living environment more positive and adapted to confinement better and quicker than those confined for shorter periods of time. The group also reflected positive behavioral reactions, psychological responses and emotional antiphons which enabled them to cope well with confinement.

2.3 The relationship between Duration of institutionalization and Psychological coping strategies

Few studies have evaluated different psychological coping skills as a direct outcome of duration of institutionalization, or whether a close relationship between the two exists looking at the various aspects of coping. Flanagan (1980) assessed inmates’ adaptations and perspectives of long confinement durations; results showed that long term offenders detached from relationships to avoid anxiety accompanying separation. Most offenders however relied on relationships for encouragement and support, helping them to serve their sentences with positive outcomes in the end (Flanagan, 1980). Also, most inmates dealt with challenges in confinement through withdrawal and keeping the problems to oneself. This can be explained by the lack of trust among fellow inmates who also have problems of their own, compounded by having loved ones who are unsupportive and caregivers who are not concerned.

Correlational research aiming to investigate the relationship between confines coping strategies, as well as psychological and physical well-being within a given period of detention was conducted by Classen (2007) in Amsterdam. 30 male prisoners aged between 18-55 years constituted the sample size. The confinement period was between 4 months and 12 years, while time in confinement by participants during the study was between 2 months and 9 years. A questionnaire consisting of some different measures was presented together with a total of 20 emotions specifying the degree to which they normally experienced them on a scale of 1-5. UCLA Loneliness Scale assessed the extent to which participants could share their feelings. Results suggested that inmates declined to express their feelings with time. Those with less inclination benefited more from an approach providing them with chances to benefit with something during confinement.
Findings also showed that prisoners who witnessed precise undesirable feelings like remorse, nervousness and grief described had spent significant little time in confinement, and they also reported more emotional and physical strains. Inmates who had stayed in the facilities for a longer period used lively emotion-focused coping skill, and were in better well-being than prisoners who opted to keep undesirable feelings to themselves.

Similar findings were noted by Woodhams (2007) in an evaluation on psychological effects and coping used by inmates who engaged in mistreatment with the special focus on time spent in prison. 106 young male delinquents selection was through systematic sampling. The sample that filled the questionnaires had 99 male prisoners who were between 18-21 years. Time spent in the prisons was between 3 weeks and 6 years. Questionnaires were completed by literate prisoners and a structured interview was conducted to illiterate prisoners. Descriptive statistics, one-way between subjects Anova and multiple regression were used to test the variables. Significant relationships were found between total time in confinement, numbers of intimidating behaviors witnessed and the three measures of psychological strain used in the study. However, all the relationships had a weak strength. A positive relationship was also found between emotional coping and total time in confinement as well as the total number of mistreatment behaviors experienced, with a weak relationship. Regarding the relationship between psychological strain and the coping skills used by the inmates, avoidance and emotional coping indicated significant relationships which were moderately positive with depression, anxiety and stress. Greater reliance on the coping skills was related to greater psychological strain.

Research by Partyka (2001) in Toledo, U.S to determine how inmates cope with the various stressors, distinguish stressors types they typically face, and to determine to what extent current duration of confinement, total past incarcerations and total time in confinement influences inmates specific strains or coping skills. 104 inmates aged 18-58 filled the brief COPE to find out the strain types experienced by the inmate, and also assess other coping skills not indicated in the COPE scale. Data analysis was done through descriptive statistics, correlation coefficients to examine the links between the
continuous predictor variables and the COPE subscales, and Manova to examine the links between the categorical predictor variables of duration of current sentence and duration spent in confinement and COPE subscales. Finally, Chi-square analyses determined the relationship between the categorical independent variables, stressor frequencies and coping skills groupings established in the respondents feedback. Findings showed that spirituality was the preferred coping skill used wholly, at the start of the sentence and at the time of the study. At the start of sentence, inmates used spirituality to deal mostly with split-ups from loved ones and vagueness of confinement. Their coping skills were consistent during the time of the study. According to these studies, the amount of time spent in confinement by inmates is related to psychological coping strategies in young and old confines. To put these speculations in perspective, it was necessary to review the relationships between factors like age, gender and living environment and coping skills used by inmates

2.3.1 The Relationship between Age and Psychological Coping Strategies
Most research on age and coping strategies show that age has some effect on coping though the significance of that effect is not consistently established. Age influences how young offenders cope in confinement. According to Biggam (1999), young persons have few skills and resources for solving problems compared to adults because young people do not have much control over occurrences and their surroundings (Brezina, 2000) and do not have adequate life skills and experiences to rely on when faced by harsh conditions like imprisonment (McLaughlin, 1996). These make young people disadvantaged, making them to cope more poorly with confinement as compared to adults (Biggam, 1999). Moreover, inmates in confinement are in a crucial transition from childhood to adulthood’ just like other 16 and 17 years old. At this age, development is crucial since it is the period when effective ways of dealing with anxiety and tension start to build up (Sullivan, 1953) and important attributes begin to emerge and as such not generally equipped with similar coping levels efficiency as compared to adults (Hiebert, 1991). Also, youngsters have greater needs for support and recognition as opposed to adults to help them handle issues and adjust well (Johnson, 1978). Yet, it is hard for young inmates
to deal with frustrations, boredom and loneliness as compared to adults (Frydenberg, 1997).

In Nigeria, a research was carried out by Agbakwuru (2016). The study sought to examine the various ways of coping with the incarceration challenges. The study's design was causal comparative. The final sample of 250 juvenile offenders aged 13-19 years was selected through stratified random sampling. A questionnaire with the 4-point Likert-type scale was used to elicit information on how juvenile inmates cope with confinement challenges. Standard deviation and mean was used to analyze data. Results showed that forming surrogate families, involving oneself in religious activities, and engagement in training were ways of coping among the young offenders. Maintaining contact and engaging in aggressive behavior were not coping strategies. Recommendations were that counseling psychologists and other psychological care givers should not only assist young inmates to learn and apply appropriate coping strategies coping but also help in the achieving reformatory goals.

An assessment whose goal was to assess the relationships between confinement, coping efforts, and the psychological as well as behavioral adjustment in adolescents was conducted by Cauffman (2011) in California. The sample consisted 373 male juvenile offenders aged 14-17 who had been in the facility for one month. Data collection was done through interviews. The Brief COPE (Carver, 1997) measured coping strategies by rating items on a scale of 1 to 4. Two scales were used to assess stressful life events, internalizing symptoms and externalized symptoms. Descriptive statistics indicated that active coping, seeking support; participants favored acceptance and self-distraction. Although denial was less commonly endorsed; it was related with enhanced levels of internalizing symptoms. Coping strategies on acceptance showed evidence of stress-buffering effects, defending inmates from internalizing symptoms. It was concluded that incarcerated young people do not cope effectively with the strains that they are confronted with. Notwithstanding the efforts to participate in coping -especially positive change, youth showed misconduct and high levels of distress during the first month of incarceration. These studies have highlighted some things. Inmates apply various
approaches in efforts to cope with stressful situations, more so confinement. Youth show more distress and inability to use appropriate coping strategies when they have been confined for a short period.

Irwin (2015) conducted a research aiming to explore the coping strategies of young offenders confined for a long period of time. An In-depth Interview Guide (IDI) was used to elicit responses from inmates about demographic data, the perception of staying in prison, how they coped with imprisonment pain and methods used in adjusting to prison life. Findings showed that some inmates were not conscious of the mechanisms they used to cope. Other inmates were quite aware of their early period experience and how they coped with the new life and the pains of losing their freedom during their early incarceration periods. Meanwhile, some claimed to have not yet come to terms with prison life despite being there for over one year.

2.3.2 The Relationship between Gender and Psychological Coping Strategies
Gender influences the action types that people use to cope and react to changes and stressors. Males use confrontational, denial and aggressive approaches more than females, who prefer utilizing social support and spirituality (Carver, 1989). Male are also more private, find it hard to open up and utilize social support as compared to females (Frydenberg, 1997). Males are as well more likely to participate in risky behaviours like substance abuse as a way of coping (Krenke; 1995; Frydenberg, 1997).

By exploring coping and the relationship between stressors, coping, delinquency seriousness, internalizing and externalizing symptoms, Hofstein (2009) conducted a study in the University of Massachusetts Amherst. The study explored in 93 (69 male, 24 female) adolescents. 69 male and 24 female adolescents filled the structured close-ended questionnaires consisted. The mean age was 14.3 years. The Brief COPE assessed the coping strategies (Carver, 1997). Data analysis was done using the Pearson product-moment correlations, Manova and Chi-square analyses. Results showed that overall, both boys and girls stated related levels of coping in Brief COPE’s subscales as well as the aggressive coping subscale. Male participants used more Active Coping (an approach
subscale) when in an unidentified stressful event while female respondents utilized self-Blame, which is an avoidance subscale more.

A research was conducted by Mohino (2004) in Barcelona, Spain. The general aim was to analyze diverse aspects related to coping strategies use among 107 male and female inmates aged 18–25 years. The various coping skills utilized were assessed using Coping Responses Inventory-Adult Form (Moos 1993). The questionnaire had three different parts and tests administration was done on the semi-individual basis. Data obtained were analyzed using SPSS version 11.0. Findings showed that male inmates used approach strategies more often than avoidance ones. Also, females preferred using cognitive strategies more often than behavioral ones. Also, time spent in prison showed an introduction of a differentiation degree in using coping strategies between the gender. During the first months of incarceration, emotional discharge is used more greatly by first-time prisoners. Over time, expressing uncontrolled emotion as a method of coping with strain decreases. Also, the reappraisal is used less during the first months.

Newhard (2014) conducted a study in Ohio with the aim of investigating coping responses. 62 male incarcerated juvenile offenders aged 12-18 were sampled. Particular focus was on utilizing healthy versus maladaptive coping responses, evaluating self-reported mental health symptoms and assessing the effects of these symptoms on one's ability to utilize healthy coping skills. The Coping Responses Inventory for Youth and the Beck Inventory-II for youth were used test levels questionnaires were administered to the participants for data collection. A one-sample t-test analyzed if male offenders utilize avoidant coping responses than approaching coping responses. Manova was utilized to describe major differences among groups of coping responses and classify juvenile offenders into groups guided by the combination of the two coping inventories used. Findings indicated that male offenders utilize avoidant coping responses, both cognitively and behaviorally, as opposed to approaching coping responses when responding to phrases about the stress of incarceration.

An exploratory research was done in University of Manitoba by Chubaty (2001). The study wanted to find out the links between inmates some former life events and prison
familiarities (victimization, fear, and coping). The goal was to better identify inmates with vulnerability or problems and demonstrate the recurring nature of harmful coping strategies among inmates. The sample for the study was drawn from 2 institutions. 91 inmates of both gender participated in the study. So as to collect additional evidence about inmate behavior, files were revised for evidence about violations in confinement. Findings showed that both male and female participants accepted taking part in a high degree of anti-social behaviors in confinement. The study recommended that it is essential to consider the settings and effect of a comprehensive series of life encounters and to acknowledge distinct dissimilarities in coping. The specific influence of social prospects on prisoners coping and reactions would offer valuable material for more research in the future.

A research done by Reid (2015) in California to examine how young people recognize violence; types of defensive approaches used to minimize incidences of becoming entangled in violence during confinement and examine the coping skills of passive safeguard, aggressive deterrent and precautions which are proactive. A random sample of 306 respondents whose average age was 18.5 years participated by use of structured interviews. The analysis focused offenders’ perceptions on location, frequency, reasons for engaging in violence in confinement and young people’s preemptive coping skills focused on evading violence in incarceration. Results showed that those who used hostile safety measure behaviors were more expected to be gang member- through self-reports and official reports, a younger age of the initial arrest, and have been involved in more violent wrongdoing. Youth using aggressive safety measure approach reported less visitors, while passive safety measure youth had slightly more visitors. The study confirmed that youth involved in the three hypothesized coping behaviours.

It has been indicated by these studies that cognitive strategies and approach strategies are used more often than avoidance and behavioral ones, especially by male offenders. Also, it has been highlighted that using different coping strategies is influenced by time spent in prison. A good number of inmates are conscious of the coping skills they employ to cope
with confinement pains. Gender may be related to psychological coping strategies in confined adolescents.

2.3.3 The Relationship between the Living environment and Psychological Coping Strategies
High population of inmates associated which is common in many confinement facilities creates a sense of stress, threats and instability due to the hindrance in developing close social bonds because inmates have no option but to integrate and adjust to new, unpredictable and unique peers (Gosden, 2003; Harvey, 2007). This environment also makes staff develop a sense of instability since their focus is shifted to looking after and accommodating the inmates as well as constant court appearances (Neustatter, 2002). Therefore, staffs have inadequate time to get to know and interact with the inmates at a personal level based on inmates’ unique characteristics. Thus, even if a few inmates experience problems with staff, most inmates and the staff are largely detached and thus minimal chances of establishing positive cohesion. Staffs are unable to identify inmates’ uncharacteristic behaviours, needs or attend to them because of lack of rapport (Goldson, 2002, Dooley, 1987).

An assessment was done by Lengfelder (2011) aimed at establishing the coping strategies of prison inmates in rigid correctional institutions in Ohio. 620 numbers were chosen from a random number table, and 47 completed the survey by filling an interview schedule. The variables identified through the stepwise regression were then analyzed through a Pearson product-moment to determine if time involvement with other peers in the facility in an activity was related to coping. Results showed that specific recreation activities with others in the facilities were directly related to self-esteem and coping styles. Coping skills had strong effects on delinquency; better coping skills could lead to a lower rate of negative influence from peers and recidivism. Findings of the study were that certain activities shared with peers and time involvements with peers were related to various coping strategies. The participants in each of the significant activities and peer involvement helped characterize their coping style.
Cesaroni (2010) examined whether pre-existing as well as institutional susceptibilities were self-determining conjecturers of adjustment in confinement. Respondents were 100 males aged 12-17. Many of those who participated had pretty little familiarity of confinement; 34% were in custody for the first time, and a 22% had only been confined once. Most of those without previous disposition in confinement had been confined for short periods of time. The 74 youth who took part in follow-up surveys had 88% of them having been confined for more than three weeks during the follow-up survey. There was no significant correlation prior experience in confinement and internalizing scores at the beginning of confinement. Both pre-existing and confinement vulnerabilities were associated with adjustment in confinement. The findings suggested that youths with a number of pre-existing vulnerabilities and experiencing high stress in confinement at entry into incarceration were more likely to witness adjustment difficulties at the beginning of confinement than inmates with medium or low pre-existing vulnerabilities. Also, as the inmates stayed longer in confinement, the pre-existing vulnerabilities levels continued to be significant predictors of adjustment. According to these studies, living environment is actually related to psychological coping strategies among confined individuals. Engagement in certain activities, spending time with peers and factors such as pre-existing vulnerabilities are all related to institutional coping.

2.4 The relationship between attitude towards rehabilitation and psychological coping strategies

Staying in confinement for prolonged durations can diminish treatment motivation and active coping through loss of hope and the effects of prisonization (Owen, 2005; Toch, 2008; Kupers, 2007). A long period of confinement, loss of hope and complacency are associated with passive coping which affect rehabilitation attitude/ treatment motivation negatively through denial of responsibility, emotional suppression and unrealistic optimism (Renner, 1990; Helm, 2009). Denial of responsibility and unrealistic optimism can lead to diminished testing of reality, personality destabilization, reactance and fierceness (Thomaes, 2007; Helm, 2011). Despite the length of time spent in institutionalization, inmates need a significant positive attitude as to benefit from
mediations targeting behavioral coping and adjustment during and after confinement (Enzmann, 2003).

McKeown (2016) explored the differences in male adult inmates with past suicidal behaviors on attachment scopes, hopelessness and coping skills as well as those without. 135 male prisoners aged between 18 to 61 years participated. The sentence means length was 29.31 months. Demographic Questionnaire, Beck Hopelessness Scale, Attachment Style Questionnaire and Coping Styles Questionnaire were used to collect data. 27.2% reported previous self-harm and 3.9% indicated recent self-harm tendencies, 25.2% reported having attempted suicide previously. A past of self-harm was associated with lower secure attachment levels, higher necessity for approval levels, obsessions with relationships, closeness discomfort, higher emotional coping levels and avoidance coping and higher hopelessness levels in both genders. Suicide-attempters indicated higher necessity for appreciation levels, discomfort with closeness as well as being preoccupied with relationships. The correlation between attachment styles, hopelessness, and coping skills was assessed using the Pearson correlation coefficient. A significant relationship which was positive was found between confidence and rational coping, need for approval and emotional coping, preoccupation, and emotional coping and discomfort and avoidance coping. Need for approval, hopelessness, preoccupation and discomfort relationships were not significant after regulating emotional coping. Thus, emotional coping interceded attachment styles and hopelessness relationships.

In an attempt to assess the link among living environments, time spends in the facility, treatment motivation and coping, Lotte (2014) studied 59 youth in a Dutch correctional facility. 59 adolescents were randomly selected whose mean age was 16.1 years and mean duration of confinement was 14.5 weeks. Respondents were interviewed and then completed a self-administered questionnaire. Motivation for treatment was assessed by the Readiness to Change Questionnaire. Utrechtse Coping List estimated coping styles. A significant correlation was found between treatment motivations with active coping. There was a negative relationship between open climate, repressive treatment and coping. A positive relationship was shown between time spend in the facility, open treatment
climate, and treatment motivation, as well as between active coping and inactive coping. A longer duration in confinement was associated with treatment motivation and coping. The study's limitation is that including only one facility and the small sample size can inhibit generalizing the findings. The small sample size cannot also allow multi-level analysis.

A comparative assessment aimed at comparing differences in self-efficacy, the motivation for treatment and coping styles in a population of 1,189 male and 300 female young offenders aged 18-55 was done by Jones (2006) in North Carolina. The Revised Ways of Coping Questionnaire was used to measure coping skills. The Change Assessment Scale measured treatment motivation. Manova was used to assess the variances between both genders in self-efficiency, motivation for treatment and coping. Both genders utilized problem-solving coping equally in stressful confinement situations. Women indicated greater acknowledgment of a problem, low self-efficacy in abstaining from high-risk circumstances and relying greatly on support seeking, escaping and accepting responsibility. Findings suggested that sex differences are important in considering assessment and treatment. Early interventions designed to aid increased treatment readiness and engagement in the course of rehabilitation may help men increase preservation and efficacy of treatment.

The quality of the living environment is a paramount factor for inner locus of control and motivation for treatment as suggested by recent research. There is an relationship between positive environment, a greater inner locus of control and more motivation for treatment (P. Van der Helm et al., 2009). This is also emphasized by (Harvey, 2005; Harju, 2000) who argue that an open living environment is an important aspect that affects rehabilitation attitude/ treatment motivation and coping. According to Folkman (1984), if one has control over the environment, active coping is facilitated. When one has no control, passive coping is more adaptive. An open living environment offers more control chances, therefore facilitating active coping. On the other hand, control is diminished by repressive environment, limiting active coping subsequently.
2.5 Theoretical framework

2.5.1 Agnew's General Strain Theory

This theory was developed in 1992 by Robert Agnew, evolving from Melton's strain theory. The core idea is negative perceptions and relationships with others whereby the individual feels/ is not treated as he or she wants to be treated, become upset and distressed then resulting to the desire of taking steps to deal with the experience/ coping, in other words, the three major strains associated with periods of confinement affect inmates negatively, triggering depression, anger and other negative emotions in turn activating coping mechanisms (Agnew, 1992). Three central components of this theory are a strain, negative emotions, and coping strategies. The three types of strains explained are: failing to achieve goals valued positively (one not getting what he or she wants), removing goals valued positively (one loosing something good), and the presence of negative stimuli (one experiencing something bad). This leads to an individual experiencing a range of emotions such as frustrations, depression, and anger. Due to this, various types of coping mechanisms (cognitive, behavioral, and emotional) are activated.

According to clear (1998) incarceration strains experienced leave some inmates with long-lasting bitterness towards the society as well as functions and organizations that are legitimate. The type of responses to strain is determined by many factors, i.e., strain's magnitude and the coping mechanisms options available to an individual (Agnew 2006). General strain theory offers a generally integrated framework of the existing models into a coherent paradigm for easier reconceptualization and understanding of inmates’ behaviors, perceptions, and adjustment. According to Sykes (1958), inmates experience many things upon incarceration due to the characteristics of the institution. Deprivations of liberty, autonomy, limited access to goods and services unlike before incarceration and relationship deprivations are all characteristics of the experiences inmates go through upon confinement.

They are triggered by these deprivations to adopt various coping strategies with the imprisonment experience, and ultimately develop varied beliefs, attitudes and subculture on the incarceration experience to subvert conformity (Agnew 1992; 2001; Monteiro, 2015). Importation model insists that behavior is rooted in individual's characteristics, life
experiences, customs and lifestyle prior to confinement. Deviance within confinement is thus an addition and reflection of standards, belief systems and character imported to incarceration from outside. The inmate’s social system is thus shaped by the imported factors leading to a new code (Cressey, 1962). The aspects outlined by the two models in response to reactions to confinement represent the three types of strains outlined in general strain theory (Monteiro, 2015; MacDonald, 1999; Sykes, 1958). General strain theory enhances these models further by adding the aspect of strain, negative emotions, and coping strategies. According to Goffman (1957), strain makes up a large part of an inmate’s identity as negative emotions are continuously triggered. Incarceration controls every feature of delinquent lives, strip them of their individualism, and create an atmosphere besieged by all strain types. This produces further strain and delinquency.

According to Agnew (2002), when one is confined, he or she is not capable of continued pursuit of valued goals (money, autonomy, and education) simply because of the nature of being incarcerated. The first strain type which is failure to achieve positively valued goals by inmates, focusing on an inmate’s ability or inability to deal with failures is witnessed in the most aspects of the confinement process (Blevins, 2010; Morris, 2012). Inmates ability or inability to deal with these failures is due to the link between ambition and prospect, relationship between expectations and definite accomplishment and the association between hope of just results, which create the tension brought on by failing to attain positively prized objectives (Agnew, 2001). Most inmates are blocked from achieving success through the justice system’s channels from the initial moment upon being confined (Ellwanger, 2007; Liska, 1987). Mostly, offenders are confined in various incarceration facilities due to the failure of achieving/ reaching certain valued goals.

Also, the incarceration period involves removal of something good in an inmate’s life i.e.; close friend doubled by restricted access to other people and inmates are unable to continue pursuing certain valued goals they were pursuing before confinement (Agnew, 2001; Mears, 2013). During confinement, inmates may come up with new goals; but, custody indicates that an inmate loses autonomy; thus achieving certain goal is based on s
on a variety of factors that could be beyond the inmate’s control. Strain comes when inmates make out that they cannot attain a goal or feel that the results of the goal will be unfair. Agnew (2002) posits that inmates likely to face such losses are more at risk of misconduct in attempts to avert the loss, recover or put back the failure, or search for vengeance against those accountable for the loss. Clearly inmates most of the things valued during the incarceration period (Mears, 2013).

The other strain type which is the presentation of negative stimuli leads inmates to develop negative emotions and attitudes in attempts to address, terminate or revenge against the stimuli sources. Some conditions in confinement facilities like victimization and overcrowding often push inmates to react. This leads to possible maladaptive behaviors and beliefs, if they are unable to articulate the challenges and if they are unable to develop accepting coping skills (Stevenson et. al., 1998). This then hinders their involvement and commitment in treatment and correctional intercessions. Scholarly work on this has shown a significant connection between the presentation of negative stimuli and negative outcomes in confinement (Bandura, 1973; Zillmann, 1979). Moreover, there is an relationship between institutional strains and custodial infractions, overcrowding, poor living conditions, victimization risks and maladaptive behaviour as well as increased likelihood of offending (Blevins, 2010; Mears, 2013). Also, institutional tendencies and violence foretell rearresting (Lattimore, 2004). According to Gendreau (1990); Gaes (2013), increased levels of negative stimuli found in confinement facilities pushes incarcerated individuals to react in attempts to address the stimuli. Armstrong (2000); Wooldredge (1999) also posits that juveniles who perceive confinement to be overwhelmingly negative with poor conditions have higher levels of anxiety and negative perceptions and beliefs.

Other researchers have applied general strain theory in confinement settings among confined young offenders (Listwan, 2010; 2011). Many leading viewpoints for understanding inmate actions in regard to importation, deprivations and coping fit within the general strain theory framework. For instance, Listwan (2011) evaluated how exposures to imprisonment tension have an effect on inmates going forward with recidivism as the major result variable. The study focused mostly on identifying
imprisonment strains such as perception of the prison environment, ill-treatment by other inmates and staff and losing autonomy, and determining the degree to which these strains have an effect on probability of reoffending.

2.5.2 The Coping Theory
Lazarus (1988) describes coping skills into two separate alignments. Emotion-focused way of coping happens when one trusts that nothing can change the problematic states they get into, and is geared toward interceding an individual’s feelings regarding the issue, instead of the external conditions that prompted the emotional reaction including strategies like acceptance, positive reframing and humor (Gould, 2012). Using humor is common because laughing as a coping strategy has indicated efficacy for adjusting undesirable emotional reactivity to incarceration stress (Maxwell, 2003; Young 1995). Problem–focused way of coping is seen as adaptive coping comprising active planning and being involved in a precise behaviour to subdue the strain causing problems (Lazarus, 1985). This skill involves problem definition, generation of alternative options bearing in mind the comparative costs as well as benefits. Advice seeking, devising strategies and action taking to make a condition enhanced is seen as coping on problem-focus (Gould, 2012). Also, positive reframing is associated with decreased emotional exhaustion, increase in personal accomplishment and depersonalization.

The Brief COPE scale is usually used to recognize coping skills engaged by inmates so as to deal with stress (Carver, 1997). Psychological impacts of institutionalization are different among different inmates. Proponents of the coping theory assess the different ways inmates adapt to the confinement environment. The coping theory focuses on connections between personal as well as environmental phases involved as confined prisoners adjust to incarceration. For instance, coping behaviours represents collaboration between the prisoner and the prison environment whereby the two inmates are facing similar long sentences in a similar facility. Both inmates experience similar settings categorized by limitations and deficiencies and both of them are faced with occasions beyond their control during incarceration. However, due to the inmates’ history, beliefs,
attributes and coping competences, one inmate infers lack of control due to personal insufficiency.

The other inmate infers this as continued mishandling by the other inmates and caregivers. The first inmate may go into depression, withdrawal and apathy and take on other inmates’ values and behaviour and be perceived by strangers as acting precipitately and haphazardly. The second inmate may develop anger, rebellion and resentment in an endeavor to repel the experienced control and cultivate much fragile connections to the prisons subculture. The way these two inmates handle their confinement periods also decides how the two are affected by the prison setting. One inmates copes with the strains of confinement through avoidance of all imminent feelings while the other inmate copes through seeking comfortable and safe behavioral position within incarceration. The behaviour that each inmate displays in turn has an emotional impact on how each one of them is perceived by inmates and caregivers making both of them have distinct subsequent treatments. This additionally affects the reactions and how the inmates assess their settings, with successive behaviour, and affecting each factor continuously (Porporino, 1988). Also, how the two perceive confinement length determines how each is affected by the setting, either through avoidance of all future thoughts or finding a comfortable orientation within the facility to cope with stress of long confinement.

All this affects how others see the two inmates, leading to different reactions based on each one of them and finally different treatment of the two by the rest of the peers in the confinement facilities. The emotional reactions of the two are then affected and they then behave in a way to appraise the environment (Porporino, 1988). Inmates’ conditions are very diverse from those in the society. By its nature, confinement needs that confines live separately from loved ones live together in crowds that cannot occur and be extremely controlled in their choices. Therefore, prison environment is unique, but one surrounded by variety of conventional human experience, so its impacts are as diverse as those of key life adjustment on different groups of inmates. Some inmates go into hopelessness and depression and other inmates feel contented, comfortable and even happy (Porporino, 1988).
2.6 Summary of Literature Review

The review looked at studies that focus on how inmates in confinement cope and adjust with the incarceration experience, as well as the various factors that are associated with how they take and perceive the institutionalization experience from global and African perspectives. The chapter was also analyzed by providing literature on the various aspects of the study as shown in the objectives. Sufficient literature was also provided regarding some of the aspects that are likely to affect the dependent variables, by controlling for them. This enabled the researcher to provide sufficient information regarding the situation being studied about.

In Kenya, various studies have been conducted on rehabilitation of juvenile delinquents. Mugure (2010) assessed the juvenile rehabilitation centers for children with behavior disorders by identifying the common disorders, establish the mechanisms of behavior change implemented to Children and developed the types of services offered on Children. Gachara (2011) assessed the factors associated with the effectiveness of rehabilitation schools. Particular attention was paid to parents' involvement and adolescents' perceptions towards recovery schools and recommend measures that can increase their effectiveness. Kinyua (2004) explored, identified, analyzed and compared the self-esteem of disadvantaged children in Government and NGO's rehabilitation Schools. The study also focused on testing the extent to which gender, age, a level of education and one's environment affect his/ her self-esteem during rehabilitation facilities.

A study by Njagu (1995) investigated some of the major factors influencing institutionalization of children in Nairobi, and effects of institutionalization. Kikuvi (2011) explored challenges and implications of counseling rehabilitated delinquent adolescents in Kenya. To the best of the researcher, currently, there exists minimal research on the relationship between institutionalization, attitudes towards rehabilitation and coping strategies among juvenile adolescents in Kenyan Rehabilitation schools. This, therefore, called for the need to discuss these variables, which was the basis of this study.
2.7 Conceptual framework

Below is a conceptual framework which is a model of presenting the relationships between the various study's variables showing the relationships diagrammatically.

![Conceptual Framework Diagram]

**Figure 1: Conceptual Framework**

Source: The Researcher, 2017
CHAPTER THREE
METHODOLOGY

3.0 Introduction
This section discussed the methodology subdivided into research design, site selection and description, the target population, study’s sample size, sampling procedure, research instruments, the instrument validity, instruments reliability, methods of data collection and data analysis.

3.1 Research design
So as to achieve the desired outcomes from the study, the researcher adopted a mixed method approach to conduct the research which enabled the collection, analysis and integration of quantitative and qualitative research. That way, the approach provided a better and extensive understanding of the research problem and the study’s variables. In other words, the approach enabled the researcher to gain deep and broad understanding of the relationships while counteracting the weaknesses likely if only qualitative or quantitative method was used.

3.2 Method
Correlational study method was used in this study so as to assess the statistical relationship between the study’s variables through collection of both quantitative and qualitative data. Quantitative data was gathered using close-ended questionnaires. Qualitative data was collected through focus group discussions with the adolescents and interview schedules with the caregivers. A pretest was conducted before the main study leading to modification of the questionnaire depending on the pretest outcome. The qualitative data inform of Focus Group Discussions and interviews helped fill the gap in the results from the questionnaires, and to study the relationships between the elements of age, gender, duration of stay and living environment, with attitudes levels and coping skills.
3.3 Location of the Study
The study was conducted in two government rehabilitation schools in Nairobi County. The location of the two rehabilitation schools was convenient, and both schools confine adolescents with similar characteristics which the researcher was interested in.

3.3.1 Kabete Boys Rehabilitation School
Formerly called Kabete Approved School, the rehabilitation school is located in Westlands constituency in Kabete areas. It caters for children needing protection and care, and those in conflict with the law. It admits young boys from Getathuru Reception, Classification and Assessment School. Its main aim is academic and vocational skills training, psychological, social rehabilitation and character formation to the inmates (Kabete, Annual report, 2012 / 2013). This centre is on the outskirts of Nairobi; 12 kilometers from Nairobi City along Lower Kabete Road; the only boys’ rehabilitation school in Nairobi County.

3.3.2 Dagoretti Girls Rehabilitation School
It is one of the two girls’ schools in Kenya, and the only girls’ rehabilitation school in Nairobi County located in Dagoretti area in Nairobi. Children are committed to the institution from Kirigiti Girls School, and are classified into those in need of protection, care, and offenders. The school’s main mandate is rehabilitating girls in conflict with the law (Dagoretti, Annual report, 2012/2013). The school is located in Nairobi County, about 30kilometres from Nairobi City.

3.4 Target Population
In Kenya, institutional facilities for children are categorized into children homes and public/ government owned rehabilitation schools. Rehabilitation schools are for normal children who are delinquent and confined for discipline and those who are victims of crimes and need care and protection. There are 11 rehabilitation facilities for delinquent adolescents in Nairobi. The study targeted 2 government rehabilitation schools in Nairobi County, one located in Kabete and the other one in Dagoretti. The target population comprised caregivers who are directly involved with the welfare of the adolescents during rehabilitation (welfare officers, vocational training instructors, and class teachers), and the adolescents. In total, 111 (60 boys and 51 girls) adolescents, 10 welfare officers,
8 class teachers and 5 vocational training instructors totaling to 134 in the two rehabilitation schools was targeted. From this, Kabete’s population consisted of 60 boys, 2 welfare officers, 2 teachers and 1 vocational instructor. Dagoretti’s population was made up of 51 girls, 2 welfare officers, 2 teachers and 1 vocational instructor. A group comprising adolescents who had been confined for a shorter time period (less than a year) was selected for comparison with adolescents who had been institutionalized for more than one year as another group. The rationale for having the groups was to make it possible to consider institutionalization as a variable in this study by including institutionalized children confined for a short period. If the sample contained only adolescents institutionalized for long periods of time, institutionalization would remain a constant and not a variable. Also, the use of the group further enhanced the study’s findings and validity because the groups share similar characteristics. With the two groups, it was possible to do the comparisons and to see the actual differences between those adolescents who had been in the rehabilitation schools for short durations and those who had been there for longer periods despite sharing the same broad characteristics.

3.5 Sample Size
The sample size was 4 welfare officers (2 from each school) 4 teachers (2 from each school), 2 vocational training instructors (1 from each school) and all the adolescents (111). In Kabete, 10 caregivers and 60 boys participated and 10 caregivers and 51 girls from Dagoretti took part in the study as well. This sample size was sufficient to give a true reflection of the variables being studied. Also, focus group discussions of 10 participants from the two rehabilitation schools were carried out. There was one focus group discussion in each facility comprising of the adolescents. 10 Interviews were conducted with the adolescents’ caregivers from the two schools. A total of 121 respondents constituted the sample size.

3.6 Sampling Procedure
Non- Probability (purposive) sampling procedure was used in choosing the rehabilitation schools due to their proximity to Nairobi County and they both confine adolescents with similar characteristics. Non- Probability (purposive) sampling technique was used in
selecting participants in Key Informant Interviews-KII and Focus Group Discussions-FGDs. For the caregivers interviewed, purposive selection was based on how long they had worked in the facilities and their direct contact and involvement in rehabilitating the adolescents. Adolescent participants were grouped according to those who had been in the facilities for one year or less and those who had been there for more than one year. Those selected from each group were also be categorized as per their age and gender. A total sample size of 111 adolescents filled the questionnaires and that was sufficient to give quantitative information on attitudes and coping skills among adolescents. Focus group discussions of ten members per group and interviews with caregivers also provided the needed qualitative information on the variables under study.

Table 1: Target population and sample size

<table>
<thead>
<tr>
<th>Rehabilitation School</th>
<th>Target Population</th>
<th>Total</th>
<th>Estimated Sample Size</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adolescents</td>
<td>Welfare Officers</td>
<td>Vocational Training Instructors</td>
<td>Teachers</td>
</tr>
<tr>
<td>Kabete</td>
<td>60</td>
<td>6</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Dagoretti</td>
<td>51</td>
<td>4</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>111</td>
<td>10</td>
<td>5</td>
<td>8</td>
</tr>
</tbody>
</table>

Source: Author, 2017

3.7 Research instruments

Three types of tools were used by the researcher to collect the required data.

3.7.1 Interview schedule:

The interview schedule was developed by the researcher guided by the aspects of the dependent variables being examined and used by in conducting interviews by engaging the selected caregivers while filling interview transcripts.

3.7.2 Focus Group Discussion Guide consisted of short structured questionnaire with short and simple questions to guide the discussions with two groups- one with boys and one with girls.

3.7.3 Close ended Questionnaire:
A Likert ordered close ended questionnaire was administered to the adolescents. It was kept simple to encourage participation. The questionnaire was separated into two sections. The first section captured demographic information of age, gender, duration of stay in the institution, and living environment was measured by the use of the Essen Climate Evaluation Schema-EssenCES.

EssenCES scale was developed by Schalast (2008). Validation research indicates that the scale has three sub-scales- Therapeutic hold which is the views of the degree to which the environment supports rehabilitation and beneficial outcome, cohesion and shared support, which assesses if shared support classically seen as distinctive of rehabilitation exists, and witnessed safety in terms of tension and perceptions of hostility and violent behavior (Howells 2009; Schalast, 2008). The scale has been adapted to use in confinement environments. For instance, the scale was used by Schalast (2008) to relate the perceived living environment in treatment and general units of five prisons in Germany. Also, a preliminary authentication of the scale was done in in Australia by Day (2011) in a research with 144 inmates from two confinement facilities. The instrument consists of 17 items and 3 scopes assessed by means of: hold &support, inmates' solidarity and joint support as well as experienced security. Respondents indicate their agreement levels with the statement with a scale of 1-5 (1 agree not at all) and 5 (I agree very much). Higher scores on the main scale indicate a further positive social environment (EssenCES; www.forensikessen.de). The scale's validity is reported to be strong according to Schalast (2008), with the inner reliability vacillating from Cronbach's α=.73 to .87 for forensic inmates. The same is noted in a prisoners' setting by Day (2011) with Cronbach's α=.84 on the total scale, .86, .74 and .72 for confines social harmony and shared care, hold and backing and witnessed protection. Several studies the item regarding Cronbach's α, across the studies were 0.82, 0.77 and 0.81 for the three subscales (Schalast, 2008).

The Correction Victoria Treatment Readiness Questionnaire was devised by Casey (2007) with 20 items which are self-reports showing methods of rehabilitation readiness. Item reactions are on a scale of 1- 5 and scores are between 20-100. High scores show high treatment readiness levels and a recommendation 72 score cut off to indicate that one is prepared for treatment. The scales scores are used to measure treatment readiness and improve mediations approachable to the requirements of people with low readiness.
The item is good to administer to people with inadequate training especially young offenders in rehabilitation (Day, 2010). The CVTRQ thus is an appropriate measure amongst adolescent offenders (Casey, 2007; Ward, 2004). The subscales are attitudes and motivation with six items (measuring ones outlooks and opinions regarding programmes as well as the longing to adjust, for instance, "rehabilitation programmes are hogwash" and "I need to adjust. Emotional Reactions has 6 items (the emotional responses to the individual's wrong behavior, e.g. "when I reflect about my last offense I feel annoyed with myself" and "I feel remorseful regarding my offending"). Offending beliefs has four items (ones opinions about individual accountability for offending conduct, e.g. "I am guilty for my mistakes" and "when I reflect on my confinement, I feel angry with others"). Finally, efficacy has 4 articles (one’s superficial skill to take part in rehabilitation programmes, e.g., I am very organized). Centered on a setting of imprisoned male delinquents, total coefficient of .83 for the scale was found (Casey, 2007; Kline, 2014; Nunnally, 1978). The main three subscales of outlooks and inspiration showed ($\alpha = .84$), emotional responses ($\alpha = .79$) and criminal opinions ($\alpha = .73$). Another study by Day (2011) established an overall alpha coefficient of .74 for the scale. In conclusion, the sum of the subscales show ($\alpha = .9$) (Strugress, 2016).

The Brief Coping Orientation for Problems Experienced (COPE) assesses variety of coping responses. It is a shortened style of the COPE scale, established by Carver (1997). Founded on Folkman’s (1984) coping concepts, it contains 28 items making up 14 subscales (each subscale has 2items). Each sub-item assesses diverse coping skills, all graded from 1-4. A high score represents great utilization of coping skills used by respondents. Previous tests of the scale in similar populations as the current study showed that most of the sub-scales had fair internal consistencies (Carver (1997; Krägeloh, 2011). According to Nunnally (1978), all the subscales meet or exceed the minimum accepted reliability levels. The tool’s test among women undergoing treatment by Yussof (2010) showed fairly good reliability and validity. Its validation conducted by among People Living with Hiv/Aids showed a good fit of the scale ranging from Cronbach's alphas ranging from .61 to .80. Suxy (2015) also reported a good consistency and reliability. The scale was
specially designated for the research as a result of its applicable theoretical grounds and use with young inmates in confinement, as emphasized by Negy (1997). The scale’s counting system involves distributing the diverse items into 14 dissimilar coping skills (self-distraction, substance use, active coping, using instrumental support, denial, behavioral disengagement, using emotional support, venting, acceptance, positive reframing, planning, self-blame, religion and humor (Carver, 1997). There is no total score on the scale since the values endorsed to the objects in each coping skill are summed up together to decide their regularity of use.

### 3.8 Data Collection Procedures

All items in the research instruments were reviewed against the study's objectives and variables to ascertain their accuracy by seeking the guidance and expertise of the researcher's supervisor. To observe cultural sensitivities, a female research assistant conducted FGDs, questionnaires and interviews with female respondents while a male research assistant involved male respondents in conducting questionnaires, interviews and FGDs. Continuous note taking took place was done by a trained note taker who was seated with the respondents during FGDs throughout the discussions. This provided a way of recording accurate, unspoken and valuable aspects of the discussions. The study was based on both quantitative and qualitative methods. The structured questionnaire was used for the qualitative survey to elicit information related to the study’s objectives. The questionnaire was borrowed from the authors and modified following pretest conducted before the main study. All the adolescents used the same questionnaire to give information. KIIIs conducted with staff were meant to capture their views during rehabilitating adolescents. FGDs were conducted with the adolescents so as to get their different opinions about on perceptions, readiness and willingness to undergo the activities in the rehabilitation schools and how they reacted to stresses and pressure during their stay in the two facilities. Questionnaires were given to the adolescents in the rehabilitation schools for filling and returning on the same day. Face to face interview guided by the schedule while making interview scripts were done with the caregivers. Interviewer-administered questionnaires were employed to participants without a good understanding of English.
3.9 Pilot Study

The study’s quantitative instruments were piloted before the main study to test the borrowed and modified research instruments. It was done to 4 caregivers and 15 children from a different rehabilitation school. This helped to test the reliability and validity of the research instruments and gave pointers on how to improve their effectiveness. Also, strengths and difficulties in the questionnaires were enhanced by identifying ambiguous or unclear items and making them simpler, so as to fit the local scenario and make it easier for the respondents to understand. During the pilot exercise, questions which were ambiguous and had difficult terminologies were revised and simplified so as to ensure that the questions were easy to understand to the respondents.

Climate Evaluation Schema (EssenCES) had an internal consistency of 0.84 on the total scale, and a coefficient of 0.86, 0.74 and 0.72 for the three subscales in a study by Schalast, (2008). The Corrections Victoria Treatment Readiness Questionnaire (CVTRQ) had a total alpha coefficient of .83 in a study by Casey (2007); Kline (2014); Nunnally (1978). Most sub-scales of the Brief COPE had a good internal consistency and the subscales met or exceeded the minimum accepted reliability levels in a study by Carver, 1997; Krägeloh, 2011). Also, a validation of the brief COPE done by Nunnally (1978) showed a good fit of the scale with Cronbach’s alphas of .80.

The piloting involved the three scales for collecting quantitative data from the adolescents; the scales were validated for their internal consistency. In this study, the EssenCES Questionnaire evaluated the living conditions of the facilities. Calculations for Cronbach’s Alpha coefficient and corrected Item-Total Correlations were done to examine the internal validity of the three subscales. Cronbach alpha scores were ≥0.824 while scores for the item-total correlations were ≥.20, as recommended by Helmstadter, (1964). These indicated a meaningful underlying scale and significant item contribution to the scale, respectively. The three subscales of the Corrections Victoria Treatment Readiness Questionnaire used to assess attitudes towards rehabilitation scale attained the scores required to make the scale fit for an environment dealing with juvenile offenders, according to the findings, Cronbach’s Alpha of 0.835 indicating great internal
consistency. The Brief COPE scale assessing coping skills had 28 scored items and 14 sub-scales of two items each. The general Cronbach’s Alpha for the total scale was 0.776.

3.10 Data Analysis

The researcher was responsible for data entry as well as transforming the raw data into the form for analysis using SPSS version 22. Distribution frequencies, central tendency and dispersion were used to describe the sample. Inferential statistics was similarly be used to infer the sample results to the population. Due to the categorical nature of the independent and dependent variables (duration of institutionalization, attitudes towards rehabilitation and coping strategies), non-parametric measure (2-way chi-square test of independence) was used to assess the relationship between these variables. Cramer V was used to measure the relationship’s strength for the two relationships. The third relationship was assessed using Spearman Rho’s correlation due to their nature of being categorical dependent variables. Bivariate correlation (r)/ Correlation coefficient were used to measure strength of relationship between the dependent variables. Also, chi square were all used to determine if there was significant relationship between the various confounding variables, attitudes towards rehabilitation and psychological coping strategies across the various attributes of the independent variable, while Cramer V assessed the strengths of the relationships. The EssenCES scale’s three subscales with five items each were scored on a 0 (‘I do not agree at all’) to 4 (‘I agree very much’) response design. Responses were summed to yield the three sub-scale scores, and then totaled to yield a total score. Higher scores indicated a more positive living environment, thus the categorization of the respondent’s view of the environment in the rehabilitation schools as negative/unconducive, neutral or positive/ conducive for their rehabilitation, based on how the respondents scored. For the CVTRQ scale, responses were prepared on a 1 (Strongly disagree) to 5 (Strongly agree) gauge. Item answers were added together to yield the scores of the four sub-scale. The sub-scales scores were then summed to produce the total score. Upper scores reflected more positive attitudes, belief and better enthusiasm to go through rehabilitation. Therefore, the respondents ‘scores in the scales ranked them into having low level/negative rehabilitation attitudes, neutral/medium rehabilitation attitudes or high level/positive attitudes towards rehabilitation. For the
Brief COPE, the researcher ranked items on a likert scale of 4. Each item from the 14 scales had 2 items. Total scores for each scale were between 2 (minimum) to 8 (maximum). More scores indicated maximum/higher/better utilization of that particular coping skill, and thus the categorization of the utilization of the coping skills into low/minimum, medium, high/maximum guided by the respondents’ scores. Total scores on each scale were calculated through summation of the suitable items for each scale. Qualitative data derived from the interviews and FGDs was manually recorded, and data analyzed thematically through narrations. The manually recorded information was coded to refine the coding frames and form the final coding framework. The framework was then reviewed to identify the major themes, subthemes and sequences as well as the relationships between them. Quotes and narrations were recorded and used to illustrate and present the themes.

3.11 Ethical Obligations

The researcher acquired authorization to carry out the study from University Of Nairobi’s Psychology Department by means of an authorization letter. The researcher also sought research permit from National Council of Science and Technology and Innovation. Permission from the director of department of children’s services was also sought. The researcher also sought authorization from the county’s education and commissioners’ offices, and finally authorization from the managers of the two rehabilitation schools. Respondents were informed that participation was voluntary, and that privacy would be upheld. Consent was also sought from respondents, guaranteeing voluntary participation.
4.0 Introduction

In this chapter the researcher presented data on variables of the study, being the adolescents’ age, gender, duration of institutionalization and the social climate within the facilities which was rated as negative, neutral and positive social climate/ living environment. The relationship between these variables with attitudes towards rehabilitation and coping skills used by the adolescents from Kabete and Dagoretti Rehabilitation schools was also assessed. Attitudes was categorized into negative, neutral and positive attitudes towards rehabilitation, while coping skills was ranked as low, medium and high utilization of coping skills. Also, aspects that came out strongly from the interviews and focus group discussions were presented. The study covered 111 respondents who filled in multiple choice questionnaires, ten key informant interviews and two focus group discussions. Both descriptive and inferential statistical analysis was presented in 3 major sections. The first section presented the demographic data obtained from the participants. The second section presented tests done under the three objectives of this study. Under each objective, measures of central tendency, chi-square tests results and hypothesis test results were presented. The last section presented test results on relationships among the three intervening variables.

4.1 Respondent Social Demographic Characteristics

A total of 111 respondents finished the questionnaire. Three respondents did not participate in the study as they were away during the time of data collection.

4.1.1 Duration of Institutionalization

Participants were categorized into two groups consisting of adolescents confined for less than one year and adolescents confined for more than one year.
Table 2: Distribution of respondents according to the duration of institutionalization

<table>
<thead>
<tr>
<th>Duration of institutionalization</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year or less</td>
<td>45 (0.41)</td>
<td>40.5</td>
</tr>
<tr>
<td>1 Year and more</td>
<td>66 (0.59)</td>
<td>59.5</td>
</tr>
<tr>
<td>Total</td>
<td>111</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Mean(SD)= 2.37; 0.83

Source: The Researcher, 2018

Majority of the adolescents (59.5% (n=66) had stayed in the facilities for more than one year and 40.5% (n=45) had been institutionalized for less than one year. The mean for duration of institutionalization was 2.37±0.83.

4.1.2. Respondents Age

The adolescents were categorized into four groups according to their ages. Those in the 11-12 years age bracket were classified as the youngest while those aged between 17-18 years were referred to the oldest.

Table 3: Distribution of Respondents According to Age Groups

<table>
<thead>
<tr>
<th>Age (Years)</th>
<th>Frequency (mean)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-12 years</td>
<td>5 (0.05)</td>
<td>4.5</td>
</tr>
<tr>
<td>13-14 years</td>
<td>39 (0.35)</td>
<td>35.2</td>
</tr>
<tr>
<td>15-16 years</td>
<td>52 (0.47)</td>
<td>46.8</td>
</tr>
<tr>
<td>17-18 years</td>
<td>15 (0.14)</td>
<td>13.5</td>
</tr>
<tr>
<td>Total</td>
<td>111</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Mean(SD)= 14.96; 1.44; Median (IQR=15.0; 14, 16); Range=11,18

Source: The Researcher, 2018

Most of the adolescents (46.8%) fell in the 15-16 age brackets. The mean age of the respondents was 14.96±1.44 and median (IQR) of 15.0(14, 16). In other words, majority of the juvenile adolescents in the two rehabilitation schools were 15 years old.

4.1.3 Respondents Gender

Of the 111 adolescents, boys comprised 54.1% (n=60) and girls comprised 45.9% (n=51). Focusing at the result from a gendered perspective, there were more boys confined for various reasons in rehabilitation than girls.
Table 4: Distribution of Respondents according to Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Freq. (mean)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>60 (0.54)</td>
<td>54.1</td>
</tr>
<tr>
<td>Female</td>
<td>51(0.46)</td>
<td>45.9</td>
</tr>
<tr>
<td>Total</td>
<td>111</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Mean(SD)= 1.47; 0.71

Source: The Researcher, 2018

4.1.4. The Living Environment

Majority (47.8%) of the adolescents reported/ neutral perceptions regarding the living environment in the facilities. 19.8% adolescents reported experiencing negative living environment and 32.4% adolescents reported the living environment as positive/conducive.

Table 5: Distribution of the Living Environment in the Rehabilitation Schools

<table>
<thead>
<tr>
<th>Living conditions/ environment</th>
<th>F</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative living environment (32-49)</td>
<td>22 (0.19)</td>
<td>19.8</td>
</tr>
<tr>
<td>Neutral living environment (50-60)</td>
<td>53(0.48)</td>
<td>47.8</td>
</tr>
<tr>
<td>Positive living environment (61-75)</td>
<td>36(0.32)</td>
<td>32.4</td>
</tr>
<tr>
<td>Total</td>
<td>111</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Mean (SD)= 56.69 (8.81); Median(IQR) of 56(51, 63), Range=32-75

Source: The Researcher, 2018

EssenCES-the scale used to assess the living environment has 15 scored items and three subscales: Adolescents/confines communal unity and shared assistance, hold and support among inmates and caregivers and witnessed safety in the facilities.

Figure 2: Overall living environment of the facilities as perceived/ experienced by the confines in the rehabilitation schools

Source: The Researcher, 2018
No respondent scored the lowest score of 20 since the least had 32 and only a few respondents attained the recommended cut off score of 72 and above.

The CVTRQ scale for assessing the attitudes towards rehabilitation had four sub-scales: Attitudes& motivation, emotional reactions, offending beliefs as well as efficacy. The three subscales attained scores required to make the scale fit for an environment dealing with juvenile offenders, according to Casey et al., (2007). The scale’s Cronbach’s Alpha was 0.835, indicative of a high internal consistency of the subscales and the total scale. The lower score was 1 point lower than the recommended cut off of 20 and the highest score was significantly higher than the recommended cutoff of 72. Only one respondent scored lower than the recommended minimum score, while 38 respondents scored above the recommended cut off point.

<table>
<thead>
<tr>
<th>Subscales</th>
<th>Frequency</th>
<th>Mean(SD)</th>
<th>Range</th>
<th>Median(IQR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude and motivation</td>
<td>N=111</td>
<td>19.6(6.00)</td>
<td>5-30</td>
<td>50(16,25)</td>
</tr>
<tr>
<td>Emotional reactions</td>
<td></td>
<td>19.60(6.0)</td>
<td>5-30</td>
<td>20(16,25)</td>
</tr>
<tr>
<td>Offending beliefs</td>
<td></td>
<td>12.37(4.13)</td>
<td>4-20</td>
<td>12(9,16)</td>
</tr>
<tr>
<td>Efficacy</td>
<td></td>
<td>13.41(3.44)</td>
<td>4-20</td>
<td>13(12,16)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td><strong>65.59(14.50)</strong></td>
<td><strong>19-98</strong></td>
<td><strong>65(59,75)</strong></td>
</tr>
</tbody>
</table>

Cronbach's Alpha=0.835

Source: The Researcher, 2018

Results in table 6 above showed that majority of the adolescents had medium level of (neutral) rehabilitation attitudes with scores ranging between 50 and 71, while 8.1% adolescents indicated having developed low level attitudes towards rehabilitation with scores below 50.

Therefore, 34.2% adolescents attained the scores required for one to be able to benefit from rehabilitation programmes based on their readiness, motivation, beliefs, emotional reactions and efficacy according to Day et al., (2010).
Figure 3: Distribution of Adolescents three levels of attitudes towards rehabilitation

Source: The Researcher, 2018

Only 34.2% adolescents attained the scores required for one to be able to benefit from rehabilitation programmes based on their readiness, motivation, beliefs, emotional reactions and efficacy according to Day et al., (2010).

The researcher further sought to find out the correlation of the study’s variables as well as the strengths of the correlations.

4.2 The Relationship between duration of institutionalization and respondents attitudes towards Rehabilitation

The relationship between the two variables was assessed by computing measures of central tendency and comparing the means of the participants with different levels of attitudes, observing the roles of the confounding variables on that relationship and hypothesis testing on the relationship.
Table 7: Cross tabulation between Duration of institutionalization and Attitudes towards rehabilitation.

<table>
<thead>
<tr>
<th>Duration in institutionalization</th>
<th>Attitudes Towards Rehabilitation</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>strongly disagree</td>
<td>Disagree</td>
</tr>
<tr>
<td>More than a year</td>
<td>Count</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>% within duration</td>
<td>6.1%</td>
</tr>
<tr>
<td></td>
<td>% within Attitudes Towards Rehabilitation</td>
<td>100.0%</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>3.6%</td>
</tr>
<tr>
<td>Total</td>
<td>Count</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>% within duration</td>
<td>3.6%</td>
</tr>
<tr>
<td></td>
<td>% within Attitudes Towards Rehabilitation</td>
<td>100.0%</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

Source: The Researcher, 2018

As revealed in table 7 above, those who had been confined for less than one year had the majority with neutral attitudes, followed by positive attitudes and only a few had negative rehabilitation attitudes. This could be attributed to having a conducive environment after incarceration thus scoring high on neutral and positive attitudes. Those confined for more than one year had the least number with negative attitudes, while the majority had neutral attitudes.

A chi-square test was carried out to test the relationship between duration of institutionalization of the adolescents in rehabilitation schools and their attitudes towards rehabilitation.
The test results as shown in table 8 indicated by the Pearson chi-square recorded a significant relationship between duration of institutionalization and attitudes towards rehabilitation, $\chi^2 = 15.255$, df=4, $p = 0.022$. The Likelihood ratio test was posited as $\Lambda=17.395$, df=4, $p=0.016$ confirming the strong relationship between the two variables.

Values of the Cramer’s V test, $\Phi^2=0.418$, $p=0.22$, further confirmed the strength of this relationship. This was in line with several studies reviewed (Anderson, 2004; Casey, S., Day, A., & Reynolds, J., 2016; Graham et al., 1999; Haney, 2003; Lader et al., 1998; Nurse et al., 2003; Zamble & Porporino, 1988) whose findings showed that durations of confinement are related with the attitudes developed by inmates in confinement.

Further cross- tabulations were made between the variables and the possible confounders.

The relationship between age and attitudes towards rehabilitation

<table>
<thead>
<tr>
<th>Duration</th>
<th>Age</th>
<th>Count</th>
<th>% of Total</th>
<th>Attitudes Towards Rehabilitation</th>
</tr>
</thead>
</table>
| Less than a year | 11-12 | 2 | 4.4% | 0 strongly disagree | 0 disagree | 2 neutral | 2 strongly agree | Total 4.4%
| | 13-14 | 19 | 42.2% | 1 strongly disagree | 13 disagree | 5 neutral | 19 strongly agree | Total 42.2%
| | 15-16 | 19 | 42.2% | 0 strongly disagree | 14 disagree | 5 neutral | 19 strongly agree | Total 42.2%
| | 17-18 | 5 | 42.2% | 1 strongly disagree | 4 disagree | 0 neutral | 5 strongly agree | Total 42.2%

Table 9: Cross tabulation between age and attitudes towards rehabilitation
Table 9 above show cross tabulations between age and attitude towards rehabilitation among adolescents in rehabilitation schools. From the results, most of the respondents were aged between 15 and 16 years of age and they were mainly neutral about their attitudes towards rehabilitation.

Source: The Researcher, 2018
For age 11-12 years, those confined for more than one year had similar scores on negative, neutral and positive attitudes compared to 0% who had stayed for less than a year. In other words, in this age group, those confined for less than one year all had positive attitudes.

In 13-14 years age group, 8% of the adolescents that had stayed in institutions for more than a year had negative attitudes towards rehabilitation compared to 3% who had stayed for less than a year. Majority of those confined for less than one year had neutral attitudes similar to those confined for more than one year. Those confined for more than one year scored higher on negative and positive attitudes than those confined for more than one year, while those confined for less than a year scored highest on neutral attitudes among the two groups.

Adolescents aged 15-16 years had 6% of those who had stayed in an institution for more than a year with negative attitudes towards rehabilitation compared to 0% who had stayed for less than a year. Confines who had been incarcerated for less than one year showed majority with neutral then positives and none with negative attitudes. Those who had stayed in the facilities for more than one year reported majority with neutral then positive attitudes towards rehabilitation.

For ages 17-18 years, 7% of adolescents who had stayed in the institution for more than a year as well as those who had stayed there for less than a year had negative attitudes towards rehabilitation similar. None of those confined for less than one year had positive attitudes and majority of those confined for more than one year had neutral attitudes towards rehabilitation.

Neutral attitudes dominated for all the groups confined for less than one year as well as those confined for more than a year. The 11-12 age group confined for more than one year had similar scores on negative, neutral and positive rehabilitation attitudes. Also, this age group indicated all those confined for less than a year with neutral attitudes. The 17-18 age groups had the majority confined for more than a year developing positive attitudes, possible attributed to realization of their transition to adulthood thus the need to benefit fully from rehabilitation and avoid transitioning to prison after attaining 18 years.
A chi-square test was carried out between age of adolescents in rehabilitation schools and attitude towards rehabilitation.

Table 10: Chi-Square tests of age and attitudes

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>25.293</td>
<td>12</td>
<td>.026</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>24.562</td>
<td>12</td>
<td>.036</td>
</tr>
<tr>
<td>Linear-by-Linear Relationship</td>
<td>.319</td>
<td>1</td>
<td>.042</td>
</tr>
<tr>
<td>N of Valid Cases</td>
<td>111</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. 15 cells (75.0%) have expected count less than 5. The minimum expected count is .09.

Source: The Researcher, 2018

The test results, as indicated by the Pearson chi-square in table 10 above revealed that there was a significant relationship between age and attitudes towards rehabilitation of the adolescents, $\chi^2 = 25.293$, df=12, $p = 0.026$. The Likelihood ratio test recorded $\Lambda = 24.562$, df=12, $p=0.036$. Cramer’s V test of the strength of relationship between age and attitudes towards rehabilitation showed that the relationship was fairly strong, with a $\Phi^2 = 0.214$, $p=0.226$.

The relationship between gender and attitudes towards rehabilitation

Table 11 below shows the cross-tabulations between duration of institutionalization and the adolescents attitudes towards rehabilitation based on gender. From the results, for both males and females, most adolescents had stayed at the institutions for more than one year. Additionally, majority of the adolescents had neutral attitudes towards rehabilitation regardless the gender and duration of institutionalization at the rehabilitation schools. Only a small number of boys and girls had negative attitudes; 2(4.4%) for those confined for less than one year and 8(12%). Most of the adolescents with 22 (33.3%) positive attitudes had been confined for more than one year compared to 12(26.6%) who had stayed for less than a year.

Table 11: Cross tabulation between gender and attitudes towards rehabilitation

<table>
<thead>
<tr>
<th>Duration Less than a</th>
<th>Gender</th>
<th>Male</th>
<th>Count</th>
<th>Strongly disagree</th>
<th>disagree</th>
<th>neutral</th>
<th>agree</th>
<th>strongly agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>% of Total</td>
<td>2.2%</td>
<td>31.1%</td>
<td>13.3%</td>
<td></td>
<td>46.7%</td>
<td></td>
</tr>
</tbody>
</table>
Additionally, majority of the adolescents who had stayed at the institutions for less than a year and also more than a year had a neutral attitude towards rehabilitation. Most adolescents with negative and positive attitudes had been confined for more than one year compared to those who had stayed for less than a year. None of the boys who had been confined for less than a year had negative attitudes, while girls confined for less than a year had only 2% of them with negative attitudes.

A chi-square test was carried out between the adolescents’ gender and attitudes towards rehabilitation.

**Table 12: Chi-Square tests of gender and attitudes towards rehabilitation**

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>14.314a</td>
<td>4</td>
<td>.035</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>15.125</td>
<td>4</td>
<td>.205</td>
</tr>
<tr>
<td>Linear-by-Linear Relationship</td>
<td>.055</td>
<td>1</td>
<td>.814</td>
</tr>
</tbody>
</table>

N of Valid Cases: 111

a. 6 cells (60.0%) have expected count less than 5. The minimum expected count is .92.

The test results, as indicated by the Pearson chi-square in table 12 above, confirmed that there was a significant relationship between gender and attitudes towards rehabilitation.
among the adolescents, $\chi^2 = 14.314$, df=12, p = 0.035. Cramer’s V test of the strength of the relationship between gender and attitudes towards rehabilitation showed $\Phi_2 = 0.197$, p=0.35; indicating a strong relationship between the two variables.

The relationship between the living environment and attitudes towards rehabilitation
The results in table 13 below show cross tabulations between living environment and attitudes towards rehabilitation revealed that most adolescents perceived/ agreed the living environment was good and most of them had neutral attitudes towards rehabilitation, and there was no adolescent who perceived the environment as negative regardless of how long they had been confined.

Table 13: Cross tabulation between the living environment and attitudes towards rehabilitation among adolescents

<table>
<thead>
<tr>
<th>Duration</th>
<th>Living Environment</th>
<th>Attitudes Towards Rehabilitation</th>
<th>Count</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>strongly disagree</td>
<td>Disagree</td>
<td>neutral</td>
</tr>
<tr>
<td>Less than a year</td>
<td>Neutral</td>
<td>0</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>I agree</td>
<td>0</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>I agree very much</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>0</td>
<td>2</td>
<td>31</td>
</tr>
<tr>
<td>More than a year</td>
<td>I do not agree</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Neutral</td>
<td>0</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>I agree</td>
<td>2</td>
<td>2</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>I agree very much</td>
<td>3.0%</td>
<td>3.0%</td>
<td>39.4%</td>
</tr>
</tbody>
</table>

60
<table>
<thead>
<tr>
<th></th>
<th>% of Total</th>
<th>3.0%</th>
<th>.0%</th>
<th>6.1%</th>
<th>3.0%</th>
<th>15.2%</th>
<th>100.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>Count</td>
<td>4</td>
<td>4</td>
<td>36</td>
<td>20</td>
<td>2</td>
<td>66</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>6.1%</td>
<td>6.1%</td>
<td>54.5%</td>
<td>30.3%</td>
<td>3.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total</td>
<td>I do not agree</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>.0%</td>
<td>.0%</td>
<td>.0%</td>
<td>.9%</td>
<td>.0%</td>
<td>.9%</td>
</tr>
<tr>
<td>Neutral</td>
<td>Count</td>
<td>0</td>
<td>4</td>
<td>17</td>
<td>9</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>.0%</td>
<td>3.6%</td>
<td>15.3%</td>
<td>8.1%</td>
<td>.0%</td>
<td>27.0%</td>
</tr>
<tr>
<td>I agree</td>
<td>Count</td>
<td>2</td>
<td>2</td>
<td>43</td>
<td>19</td>
<td>0</td>
<td>66</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>1.8%</td>
<td>1.8%</td>
<td>38.7%</td>
<td>17.1%</td>
<td>.0%</td>
<td>59.5%</td>
</tr>
<tr>
<td>I agree very much</td>
<td>Count</td>
<td>2</td>
<td>0</td>
<td>7</td>
<td>3</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>1.8%</td>
<td>.0%</td>
<td>6.3%</td>
<td>2.7%</td>
<td>1.8%</td>
<td>12.6%</td>
</tr>
<tr>
<td>Total</td>
<td>Count</td>
<td>4</td>
<td>6</td>
<td>67</td>
<td>32</td>
<td>2</td>
<td>111</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>3.6%</td>
<td>5.4%</td>
<td>60.4%</td>
<td>28.8%</td>
<td>1.8%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Source: The Researcher, 2018

4% of adolescents who had been confined for less than a year and reported the living environment as negative had negative attitudes towards rehabilitation, as compared to 7% who had positive attitudes towards attitudes. In comparison to those who had been confined for more than one year, only 2% who perceived the living environment as negative had negative attitudes towards rehabilitation.

38% of the adolescents confined for less than one year with neutral perceptions about the living environment had neutral attitudes while 18% in this category had positive rehabilitation attitudes. Comparing this group with the group of adolescents confined for more than one year with neutral perceptions of the living environment showed that adolescents with neutral and positive rehabilitation attitudes scored the same, with 9%.

In assessing adolescents confined for less than one year who reported that the living environment was good, 7% of them had neutral attitudes as compared to 2% with positive attitudes. In comparison to the adolescents who reported the environment as good and had been confined for more than one year, 9% of the adolescents in this category had negative attitudes, 45% were the majority with neutral attitudes and 23% had positive attitudes towards rehabilitation.
Therefore, in comparison to those confined for more than one year, those confined for less than one year scored highest in neutral, positive and negative attitudes. No adolescent confined for more than one year with negative perception about the living environment had neutral or positive attitudes. Also, no adolescent in both categories of duration with neutral living environment perception had negative attitudes, and also no adolescent confined for more than one year with neutral living environment perception had positive attitudes. Those confined for less than a year in this category scored highest in neutral attitudes than those confined for more than one year. However, the last category of those seeing the living environment as positive indicated that those confined for more than one year scored highest in neutral and positive attitudes, while no adolescent confined for less than one year in this category had negative attitudes.

Perception of the social climate negatively lead to developing negative attitudes towards rehabilitation, while a positive perception about the social climate was positively associated with attitudes towards rehabilitation. Harding (2014) argues that rehabilitation initiatives must have good results in inmates due to a positive living environment perceived as safe and empowering to enhance any therapeutic progress in rehabilitating young offenders. Also, the social climate should be placed in such a way that its favorable to the confines, so that they have good perceptions, and as a result influence them to perceive rehabilitation positively, leading to having appropriate attitudes towards the rehabilitation programs (Agha, 2011).

A chi-square test was carried out between living environment and attitudes towards rehabilitation.

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>Df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>27.664</td>
<td>12</td>
<td>.006</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>21.162</td>
<td>12</td>
<td>.048</td>
</tr>
<tr>
<td>Linear-by-Linear Relationship</td>
<td>.008</td>
<td>1</td>
<td>.929</td>
</tr>
<tr>
<td>N of Valid Cases</td>
<td>111</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. 15 cells (75.0%) have expected count less than 5. The minimum expected count is .02.

Source: The Researcher, 2018
The test results in table 14 above, as indicated by the Pearson chi-square of independence revealed that there was a significant relationship between living environment and attitude towards rehabilitation among the adolescents, \( \chi^2 = 27.664, \) df=12, p = 0.006. The Likelihood ratio test posited statistically significant results, \( \Lambda=21.162, \) df=12, p=0.048. Cramer’s V tests of the strength of relationship between living environment and attitude towards rehabilitation registered statistically significant results, \( \Phi^2=0.288, \) p=0.006. Values of the tests show that the relationship was strong.

The qualitative data derived from FGDs and Interviews seemed to support the findings of the quantitative data on the first section. Respondents were asked whether they liked being in the program and how they felt engaging in the daily activities in the facilities and the respondents’ interviewed during focused group discussions gave mixed responses on how they felt. Most juveniles had positive responses and stated that during their period of stay, they had been able to live with others well without misbehaving and that they had acquired discipline that would help them later in life and had very positive attitude about staying there for that period and the things they were doing there every day. They also said that regular guidance and counseling enabled them to avoid bad peer influence, share about their problems, accept the reality of being rehabilitated, regret their offences, discover that they would make it in life and encouraged to reform positively. They said that the skills acquired would enable them to earn an income once they leave the facilities, and thus looked forward to going back home. Also, the rehabilitation’s rules and programmes helped them to avoid idleness, become responsible and improve their discipline. Others claimed a feeling of feeling appreciated and ready to benefit from rehabilitation and feeling happy and free.

**Key Informant 1**....”I don’t have a problem telling others the actions that made me to come here. I even tell them about my family and friends. In-fact, everyone here knows me and I do not fear asking for help because they know I am a good person........

**Key Informant 2**...... ”our teachers and my friends are caring, they help me when I have a problem and we help each other to do our work. Our teachers are very good! They listen and help us when we have a problem.......”

**Key informant 7**......”I know I will be successful in life because I can make good things and sell using what our teachers have trained.....”
The few who gave negative feedback said that for the time they had been staying in the facilities, their confidence was stripped off, not cared for, felt that they had been taken to rehabilitation unfairly, and that they stayed with bad roommates who forced them to do something, those who made fun of their situation, those who were easily angered, some younger than them, harsh caregivers who did not understand them. Some said that they had acquired bad behaviors (abusive words) from their peers others in the institution. Some were discouraged in studies because they were too old to be in primary school thus discouraging them to work hard.

**Key informant 3**“.......Some staff favour some of us and makes me lack interest of changing because some of us are not treated fairly. I am always afraid of asking for help or speaking when I have a problem, because people think that I am being nagging/problematic with unnecessary requests and seeking for sympathy. I don’t want to be seen as if I don’t know anything because people will laugh at me or ridicule or make fun of me. .......”

**Key informant 4**“....I did not do anything for me to be brought here; they judged me unfairly and that makes me angry; others should be blamed for what happened and not me. I don’t trust people here and they are wasting my time keeping me here......”

The staff interviewed observed that those completed their term in the rehabilitation schools were able to join secondary school using the issued class 8 certificates issued after sitting for their national examinations. Others dedicate to acquire employment with the skills gained during rehabilitation. The behaviour change and developed positive attitudes help them adjust well to rehabilitation and later in life. The inmates are able to seek help by opening when counseled as they are able to realize their wrong doings and the need to change and utilize the various programmes offered. Most of the inmates leave the institutions more enlightened motivated to make it in life. One staff said,

**Caregiver Yellow**“......most of these adolescents are remorseful of their past actions, they talk about their parents a lot and hope to go back home even before the end of their term so as to utilize the learnt skills and make their parents proud.
Caregiver Green “…….Some of them even come back after several years to say thank you for the guidance, care and trainings which they rely upon to live as law abiding and productive citizens…….”

Caregiver white “most of them show tremendous improvement in terms of character, class work, engaging in the various programmes and dream of furthering their studies to the highest level…….”

However, one staff interviewed said that some, but very few inmates do not change; they become worse in terms of character, behaviour and relate so badly with their peers and staff, mostly those taken to the facilities for care and protection. Some of them have to be monitored closely because of their tendencies of mistreating their peers, not following rules and engaging in vices such as stealing, fighting and using abusive languages.

4.3 The Relationship between Duration of Institutionalization and Psychological Coping Strategies used by adolescents in the rehabilitation schools

The researcher further sought to examine how the coping skills scores of adolescents in the confinement differed according to their duration of being institutionalized in the rehabilitation schools. Measures of central tendency were computed, the means of the participants at the different institutionalization durations compared, the effect of confounding variables on that relationship tested, and the hypothesis presented earlier on the impact of institutionalization duration examined.

Table 15: Psychological Coping Skills used to cope with the experience of being institutionalized

<table>
<thead>
<tr>
<th>Scale</th>
<th>Mean(SD)</th>
<th>Median(IQR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-distraction</td>
<td>6.28(1.77)</td>
<td>7(5,8)</td>
</tr>
<tr>
<td>Active coping</td>
<td>6.42(1.83)</td>
<td>7(5,8)</td>
</tr>
<tr>
<td>Denial</td>
<td>4.79(2.0)</td>
<td>5(3,6)</td>
</tr>
<tr>
<td>Substance use</td>
<td>3.09(1.71)</td>
<td>2(2,4)</td>
</tr>
<tr>
<td>Use of emotional support</td>
<td>5.84(2.0)</td>
<td>6(4,8)</td>
</tr>
<tr>
<td>Use of instrumental support</td>
<td>5.91(1.78)</td>
<td>6(5,8)</td>
</tr>
<tr>
<td>Behavioural disengagement</td>
<td>4.76(1.86)</td>
<td>5(3,6)</td>
</tr>
<tr>
<td>Venting</td>
<td>5.40(1.90)</td>
<td>5(4,7)</td>
</tr>
<tr>
<td>Positive reframing</td>
<td>6.33(1.78)</td>
<td>7(5,8)</td>
</tr>
<tr>
<td>Planning</td>
<td>6.45(1.58)</td>
<td>7(5,8)</td>
</tr>
<tr>
<td>Humour</td>
<td>5.70(1.76)</td>
<td>6(5,7)</td>
</tr>
<tr>
<td>Acceptance</td>
<td>6.16(1.90)</td>
<td>7(5,8)</td>
</tr>
</tbody>
</table>
Table 15 above illustrates the 14 subscales with 2 items each of the total coping skills scale which had 28 total score items. Planning, religion, active coping and self-distraction were the most preferred coping strategies among the participants of this study.

Additionally, 2 (1.8%) adolescents confined for more than a year did not utilize some coping skills at all.

Also, results from table 16 below confirmed that indeed most of the adolescents’ had medium utilization of psychological coping mechanisms. Those confined for more than one year showed more utilization of coping skills than those confined for less than one year. There was no high utilization of coping skills by inmates confined for less than a year.

Table 16: Utilization of the various coping skills

<table>
<thead>
<tr>
<th>Coping strategy</th>
<th>Low utilization of coping strategy</th>
<th>Medium utilization of coping strategy</th>
<th>High utilization of coping strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency (Frequency)</td>
<td>Percentage (%)</td>
<td>Frequency (Percentage)</td>
</tr>
<tr>
<td>Self-distraction</td>
<td>10 (9)</td>
<td>23 (20.7)</td>
<td>78 (70.3)</td>
</tr>
<tr>
<td>Active coping</td>
<td>5 (4.5)</td>
<td>19 (17.1)</td>
<td>87 (78.4)</td>
</tr>
<tr>
<td>Denial</td>
<td>47 (42.3)</td>
<td>38 (34.2)</td>
<td>26 (23.4)</td>
</tr>
<tr>
<td>Substance use</td>
<td>88 (79.3)</td>
<td>15 (13.5)</td>
<td>8 (7.2)</td>
</tr>
<tr>
<td>Emotional support</td>
<td>30 (27)</td>
<td>31 (27.9)</td>
<td>50 (45)</td>
</tr>
<tr>
<td>Instrumental support</td>
<td>22 (19.8)</td>
<td>43 (38.7)</td>
<td>46 (41.4)</td>
</tr>
<tr>
<td>Behavioural disengagement</td>
<td>43 (38.7)</td>
<td>48 (43.2)</td>
<td>20 (18)</td>
</tr>
<tr>
<td>Venting</td>
<td>31 (27.9)</td>
<td>42 (37.8)</td>
<td>38 (34.2)</td>
</tr>
<tr>
<td>Positive reframing</td>
<td>17 (15.3)</td>
<td>30 (27)</td>
<td>64 (57.7)</td>
</tr>
<tr>
<td>Planning</td>
<td>10 (9)</td>
<td>42 (37.8)</td>
<td>59 (53.2)</td>
</tr>
<tr>
<td>Humour</td>
<td>23 (20.7)</td>
<td>46 (41.4)</td>
<td>42 (37.8)</td>
</tr>
<tr>
<td>Acceptance</td>
<td>21 (18.9)</td>
<td>32 (28.8)</td>
<td>58 (52.3)</td>
</tr>
<tr>
<td>Religion</td>
<td>17 (15.3)</td>
<td>29 (26.1)</td>
<td>65 (58.6)</td>
</tr>
<tr>
<td>Self-blame</td>
<td>28 (25.2)</td>
<td>44 (39.6)</td>
<td>39 (35.1)</td>
</tr>
</tbody>
</table>

Source: The Researcher, 2018
The researcher also sought to find out whether there was any preference of the various coping skills deployed; the results were presented in table 17 below.

**Table 17: Cross tabulation between duration of institutionalization and coping skills**

<table>
<thead>
<tr>
<th>Duration</th>
<th>Less than a year</th>
<th>More than a year</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Count</td>
<td>Count</td>
</tr>
<tr>
<td>I haven’t been doing this at all</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>I’ve been doing this a little bit</td>
<td>9</td>
<td>10</td>
<td>19</td>
</tr>
<tr>
<td>I’ve been doing this a medium bit</td>
<td>36</td>
<td>47</td>
<td>83</td>
</tr>
<tr>
<td>I’ve been doing this a lot</td>
<td>0</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Duration</th>
<th>Less than a year</th>
<th>More than a year</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% within duration</td>
<td>% within duration</td>
<td>% within duration</td>
</tr>
<tr>
<td>I haven’t been doing this at all</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>I’ve been doing this a little bit</td>
<td>20.0%</td>
<td>15.2%</td>
<td>17.1%</td>
</tr>
<tr>
<td>I’ve been doing this a medium bit</td>
<td>80.0%</td>
<td>71.2%</td>
<td>74.8%</td>
</tr>
<tr>
<td>I’ve been doing this a lot</td>
<td>0%</td>
<td>10.6%</td>
<td>6.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Duration</th>
<th>Less than a year</th>
<th>More than a year</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% within Coping Skills</td>
<td>% within Coping Skills</td>
<td>% of Total</td>
</tr>
<tr>
<td>I haven’t been doing this at all</td>
<td>0%</td>
<td>100.0%</td>
<td>1.8%</td>
</tr>
<tr>
<td>I’ve been doing this a little bit</td>
<td>47.4%</td>
<td>52.6%</td>
<td>9.0%</td>
</tr>
<tr>
<td>I’ve been doing this a medium bit</td>
<td>43.4%</td>
<td>56.6%</td>
<td>42.3%</td>
</tr>
<tr>
<td>I’ve been doing this a lot</td>
<td>0%</td>
<td>100.0%</td>
<td>6.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Duration</th>
<th>Less than a year</th>
<th>More than a year</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% of Total</td>
<td>% of Total</td>
<td>% of Total</td>
</tr>
<tr>
<td>I haven’t been doing this at all</td>
<td>0%</td>
<td>1.8%</td>
<td>1.8%</td>
</tr>
<tr>
<td>I’ve been doing this a little bit</td>
<td>8.1%</td>
<td>17.1%</td>
<td>17.1%</td>
</tr>
<tr>
<td>I’ve been doing this a medium bit</td>
<td>32.4%</td>
<td>74.8%</td>
<td>74.8%</td>
</tr>
<tr>
<td>I’ve been doing this a lot</td>
<td>0%</td>
<td>6.3%</td>
<td>6.3%</td>
</tr>
</tbody>
</table>

Source: The Researcher, 2018

Results in table 17 above confirmed that indeed most of the adolescents’ utilization of psychological coping mechanisms were at a medium level. Those who had stayed at the institutions for more than one year showed more utilization of coping skills than those who had stayed there for less than one year. There was no high utilization of coping skills by inmates who had been confined for less than a year. Additionally, 2 (1.8%) adolescents confined for more than a year did not utilize some coping skills at all.

Comparisons between the two groups showed that majority of respondents from both groups had medium utilization of various coping skills. This can be interpreted to mean
that the experience of being institutionalised was indeed a deep reality and lingered in the minds of the adolescents, thus resulting to look for various ways of managing and living through the experience. The findings are in line with Flanagan (1980) findings that time spent in confinement threatens emotional wellbeing and ways of coping. The results are also in line with findings by Helm (2007) that inmates who experience anger, anxiety and regret due to duration of confinement.

A chi-square test was carried out between duration of institutionalization and psychological coping skills.

### Table 18: Chi-Square Tests of duration of institutionalization and coping skills

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>16.780a</td>
<td>3</td>
<td>0.019</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>19.994</td>
<td>3</td>
<td>0.019</td>
</tr>
<tr>
<td>Linear-by-Linear Relationship</td>
<td>1.819</td>
<td>1</td>
<td>0.035</td>
</tr>
<tr>
<td>N of Valid Cases</td>
<td>111</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. 4 cells (50.0%) have expected count less than 5. The minimum expected count is .81.

Source: The Researcher, 2018

The test results, as indicated by the Pearson’s chi-square in table 18 above, revealed that there was a significant relationship between duration of institutionalization and psychological coping skills of the adolescents, $\chi^2 = 16.780$, df=3, $p = 0.019$. The Cramer’s $V$ is a test of the strength of relationship between of institutionalization and psychological coping skills. Values of the tests show that the relationship was strong, $\Phi_2 = 0.447$, $p=0.019$.

Further examination was undertaken across three variables of age, gender and living environment for their possible confounding link on the study’s dependent variable. This relationship on coping skills was observed on the distribution of scores and measured using Spearman’s chi-square tests of independence.

**The Relationship between age and psychological coping strategies among adolescents in rehabilitation schools.**

Findings in the table 19 below show cross-tabulations between duration of institutionalization and coping skills of adolescents in rehabilitation schools. For age 11-
12 years, 1(1.5%) of the adolescents who had stayed in the institutions for more than a year had low utilization of coping skills, as compared to 1(2.2 %) who had stayed for less than a year. No respondent confined for less than a year had high utilization of coping skill, while those with medium and high coping skills utilization were the same at 1(1.5%) of those confined for more than one year. No adolescent confined for more than a year had low coping skills utilization.

Table 19: Cross tabulation between Age and Coping skills

<table>
<thead>
<tr>
<th>Duration</th>
<th>Age</th>
<th>Count</th>
<th>i havent been doing this at all</th>
<th>i've been doing this a little bit</th>
<th>i've been doing this a medium bit</th>
<th>i've been doing this a lot</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than a year</td>
<td>11-12</td>
<td>Count</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4.4%</td>
<td>2</td>
</tr>
<tr>
<td>More than a year</td>
<td>13-14</td>
<td>Count</td>
<td>4</td>
<td>15</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than a year</td>
<td>15-16</td>
<td>Count</td>
<td>4</td>
<td>15</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than a year</td>
<td>17-18</td>
<td>Count</td>
<td>0</td>
<td>5</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>Count</td>
<td>9</td>
<td>36</td>
<td>45</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Duration</th>
<th>Age</th>
<th>Count</th>
<th>i havent been doing this at all</th>
<th>i've been doing this a little bit</th>
<th>i've been doing this a medium bit</th>
<th>i've been doing this a lot</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>Count</td>
<td>2</td>
<td>10</td>
<td>47</td>
<td>7</td>
<td>66</td>
<td></td>
</tr>
</tbody>
</table>
From the results, most of the respondents are aged between 15 and 16 years and that the adolescents across the four age groups had medium utilization of psychological coping skills. Age groups 11-12 and 13-14 had a few adolescents who had not utilized the coping skills assessed in this study at all.

Further variations of coping skills among the 4 age groups showed that for age 13-14 years confined for more than one year, 1(1.5%) adolescents did not utilize any skill at all, 3(4.5%) had low, 14(21.2%) medium and 2(3%) had high skills utilization compared to 4(8.9%) and 15(33.3%) who had stayed for less than a year with medium and high coping skills utilization.

For ages 15-16 years, only 3(4.5%) of the adolescents who had stayed in an institution for more than a year had high utilization of psychological coping skills as the majority 27(40.9%) had medium skills utilization. On the other hand, those who had been institutionalized for less than one year reported 4(8.9%) adolescents with low and 15(33.3%) with medium coping skills utilization; none had high utilization of coping skills.

For ages 17-18 years, 5(7.6%) of adolescents who had stayed in the institution for more than a year had medium utilization of psychological coping skills and only 1(1.5%) adolescent had high utilization compared to 5(11.1%) who had stayed for less than a year. No adolescent confined for less than a year had high coping skills utilization.

The key observation among the four age groups was that there was no high utilization of coping strategies by adolescents who had been institutionalized for less than one year. It was therefore evident that with increased age, the more the adolescents stayed in rehabilitation schools, the more they had medium utilization of coping skills.

A chi-square test was carried out between age of adolescents in rehabilitation schools and psychological coping skills.

**Table 20: Chi-Square Tests of age and psychological coping skills**

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>14.559*</td>
<td>9</td>
<td>.014</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>9.093</td>
<td>9</td>
<td>.029</td>
</tr>
<tr>
<td>Linear-by-Linear Relationship</td>
<td>.524</td>
<td>1</td>
<td>.039</td>
</tr>
<tr>
<td>N of Valid Cases</td>
<td>111</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*11 cells (68.8%) have expected count less than 5. The minimum expected count is .09.*
The test results, as indicated by the Pearson chi-square in table 20 above, revealed that there was a significant relationship between age and psychological coping skills of the adolescents, $\chi^2 = 14.559$, df=9, $p = 0.014$. The Cramer’s V test of the strength of relationship between age and psychological coping skills showed $\Phi_2 = 0.309$, $p=0.014$; indicating a strong relationship between the two variables.

Phi and Cramer’s V are both tests of the strength of relationship between living environment and psychological coping skills. Values of the tests show that the relationships are strong, $\Phi_2 = 0.309$, $p=0.014$. The null hypothesis that there is no relationship between age and coping skills was rejected.

**The relationship between gender and psychological coping among adolescents in rehabilitation schools.**

As indicated in the table below, 8(12.1%) of the males who had stayed at the institutions for more than a year had low utilization of coping skills compared to 5(11.1%) who had been confined for less than a year. Also, no boys confined for less than a year had high coping skills utilization, while 4(6.1%) of those confined for more than a year had high coping skills utilization 2(3%) of females who had stayed in the facilities for more than a year had low coping skills compared to 4(8.9%) who had stayed for less than a year.

Notably, 8(12.1%) of males who had stayed at the institution for more than a year had low coping skills compared to 2(3%) of females. Also no adolescent confined for less than a year had high coping skills utilization regardless the gender. Additionally, 4(6.1%) males confined for more than a year had high coping skills utilization as compared to 3(4.5%) females.

Also, boys had higher utilization of coping skills 4(6.1%) compared to the females 3(4.5%) with continued increase in their duration at the rehabilitation schools.

**Table 21: Cross tabulation between gender and coping skills**

<table>
<thead>
<tr>
<th>Duration</th>
<th>gender</th>
<th>Male</th>
<th>Count</th>
<th>% of Total</th>
<th>Coping Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than a year</td>
<td>Male</td>
<td>Count</td>
<td>5</td>
<td>16</td>
<td>21</td>
</tr>
<tr>
<td>% of Total</td>
<td></td>
<td>11.1%</td>
<td>35.6%</td>
<td>46.7%</td>
<td></td>
</tr>
</tbody>
</table>
13% of the males who had stayed at the institutions for more than a year had low utilization of coping skills compared to 8% who had stayed for less than a year. Also, no boys confined for less than a year had high coping skills utilization, while those confined for more than a year had 2% having not utilized coping skills used in the study and 7% with high utilization.

For females, 4% who had stayed for more than a year had low coping skills compared to 8% who had stayed for less than a year. Notably, 13% of males who had stayed at the institution for more than a year had low coping skills compared to 4% of females. This reveals that female adolescents in rehabilitation schools had higher utilization of coping skills compared to the males with continued increase in their duration at the rehabilitation schools. In the two groups, no girls and boys confined for less than a year had high utilization of coping skills.
A chi-square test was carried out between gender of adolescents in rehabilitation schools and psychological coping skills.

Table 22: Chi-Square Tests of gender and coping skills

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>2.017</td>
<td>3</td>
<td>.569</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>2.066</td>
<td>3</td>
<td>.559</td>
</tr>
<tr>
<td>Linear-by-Linear Relation</td>
<td>.696</td>
<td>1</td>
<td>.404</td>
</tr>
<tr>
<td>N of Valid Cases</td>
<td>111</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. 4 cells (50.0%) have expected count less than 5. The minimum expected count is .92.

Source: The Researcher, 2018

The test results as shown in table 22, revealed that there was no significant relationship between gender and psychological coping skills of the adolescents, \( \chi^2 = 2.017, p = 0.569 \). Cramer’s V is a test of the strength of relationship between gender and psychological coping skills. Values of the tests show that there was no relationship, \( \Phi^2 = 0.135, p=0.569 \).

Phi and Cramer’s V are both tests of the strength of relationship between gender and psychological coping skills. Values of the tests show that there was no relationship.

The Relationship between living environment and psychological coping strategies among adolescents in rehabilitation schools.

Table 23 below show that most adolescents with 25(54.5%) confined for less than a year and 38(55.6%) confined for more than a year agreed the living environment is good and most of them responded to having medium utilization of psychological coping skills. No adolescent institutionalized for less than a year had high utilization of coping skills regardless of their views regarding the living environment, similar to those who had been confined for more than a year with negative and neutral perceptions regarding the living environment. Those confined with for more than one year showed that none had high utilization of coping skills apart from 6(9.1%) and 1(1.5%) who perceived the environment as neutral and positive respectively.

Table 23: Cross tabulation between the living environment and coping skills

<table>
<thead>
<tr>
<th>Duration</th>
<th>Coping Skills</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than a year</td>
<td>Living Environment</td>
<td>neutr al</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------------</td>
<td>---------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Count</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of Total</td>
</tr>
<tr>
<td>i agree</td>
<td>Count</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>8.9%</td>
</tr>
<tr>
<td>i agree very much</td>
<td>Count</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>.0%</td>
</tr>
<tr>
<td>Total</td>
<td>Count</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>20.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>More than a year</th>
<th>Living Environment</th>
<th>i do not agree</th>
<th>Count</th>
<th>0</th>
<th>0</th>
<th>1</th>
<th>0</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>% of Total</td>
<td>.0%</td>
<td>.0%</td>
<td>1.5%</td>
<td>.0%</td>
<td>1.5%</td>
<td></td>
</tr>
<tr>
<td>neutral</td>
<td>Count</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>0</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>1.5%</td>
<td>7.6%</td>
<td>12.1%</td>
<td>.0%</td>
<td>21.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i agree</td>
<td>Count</td>
<td>1</td>
<td>3</td>
<td>31</td>
<td>6</td>
<td>41</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>1.5%</td>
<td>4.5%</td>
<td>47.0%</td>
<td>9.1%</td>
<td>62.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i agree very much</td>
<td>Count</td>
<td>0</td>
<td>2</td>
<td>7</td>
<td>1</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>.0%</td>
<td>3.0%</td>
<td>10.6%</td>
<td>1.5%</td>
<td>15.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>Count</td>
<td>2</td>
<td>10</td>
<td>47</td>
<td>7</td>
<td>66</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>3.0%</td>
<td>15.2%</td>
<td>71.2%</td>
<td>10.6%</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total</th>
<th>Living Environment</th>
<th>i do not agree</th>
<th>Count</th>
<th>0</th>
<th>0</th>
<th>1</th>
<th>0</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>% of Total</td>
<td>.0%</td>
<td>.0%</td>
<td>.9%</td>
<td>.0%</td>
<td>.9%</td>
<td></td>
</tr>
<tr>
<td>neutral</td>
<td>Count</td>
<td>1</td>
<td>10</td>
<td>19</td>
<td>0</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>.9%</td>
<td>9.0%</td>
<td>17.1%</td>
<td>.0%</td>
<td>27.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i agree</td>
<td>Count</td>
<td>1</td>
<td>7</td>
<td>52</td>
<td>6</td>
<td>66</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>.9%</td>
<td>6.3%</td>
<td>46.8%</td>
<td>5.4%</td>
<td>59.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i agree very much</td>
<td>Count</td>
<td>0</td>
<td>2</td>
<td>11</td>
<td>1</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>.0%</td>
<td>1.8%</td>
<td>9.9%</td>
<td>.9%</td>
<td>12.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>Count</td>
<td>2</td>
<td>19</td>
<td>83</td>
<td>7</td>
<td>111</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>-------</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>----</td>
<td>------</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of</td>
<td>1.8%</td>
<td>17.1%</td>
<td>74.8%</td>
<td>6.3%</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: The Researcher, 2018

Also, adolescents confined for more than one year had 1(1.5%) seeing the environment as neutral and 1(1.5%) seeing the environment as positive did not utilize the coping skills used in the study at all. Those seeing the environment as negative had none with low or high coping skills utilization while only 1(1.5%) had medium utilization of coping skills.

Results comparing this group with the adolescents confined for less than one year showed that 5(11.1%) seeing the environment as neutral had low skills utilization while 11(24.4%) had medium utilization of coping skills as compared to those confined for more than a year with 5(7.6%) seeing the environment as neutral and with low skills utilization and 8(12.1%) with medium skills utilization. 4(8.9%) adolescents confined for less than a year and seeing the environment as good had low skills utilizations and 25(55.6%) medium skills utilization, as compared to those confined for more than a year seeing the environment as good with 1(1.5%) not utilizing any skill at all, 5(7.5%) with low skills utilization, 38(57.6%) with medium skills utilization and 7(10.6%) with high coping skills utilization.

The common trend in these groups was that no adolescent confined for less than a year had high utilization of coping skills regardless of their views of the living environment. This trend was noted for adolescents who had been confined for more than a year and perceived the living environment as negative and neutral. In other words, adolescents who had high coping skills utilization had been institutionalized for more than one year and perceived the living environment as good/ positive at 7(10.6%). This simply means that the adolescents perception of the environment in the facilities was associated with the level of utilization of coping skills. Another unique trend was that no adolescent confined for less than a year failed to utilize the coping skills under the study, while 1(1.5%) of adolescents confined for more than a year seeing the environment as neutral did not utilize the coping skills under the study at all, similar to 1(1.5%) seeing the environment as good. The results were visualized in figure 28 below.
2% of those confined for less than one year with negative perceptions about the living environment did not utilize the coping skills used in the study. There was no adolescent with high utilization of coping skills regardless of their perception regarding the living environment. Those confined with more than one year showed than no student had high utilization of coping skills apart from 9% of those who perceived the environment as positive. Also, 2% seeing the environment as bad, 2% seeing the environment as neutral and 7% seeing the environment as positive did not utilize the coping skills used in the study at all. Those seeing the environment as negative had no one with low, medium or high coping skills utilization.

A chi-square test was carried out between living environment and psychological coping skills.

**Table 24: Chi square tests of Living Environment and Coping Skills**

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>10.733a</td>
<td>9</td>
<td>.024</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>12.224</td>
<td>9</td>
<td>.021</td>
</tr>
<tr>
<td>Linear-by-Linear Relationship</td>
<td>5.439</td>
<td>1</td>
<td>.020</td>
</tr>
<tr>
<td>N of Valid Cases</td>
<td>111</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. 11 cells (68.8%) have expected count less than 5. The minimum expected count is .02.

Source: The Researcher, 2018

The test results, as indicated by the Pearson chi-square in table 24 above, confirmed that there was a significant relationship between living environment and the utilization of psychological coping skills of the adolescents, $\chi^2 = 10.733$, df=9, $p = 0.024$. The Cramer’s V is a test of the strength of relationship between living environment and psychological coping skills. Values of the tests show that the relationship was strong, $\Phi_2 = 0.180$, $p=0.024$.

Phi and Cramer’s V are both tests of the strength of relationship between living environment and psychological coping skills. Values of the tests show that the relationship was strong.
A discussion with the respondents about their reactions and approaches to the reality of being confined and dealing with stress and frustrations at the facilities showed different responses. For most of the respondents, staying in the facilities for different periods of time provided the adolescents a forum to prove that they can change and become better people in life.

Key Informant 5 “……I get great support, advice and help from my friends and the teachers…..”

Key Informant 6 “……I always pray when I am sad and stressed. We also pray together with my friends…..”

Key Informant 7 “……I have been doing a lot of things here with the teachers permission so that I do not get bored and so that I stop thinking about my previous mistakes and life……..”

For some, but few inmates, the experiences in confinement led to feelings of frustrations, self-doubt and feeling bad as a result of not being helped by inmates and caregivers as hope.

Key Informant 9 “…….When I am angry, I say bad things to my friends and blame them if something bad happens which make them afraid of me …..”

Staff on the other hand said that the inmates in the rehabilitation schools remained focused and were always busy most of the time; this helped them to not engage in undesirable actions or think of disobeying rules and regulations. They also socialized and interacted well with other. They were able to learn how to interact with others through socializing with them.

4.4 The relationship between attitudes towards rehabilitation and psychological coping skills among adolescents in rehabilitation schools.

The results in table 25 below show the cross-tabulations between attitudes towards rehabilitation and psychological coping skills. The results indicated that most of the students had neutral attitude towards rehabilitation and also had medium utilization of psychological coping skills.
Table 25: Cross tabulations of Attitude towards rehabilitation and Coping skills utilization

<table>
<thead>
<tr>
<th>Attitudes Towards Rehab</th>
<th>Coping Skills</th>
<th>I haven’t been doing this at all</th>
<th>I’ve been doing this a little bit</th>
<th>I’ve been doing this a medium bit</th>
<th>I’ve been doing this a lot</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>strongly disagree</td>
<td>Count</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>% within Attitude Towards Rehab</td>
<td>25.0%</td>
<td>25.0%</td>
<td>50.0%</td>
<td>.0%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>% within Coping Skills</td>
<td>50.0%</td>
<td>5.3%</td>
<td>2.4%</td>
<td>.0%</td>
<td>3.6%</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>9%</td>
<td>9%</td>
<td>1.8%</td>
<td>.0%</td>
<td>3.6%</td>
</tr>
<tr>
<td>disagree</td>
<td>Count</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>% within Attitude Towards Rehab</td>
<td>.0%</td>
<td>33.3%</td>
<td>66.7%</td>
<td>.0%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>% within Coping Skills</td>
<td>.0%</td>
<td>10.5%</td>
<td>4.8%</td>
<td>.0%</td>
<td>5.4%</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>.0%</td>
<td>1.8%</td>
<td>3.6%</td>
<td>.0%</td>
<td>5.4%</td>
</tr>
<tr>
<td>neutral</td>
<td>Count</td>
<td>1</td>
<td>9</td>
<td>57</td>
<td>0</td>
<td>67</td>
</tr>
<tr>
<td></td>
<td>% within Attitude Towards Rehab</td>
<td>1.5%</td>
<td>13.4%</td>
<td>85.1%</td>
<td>.0%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>% within Coping Skills</td>
<td>50.0%</td>
<td>47.4%</td>
<td>68.7%</td>
<td>.0%</td>
<td>60.4%</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>9%</td>
<td>8.1%</td>
<td>51.4%</td>
<td>.0%</td>
<td>60.4%</td>
</tr>
<tr>
<td>agree</td>
<td>Count</td>
<td>0</td>
<td>6</td>
<td>20</td>
<td>6</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>% within Attitude</td>
<td>0%</td>
<td>18.8%</td>
<td>62.5%</td>
<td>18.8%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>% within Coping Skills</td>
<td>0%</td>
<td>31.6%</td>
<td>24.1%</td>
<td>85.7%</td>
<td>28.8%</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>0%</td>
<td>5.4%</td>
<td>18.0%</td>
<td>5.4%</td>
<td>28.8%</td>
</tr>
<tr>
<td>strongly agree</td>
<td>Count</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>% within Attitude</td>
<td>0%</td>
<td>50.0%</td>
<td>.0%</td>
<td>50.0%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>% within Coping Skills</td>
<td>0%</td>
<td>5.3%</td>
<td>.0%</td>
<td>14.3%</td>
<td>1.8%</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>0%</td>
<td>9%</td>
<td>.0%</td>
<td>9%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Total</td>
<td>Count</td>
<td>2</td>
<td>19</td>
<td>83</td>
<td>7</td>
<td>111</td>
</tr>
<tr>
<td></td>
<td>% within Attitude</td>
<td>1.8%</td>
<td>17.1%</td>
<td>74.8%</td>
<td>6.3%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>% within Coping Skills</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>1.8%</td>
<td>17.1%</td>
<td>74.8%</td>
<td>6.3%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: The Researcher, 2018
A chi-square test was carried out between attitudes towards rehabilitation and psychological coping skills.

**Table 26: Chi-Square Tests of attitudes towards rehabilitation and psychological coping strategies**

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>37.855a</td>
<td>12</td>
<td>.000</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>29.409</td>
<td>12</td>
<td>.003</td>
</tr>
<tr>
<td>Linear-by-Linear Relationship</td>
<td>7.514</td>
<td>1</td>
<td>.006</td>
</tr>
<tr>
<td>N of Valid Cases</td>
<td>111</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. 16 cells (80.0%) have expected count less than 5. The minimum expected count is .04.

Source: The Researcher, 2018

The test results, as indicated by the spearman rho in table 26 above, revealed that there was a positive weak relationship between attitudes towards rehabilitation and psychological coping skills of the adolescents, \( X^{(12)} = 37.855, p < 0.0001 \).

Of all the 14 coping strategies examined in this study, only active coping, emotional support, use of instrumental support and positive reframing had significant positive relationships with attitudes towards rehabilitation with P-Values of less than 0.05.

This is illustrated in table 27 below showing the correlation coefficient between duration of institutionalization among adolescents in the rehabilitation schools and the various psychological coping strategies utilized by the adolescents during the period in rehabilitation.

**Table 27: Attitudes towards rehabilitation and the various Psychological Coping Strategies**

<table>
<thead>
<tr>
<th>Attitudes Rehabilitation Strategy vs. Coping</th>
<th>Coefficient of correlation ((r^2))</th>
<th>P-Value</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Distraction</td>
<td>0.174</td>
<td>0.007</td>
<td>-0.024</td>
</tr>
<tr>
<td>Active Coping</td>
<td>0.001</td>
<td>0.015</td>
<td>-0.211</td>
</tr>
<tr>
<td>Denial</td>
<td>0.161</td>
<td>0.092</td>
<td>-0.30</td>
</tr>
<tr>
<td>Substance Use</td>
<td>0.087</td>
<td>0.772</td>
<td>-0.72</td>
</tr>
<tr>
<td>Using emotional Support</td>
<td>0.002</td>
<td>0.028</td>
<td>0.02</td>
</tr>
<tr>
<td>Using instrumental support</td>
<td>0.001</td>
<td>0.047</td>
<td>0.008</td>
</tr>
</tbody>
</table>
The other coping strategies had no relationship with attitudes. Also, the correlation coefficient of all the coping strategies was less than the perfect (+1), hence concluding that there was a weak positive relationship between respondents attitudes and the various coping skills. According to Enzmann, (2003), inmates need a significant positive attitude of as to benefit from interventions targeting behavioral coping and adjustment during and after confinement despite the length of time they have spent in confinement.

<table>
<thead>
<tr>
<th>Coping Strategy</th>
<th>p-value</th>
<th>r-value</th>
<th>q-value</th>
<th>effect size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral disengagement</td>
<td>0.183</td>
<td>0.055</td>
<td>-0.02</td>
<td>0.27</td>
</tr>
<tr>
<td>Venting</td>
<td>0.266</td>
<td>0.055</td>
<td>0.11</td>
<td>0.43</td>
</tr>
<tr>
<td>Positive reframing</td>
<td>0.004</td>
<td>0.064</td>
<td>0.00</td>
<td>0.37</td>
</tr>
<tr>
<td>Planning</td>
<td>0.235</td>
<td>0.013</td>
<td>0.053</td>
<td>0.41</td>
</tr>
<tr>
<td>Humor</td>
<td>0.181</td>
<td>0.057</td>
<td>-0.021</td>
<td>0.38</td>
</tr>
<tr>
<td>Acceptance</td>
<td>0.102</td>
<td>0.008</td>
<td>-0.092</td>
<td>0.29</td>
</tr>
<tr>
<td>Religion</td>
<td>0.145</td>
<td>0.028</td>
<td>-0.05</td>
<td>0.32</td>
</tr>
<tr>
<td>Self-blame</td>
<td>0.226</td>
<td>0.417</td>
<td>0.049</td>
<td>0.39</td>
</tr>
</tbody>
</table>

Source: The Researcher, 2018
CHAPTER FIVE
SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction
In this chapter, the researcher outlined both the internal and external validity of the study, study’s summary based on the various objectives in relation to literature review done in chapter two. Finally, the researcher discussed the conclusions, recommendations and areas of further research.

5.1 Validity of the Study
The study’s validity was assessed based on the internal validity in reference to the foreseen limitations in relation to the findings and external validity in reference to the scope of the study.

5.1.1 Internal Validity
The study had some important limitations in that while the two approved schools were selected because of being the only boys and girls school within the vicinity of Nairobi hosting medium level offenders and those in need of care and protection. There were some factors that the researcher anticipated that would cause some hindrances in data collection. The factors were the research main targets being semi illiterate for having discontinued schooling at some point in life during the procedures involved when confining them, also maybe having dropped out of school or never went to school all life for being in the streets. The researcher also anticipated that most of the adolescents were from Nairobi. Collection of multiple choice questionnaires written in English and translated to Swahili during admission upon request discussions and teachers interviews anticipated to be challenging due to semi illiteracy. The study’s findings also showed that 11 adolescents in the schools were not confined for crimes committed but for care and protection, against the researcher’s assumption that all targeted respondents had been confined for a particular time period due to the offense levels they had committed. Also, 2 caregivers (cooks) who took part in interviews were not part of the targeted samples of vocational instructors, teachers and welfare officers. One of the school’s manager
emphasized that the inmates were from all the parts of Kenya, not entirely Nairobi. This is a clear indication that the study covered beyond the specified scope in terms of the respondents by including other areas outside Nairobi in participant representation. Also the adolescent respondents were all being taken through different levels of the primary school education system (class 6, 7 and 8) in the rehabilitation schools and had clear understanding of reading, listening and writing both English and Swahili, and therefore these three factors were not a hindrance to data collection.

The study was a survey that captured information at a particular point in time. As a result of this, the researcher anticipated that it was not be possible to differentiate the relationship among the variables and the possible causal relationship clearly, because explaining such scenarios adequately would require several surveys done periodically and this was beyond this study’s scope. The multiple choice questionnaire borrowed from the authors with the version appropriate in teenagers confined for rehabilitation was modified through piloting to suit the local needs. Also, more than one tool was used to collect data collection and gave the researcher more chances of understanding the study. Therefore, this did not hinder the researcher in differentiating the variables relationships clearly due to the different tools used to gather information.

National representation by all respondents (caregivers and adolescents) since they all came from different regions of the country, they were not solely from Nairobi. Staffs were posted in these schools based on specialty, qualifications, vacancies available and needs by the schools meaning that there was a national representation of the quantitative estimates due to the availability of participants in and outside the study area and therefore, these factors again did not hinder the process of data collection.

5.1.2. External Validity
The main aim of the study was to assess the relationship between duration of institutionalization, attitudes towards rehabilitation and psychological coping strategies among adolescents in rehabilitation schools. The independent variable was duration of institutionalization categorized into less than one year and more than one year period of
confinement in the rehabilitation schools. The first dependent variable was attitudes towards rehabilitation meaning the readiness, willingness, motivation and beliefs developed by the adolescents to perceive the rehabilitation programs, duration and processes as positive or negative. The second dependent variable was psychological coping strategies/ coping skills meaning the various responses the adolescents used/ applied to deal with the experience of being confined. According to the findings of the study, there was even distribution gender and teenage age of 11-18 years having a good representation the ages in which juvenile offenders are confined in rehabilitation schools. Key informant interviews comprised all categories of caregivers directly involved with the adolescents, with equal representation of teachers, vocational instructors and welfare officers, who are the most significant people in rehabilitation schools, and in the lives of young people. There was representation of teachers in terms of years of experience in the schools.

These was also assessment of the living environment in which these adolescents and the staff interacted with and in. equal representation was given to the adolescents and the teachers for an opportunity for them to indicate how they perceived the environment like and what their experiences were in the confined setting when staying together with the staff and other adolescents with totally different characteristics and reasons for being confined. Also, equal attention was given to all the adolescents to participate in the study, considering those confined for different periods of time, and those confined for care and protection, or due to offenses committed.

In as much as gender, age, living environment of adolescents and caregivers years of experience in the schools influenced the study’s generalization, they were all considered by the researcher during collection of data and according to the findings above, the study can be generalized to other settings nationally since the factors listed are the common factors among confined juvenile adolescents and staff of rehabilitation/ approved schools nationally.
A longitudinal study, which was beyond this researcher’s ability to do in terms of time and monetary resources, would also have been more revealing as it would have followed the participants throughout their rehabilitation period in the rehabilitation schools to monitor the changes in attitudes and coping skills utilization at individual levels without the need for comparison groups.

5.2 Summary of the Study’s Major Findings
The question of whether juvenile adolescents’ duration of institutionalization in rehabilitation schools impacts on the young ones psychologically was the main enquiry this study made. It specifically sought to find out whether duration of institutionalization had any relationship with the adolescent’s attitudes towards the rehabilitation programs, process and their various coping skills utilized to deal with the reality and stresses of rehabilitation. The summary of the study’s findings was discussed based on the three study’s objectives that is: relationship between duration of institutionalization and attitudes towards rehabilitation, relationship between duration of institutionalization and psychological coping strategies and relationship between attitudes towards rehabilitation and psychological coping strategies among adolescents.

5.2.1 Relationship between Duration of Institutionalization and Attitudes towards Rehabilitation
In assessing if there was an relationship between duration of institutionalization and attitudes towards rehabilitation, the results yielded variety of results. Self-reports obtained from questionnaires and focus group discussions by the adolescents indicated that the confined adolescents had “lived with others harmoniously without misbehaving”. They also said that continuous guidance and counseling helped them to “accept reality, avoid bad influence, share experiences and be remorseful for their offences” Also, programmes in the institutions helped them to become responsible and improve discipline. These self-report are comparable to reports obtained by other researchers in other studies on inmates’ attitudes due to period of time in confinement (Casey, 2016; Grella, 2011; Porporino, 1988). However, findings of this study were contrary to evaluation by Thomas (1983) which stated that long durations of institutionalization
reflect prisonization implying high chances of reoffending. In this study when the relationship between duration of institutionalization and attitudes towards rehabilitation was tested, the coefficients obtained reached significance levels, and incremental changes were observed in the attitude scores of the participants at the two categories of duration of stay. However, the current study was conducted in two rehabilitation schools; thus, a study including the rest or some more rehabilitation schools with a larger sample size can yield more insight as to whether this study’s findings are representative of juvenile delinquents institutionalized in other rehabilitation schools.

Age, gender and living environment were examined for their possible moderating effect on attitudes toward rehabilitation among the adolescents, with results showing that there was a considerable relationship between age and attitudes towards rehabilitation. The study’s finding was in line to the findings from evaluations by (Crank, 2010; Crewe, 2016). In their studies which yielded results indicating that age was associated with attitude change with a positive basic linear correlation. This study classified the adolescents ages in four groups with those aged 15-16 years scoring highest among the other groups, somehow corresponding with attitudes as noted in the distribution of scores. Findings also showed that majority of adolescents across the four age groups had neutral attitudes, then positive attitudes, and neutral rehabilitation attitudes dominating all the age groups regardless of how long they had been confined. Adolescents confined for less than one year in the 11-12 age group all had neutral rehabilitation attitudes while those confined for more than one year had similar scores for negative, neutral and positive attitudes. Also, all the adolescents aged 17-18 confined for more than one year had positive rehabilitation attitudes.

Results also pointed out that there was a significant relationship between gender and attitudes towards rehabilitations. In addition to this, adolescents who had been confined for more than one year had prominent scores in negative and positive attitudes as compared to those confined for less than one year. Boys confined for less than one year had no one with negative attitudes while girls confined for this duration had 2% with negative attitudes. This was in agreement to evaluations reviewed previously by the
researcher. One such study found that male inmates perceive confinement as less stressful as opposed to females and also go through low levels of stress during the incarceration period (Paulus, 1993; Lindquist, 1997). Van L. A. (2013) similarly found a positive link between gender and attitudes were boys scored higher than girls. Therefore, further research using more distinct approaches is necessary to establish whether this is true.

The distribution of respondents with low, medium and high rehabilitation attitudes showed significant differences between the different categories of adolescents who perceived the living environment differently. Those who perceived the environment to be negative registered the highest number of respondents with medium attitudes towards rehabilitation. Those who perceived the environment as good/positive formed the majority, with highest scores on the medium attitudes category. Also, comparing those confined for one year and more with the ones confined for less than a year scored highest in the three categories of attitudes. No one confined for one year and more with seeing the living environment as bad had neutral or positive attitudes. Those confined for one year and less in this category had the highest scores on neutral attitudes than those confined for long. However, those seeing the living environment as positive confined for more than one year scored highest in neutral and positive attitudes, while no adolescent confined for less than one year in this category had negative attitudes. Differences have been observed in studies comparing attitudes towards rehabilitation among different inmates who perceive the confinement environment differently.

All the studies reviewed came to the same conclusion; there are significant differences in perception of the living environment as bad, neutral or positive when it comes to attitudes towards rehabilitation, with emphasis on the correlation between living environment and attitudes towards rehabilitation (Casey, 2005; Harvey, 2005; Listwan, 2013; Schubert, 2012; Helm., 2009, 2011, 2012). These studies however did not categorize different scores in perceiving the living environment as bad, neutral or positive in comparison to low, medium and high attitudes towards rehabilitation. Studies are needed in this area to explore deeply on the relationship between living environment on rehabilitation attitudes among young juveniles incarcerated in rehabilitation facilities, to provide more room for
comparison. Most of these studies were conducted in developed countries mainstream correctional facilities, and there is lack of adequate studies focusing on rehabilitation/treatment populations in the developing world, thus lacking sufficient ground for valid comparisons. Local research in this area to explore how differently inmates in rehabilitation view the environment and how that translates to change and adaptation would provide greater insights into studies on social climate/living environment and rehabilitation attitudes, and also find out the extent to which the living environment influences attitudes towards rehabilitation.

5.2.2 Relationship between Duration of Institutionalization and Psychological Coping Strategies

In seeking to determine the extent to which being institutionalized for a particular duration of time is related to utilization/preference of various coping skills in confined adolescents, the researcher noted mixed reports from the questionnaires responses and focus group discussions by the adolescents, as well as interview responses from the caregivers. Some of the responses indicated that not all respondents were in agreement regarding various ways of coping; as some of the respondents were in doubt as to whether they were reacting appropriately to the stressors and reality of being confined in unfamiliar environment. Some were honest enough to say that they were still yet to come to the reality of being institutionalized, saying “I am still in denial that I now live here and I even do not look forward/prepare myself for the end of month assessment of my progress. I even force myself to engage in most of the activities.

Results showed significant relationship between varied utilization of coping strategies at the two levels of respondents’ institutionalization period/duration by indicating how different inmates responded to pressures and stresses of confinement so as to be able to serve their sentences/time in confinement. Medium utilization of coping skills increased from confinement of less than a year to confinement of more than one year. No respondent confined for less than one year indicated high utilization of coping skills, while some respondents confined for more than one year had not utilized the coping skills used in this study at all. Findings from Irwin (2015) similarly indicated that inmates
reported how they coped in early periods to the time of the evaluations through active coping, though some inmates were not conscious of the coping skills they utilized.

Similar findings were reported by Woodhams, (2007) in comparison to incarceration length and various ways of coping by inmates, indicating that there was a positive correlation between time spent in confinement and various coping mechanisms. Partyka (2001) evaluation indicated that coping strategies used were not consistent between the beginning of the sentence and the time of the study. Results from Helm (2007) study showed that time spent in prison determined expressions of varied emotions. Those who had been confined for long used active coping and had better health. Therefore, the results of these studies are in line with findings of the above mentioned evaluations on relationships between incarceration length and coping. Unlike these studies, the current study was not conducted in mainstream security facilities, and thus, further research focusing on young adolescents who are in rehabilitation programmes, whereby attitudes towards rehabilitation of participants is traced in rehabilitation facilities. This will help in giving more insight into both short and long term benefits of undergoing rehabilitation programmes.

No major variations existed among the four age groups in their responses though those in the 15-16 age groups scored slightly higher on utilization of scores, with results indicating that age and coping skills were significantly associated. Adolescents in 11-12 and 13-14 did not utilize the coping skills used in this study. Across all the age groups, there was no high utilization of coping skills in those who had confined for less than one year. Studies reviewed under the current study noted that active coping, social support, acceptance and self-distraction were preferred coping skills by young inmates. (Cauffman, 2011). Other findings by a study by Agbakwuru, (2016) showed that young people relied majorly on religion, self-distraction and social support to cope. These results are consistent with the current study, which indicated that institutionalized adolescents majorly relied on active coping, emotional support, planning and religion. In assessing the relationship between age and coping strategies, none of the studies had clear reports on the specific ages/ age groups and the resultant coping skills used, even though
the evaluations targeted juvenile delinquents. Studies have also shown that young people cope poorly with incarceration experiences as opposed to adults because of lacking control over their environment, less problem solving skills, inadequate life skills, less experiences and limited resources (Power (1999); Brezina, (2001); Silverman (1990). Based on these, there is need for more studies to conduct evaluations on specific ages/age groups, focusing on rehabilitation programmes unlike correctional facilities which has been a major focus by many studies, so as to establish reliable results on the relationship between age and coping skills.

There were significant differences based on the respondents gender and preferred coping skills between boys and girls in this study; gender was found to have no relationship with coping strategies. Both gender scored well on the use of the appropriate coping skills, with low scores on coping skills deemed to be harmful/inappropriate. Male scored high on different utilizations of coping skills, with significant differences and domination in use of positive reframing, active coping, planning and emotional support. Girls dominated on use of religion, acceptance, behavioral engagement, denial and venting to cope. Also, boys and girls confined for less than one year did not report high utilization of coping skills. Girls had higher utilization of coping skills as compared to boys. The findings were interesting and contrary to previous findings indicating that male prefer use of denial and do not use social and emotional support to cope (Carver, 1989), with the findings of the current study showing opposite of the previous reports. Other studies focusing on the association of the two variables had varied reports. An evaluation by Hofstein (2009) reported use of similar levels of coping by both gender, while male relied more on active coping. Mohino (2004) reported that male relied more on approach strategies, while Newhard (2014) noted that male utilize avoidant coping skills. Chubaty (2001) reported that both gender engage in inappropriate coping attempts. Based on these studies, more studies focusing on the coping skills preferred by both gender in rehabilitation facilities should be conducted, so as to add on the results of the current study on the relationship between the two variables.
An assessment of scores from the three groups that perceived the living environment within the rehabilitation facilities as negative, neutral and positive indicated significant differences between the means, and that there was a significant relationship between adolescents’ perception of the living environment and utilization of various coping mechanisms. Majority of the respondents agreed that the living environment was good and had medium utilization of coping skills. Also, results showed that no adolescent confined for less than one year reported high utilization of coping skills regardless their perceptions about the living environment. Also, those confined for more than one year had no high coping skills utilization apart from those who saw the living environment as good. Therefore, with perceptions of the living environment as bad, neutral or good, and increase in confinement duration, utilization of coping skills increased as well. These findings are similar to findings on evaluation by Julie (2011) which reported that warm interactions and peer involvement with other is associated with using effective coping styles. A similar evaluation by Badah (2010) noted similar findings and noted a significant relationship between custody experiences, institutional vulnerability and adjustment. Further research is recommended in this area to explore more and build on the existing scholarly work on the living environment effect on coping styles.

5.2.3 The Relationship between Attitudes towards Rehabilitation and Psychological Coping Strategies
The study also assessed whether attitudes towards rehabilitation is associated with psychological coping strategies among confined adolescents. There were significant differences with findings of the current research indicating a significant positive relationship between the two variables. In other words, an increase in the level of attitudes towards rehabilitation indicated an increase in the utilization of various coping skills used. Also, in assessing the relationship between attitudes towards rehabilitation and the various coping strategies utilized by the adolescents, it was found that not all strategies were associated with attitudes. Only self-distraction, planning, active coping, instrumental support, religion and emotional support and acceptance had significant positive relationships with attitudes towards rehabilitation. The other coping skills had no relationship with attitudes. Also, the correlation coefficient (rho) of all the coping
strategies was less than the perfect (+1), hence concluding that there was a weak positive relationship between respondents attitudes and coping skills.

The findings were similar to findings derived by other scholars in similar evaluations. Inmates require ample treatment motivation and attitudes so as to benefit from interventions offered in confinement through appropriate coping and adjustment regardless of time spent in confinement. This can ensure that there is a positive reforming during and after incarceration. Also, long durations of confinement can lead of complacency and loss of hope as well as passive coping (Kupers, 2007; Enzmann, 2003; Owen, 2005; Helm, 2009). Studies biased in these variables and focusing on similar characteristics of this study in terms of respondents and programmes are needed so as to shed light on whether attitudes towards rehabilitation translates to utilization of various coping skills among juvenile adolescents confined in approved/ rehabilitation programmes/ facilities.

5.2.4 Summary of the Major and Other Findings

In assessing the relationship between of duration of confinement in rehabilitation schools, the regression coefficients suggested significant changes in the attitudes towards rehabilitation, scores of the adolescents at the two different levels of being institutionalized in the rehabilitation schools from institutionalization of less than one year. Similarly, a positive significant relationship was reported in correlation coefficients between attitudes towards rehabilitation and psychological coping strategies. Similarly, there was an relationship was reported between duration of institutionalization and utilization of psychological coping skills. Also, significant reports were seen in the relationship between the living environment and attitudes towards rehabilitation, the relationship between living environment and coping skills, but no relationship was found between gender and coping skills. Two hypothesis tests: Phi and Cramer’s V tests of the strength of relationship between the variables both showed the distribution of attitudes towards rehabilitation, psychological coping strategies and the scores of the relationship between the two dependent variables and the medians of all three variables to vary across the two levels of being confined for less than one year or more than one year in the
juveniles rehabilitation schools. The researcher concluded that duration of institutionalization in the juvenile’s rehabilitation schools has a significant relationship with attitudes towards rehabilitation, as well as utilization of the different coping skills among the adolescents.

On the relationship between the two variables attitudes towards rehabilitation and psychological coping strategies tested using correlations coefficient, a spearman chi square value of 0.001 at 0.005 significance showed the pattern of attitudes towards rehabilitation and psychological coping strategies awareness scores among respondents within the medium utilization of coping skill category suggesting a positive relationship between the two variables. However, comparisons of attitudes and the coping skills did not attain the perfect +1 correlation coefficient, concluding that the positive relationship between the two variables was a weak relationship. Also, not all the coping skills used in this study had positive relationships with attitudes towards rehabilitation. The various coping strategies which indicated a relationship were planning, religion, emotional support, instrumental support, self-distraction, active coping and acceptance, with weak positive attitudes. The other coping strategies had no relationship with rehabilitation attitudes.

Among the categorical intervening variables, respondents’ age and living environment had statistical significance on attitudes towards rehabilitation, as well as on psychological coping skills. Gender had a statistical significance on attitudes towards rehabilitation, but it had no statistical significance on utilization of the various psychological coping skills. The independent variable of living environment had a more statistical positive significance on attitudes towards rehabilitation, as well as on psychological coping strategies as compared to age and gender.

5.3 The Findings in View of Theoretical Perspectives
The theoretical framework used for this study was general strain theory and the coping theory. The general strain model conceptualizes inmates’ experiences of three types of strains associated with periods of confinement. In this study, confinement strains
represented strains experienced by inmates due to the incarceration experience. These strains would not be experienced generally by young people who are not confined. Thus, the strains are over and above the young delinquent’s baseline level. On confinement change, this theory therefore explains coping, fruitful or ineffective integration into the society as well as later chances of recidivating. Advocates of this theory say that prisoners who go through these various strains adjust unsuccessfullly and possess higher possibilities of reoffending in the future (Porporino, 1988).

These concepts are comparable to the study’s main interest of finding out whether inmates in confinement engage in prisons values and beliefs bigoted by other inmates, proved by the attitudes formed by the inmates regarding confinement and various programs, eventually (Porporino, 1988). Thus, this was essential in examining the influence of strain variables on confinement attitudes, beliefs and coping/ misconduct (assaults/violence, possession of drugs/ alcohol, victimization threats, theft, disobedience, non-compliance with facility rules). This was also in line with the current study’s independent variable as studies have indeed shown that strains witnesses in confinement are affected by the length of time inmate are institutionalized, the living environment within prisons (living conditions of the facilities, victimization risks and interactions with peers and staff), post liberation expectations, gender and age. The length of time in incarceration was studied as the independent variable and how it was associated with the study’s dependent variables. Factors likely to influence strains experienced by inmates were also studied as the confounding variables, which were gender, age and the facilities living environment, in line with Zingraff (1975) arguments.

For the invented adaptations to happen, an interruption from normal life after incarceration caused by detention, forming beliefs, being influenced by the confinement’s features (environment, staff, other inmates) must happen, compounded by inmates inner characteristics (age and gender). The researcher sought to find out during the focus group discussions and interview sessions whether the inmates went through these key elements as explained in the theory. The study also borrowed concepts from the scales used to measure undesirable feelings, beliefs and emotions as well as strain related aspects.
EssenCES scale, CVTRQ scale and the brief COPE scale were used; they are common tools used by many scholars to examine the effects of the confinement experience as well as the outcomes of the experiences and perceptions (Cesaroni, 2010; Van der Helm, 2011). These variables were used so as to measure confines view of the degree to which environment is accommodating of therapy and therapeutic change, mutual support’s presence, tension, perceived threat of violence, attitudes and beliefs, desire to change, beliefs about personal responsibility for offending actions, perceived ability to participate in treatment programmes and a broad range of coping reactions.

Deprivation of autonomy can be like being directed on when to eat, take a shower, see a family member, all where an inmate does not have power over during incarceration. Additionally in deprivation of sovereignty, goods and services, categorization is similar to another key worry for inmates. Both of the rehabilitation facilities studied used categorization to verify program placements and rehabilitation services. Some of the EssenCES measures such as the caregivers-inmates interactions, fear/ perceptions exerted on other inmates/ staff and perceived social support and cohesion were used to evaluate goal blockage. These items paid attention to most of the goals common among confined inmates like facility rights, control and quality of communications, structure and free will which all indicate goal blockage in confinement. Using a scale, the items focused mainly on the inmates’ incapability of achieving a positively esteemed objective. Participants were requested to indicate their levels of success in attainment of the goals during their stay in the facilities.

Removal of Positively Valued Stimuli causes stressor as a result of the incarceration experience. Control, quality of interactions, structure and freedom were integrated in this study and used to replicate Agnew’s subsequent strain types that often comes by with loss of a upbeat stimuli or losing something good. Some variables had questions that measured the social living environment. This allowed the researcher to identify aspects related to confines conditions of confinement associated with negative emotions and misconduct. In addition to this, some items from the attitudes motivation scale were used to determine inmates’ reactions, beliefs and attitudes to losing autonomy due to
incarceration. Coffman (1961) noted that the confinement process takes away inmates’ sense of self-identity ends autonomy temporarily and limits their movement and freedom. Inmates losing autonomy are in denial’ they are unable to even make simple decisions independently. Basically, this further increases strain due to loss of autonomy as well as other privileges. Some other questions examined strains brought on by their reactions to stressors, perceptions and beliefs regarding confinement as compared to times before confinement, with the questions being Likert scaled.

Presentation of Noxious Stimuli focuses on existence of negative/ deleterious stimuli and incapacity of inmates to efficiently flee or withstand such stimulus. Confinement setting is mostly linked to such negative stimuli due to dangerous, uncomfortable, overcrowded and conditions that are unpleasant. Some of the questions in this study focused on the status of rehabilitation amenities to examine their levels and effects on inmates ability to have appropriate perceptions, beliefs and adjust appropriately. Accomplishing this was done through the items structured to explore inmates’ experiences upon incarceration such as their views regarding living conditions, as well as other environmental worries within the facility. To capture into the third strain type, questions were again taken from the three scales used by the researcher. Experienced safety grasped the risk of being maltreated by the fellow inmates, or mistreatment by staff. Therapeutic Hold, Cohesion and Mutual Support sub scales measured an inmate’s perception of just and equitable treatment. Also, inmates were asked about their readiness and willingness to change, bearing in mind the presence of negative feeling, emotions, beliefs and experiences. This was meant to assess their effectiveness in avoiding or responding to the negative stimuli. The various subscales of the CVTRQ scale helped to assess inmates perceptions and decisions to change amidst the negative stimuli. The rehabilitation experience triggered adolescents to review beliefs, reactions and attitudes about themselves and about the rehabilitation environment and was the motivation for developing positive attitudes and utilizing appropriate coping skills. The confinement environment also seemed to drive the inmates into deep self-reflection enough to enhance the needed positive change.
The study also used the brief COPE questionnaire to measure connections between strain and reactions as well as responses. As noted in literature review, coping skills help to minimize the influence of strain and watch over inmate’s decision to resist delinquent methods of dealing with strains effects. The study measured multiple coping strategies used in the questionnaire by asking inmates to imagine some of the inquiries related to the nature of being confined. According to Spielberger (2009) determining psychological coping skills are essential in understanding stressors and help to connect intense emotions to particular triggers. The Brief COPE tool used in the study was developed by Carver (1989) for identify broad coping responses to assist individuals deal with strains. The tool has been used transversely on different settings with teenagers, adults, juvenile delinquents as well as older offenders, and is a reliable and valid measure of coping approaches (Carver, 1997; Krageloh, 2011; Nunnally, 1978). In the study, all the 28 items of the scale were used and respondents were asked to give responses to the subscales guided by the items with responses ranging from 1 to 4. Utilization of coping skills was based on the scores in each subscale. Sealock (2004) used the Brief COPE to identify gender dissimilarities pointed out that these coping processes are comparable to those used in previous strain studies.

Other social demographic variables are strongly related to confinement adaptation (Flanagan, 1983; Wooldredge 1991, 1994). The research used some methods as controls to certify the relationship of confinement strain. Appropriate and demographic aspects were gathered for every respondent incorporated in the sample targeted to help manage for significant predictor variables, including basic demographic information on age, gender and living environment. Incorporating these variables permitted for a more comprehensive understanding of the attitudes and adjustment strains faced by inmates. For instance, it is vital to find out the claims that incarceration make inmates worse, due to the nature and conditions of the environment in confinement. Also, examining these variables in the targets contexts gave way for a direct assessment of the theories in determining whether strains indeed cause inmates to react negatively by engaging in deviant behavior for instance, in the confinement. For most inmates, rehabilitation experiences did not hinder them from utilizing appropriate coping skills.
5.4 Conclusion

In view of the study’s results, the conclusion was that duration of confinement of the adolescents for purposes of reforming them has significant relationship with the adolescents attitudes and coping skills. The experiences of adolescents in rehabilitation schools show that the rehabilitation programs carried out provide an ample forum for the adolescents to review their reactions and perceptions. Thus, the experience trigger them to develop varying attitudes overtime, as they get used to the new environment, so do their ability to develop appropriate attitudes. The attitudes developed inmates to utilize various coping responses. Developing positive attitudes result to high utilization of appropriate coping skills so as to benefit fully from rehabilitation and inhibit negative feelings and emotions. Thus, rehabilitation programs provide an ample ground for the adolescents to understand short and long term benefits, thus giving them a chance to reflect on mistakes, revise beliefs regarding being confined for a particular period of time, assess capabilities and make decisions to reform. Undergoing rehabilitation in the approved schools as observed in this study is helpful; rehabilitation programs need to be enhanced to meet the current advancements so as to fully benefit the inmates. This should also be done together with enhancing the staff capacity so as to enable them handle varied and unique adolescents better.

Several significant relationships were noted among the study variables and also lack of relationship on one confounding variable. There was significant relationship between duration of institutionalization and adolescents attitudes with most adolescents having neutral attitude. There was an also significant relationship between duration of institutionalization and adolescents utilization of various psychological coping strategies where majority had medium utilization of coping skills. Thirdly, attitudes towards rehabilitation and psychological coping skills utilization had a significant positive weak relationship. Additionally, there was a significant relationship between living environment and psychological coping, living environment and adolescents’ attitudes, age and psychological coping skills utilization, age and attitudes towards rehabilitation, and also gender and attitudes towards rehabilitation. However, there was no relationship between gender and psychological coping mechanisms utilized by the adolescents.
5.5 Recommendations

From the results obtained in this study and the theoretical perspectives considered, the researcher recommends that;

i. Rehabilitation programs should ensure that all the adolescents are motivated and supported to benefit fully from rehabilitation and adapt well to confinement. Adolescents with neutral attitudes regarding rehabilitation as well as medium utilization of coping skills need to be supported with resources and guidance to have a positive shift towards high utilization of appropriate coping skills and developing positive rehabilitation attitudes. Those with positive attitudes and high coping skills utilization should be regularly motivated to enhance this. The few ones with negative attitudes and low utilization of coping should be encouraged/ get assurance to help them embrace the change and rely on useful ways of coping.

ii. More studies are needed in the other government rehabilitation schools guided by objectives and variables similar to the ones used in the current study to assess the findings variations and similarities in comparison to the findings from the two rehabilitation schools used as the current study’s samples. Additionally, studies focusing on the link between gender and coping should be emphasized on to find out if indeed the two variables are not associated.

iii. Additional research studying adolescents throughout their stay in rehabilitation can help to reveal more about the adolescents’ changes. Also, research is needed focusing on previously incarcerated adolescents who are integrated back to the society after undergoing three years of rehabilitation so as to assess their progress and views regarding the rehabilitation experience so as to find out whether the rehabilitation process was positively impactful and also assess the sustainability of the rehabilitation outcomes on them. Their suggestions and feedback can help enhance rehabilitation programmes more.

iv. The rehabilitation programmes made available to institutionalized adolescents should utilize factors that maximize positive reforming of the inmates confined for their offenses, while at the same time, minimize or completely address strain factors that make some of the institutionalized adolescents become worse, especially those confined for protection and care, since the two categories of inmates interact on a
level ground and they are all at a very critical time of their life where peer pressure can easily change the perceptions, attitudes and behaviours. This will ensure great advancement of all inmates regardless of durations in confinement and reasons for institutionalization.

v. Continuous refresher trainings/capacity building of the facilities staff be done to enlighten them and improve on their skills in handling this special group of citizens on the process of rehabilitation and positive and long lasting behaviour reformation and how they can facilitate that process in the rehabilitations various settings (classrooms, during vocational skills trainings, during guidance and counseling and when having informal interactions). This will help them address strains experienced by the inmates; thus positive outcomes.

vi. The current practice of incarcerating juveniles for the three years period is encouraged; inmates who show tremendous change before the three years period should be released based on their projections and staffs assessment of the inmates. In addition to this, crucial attention should be given to those who have stayed in the facilities for short time period so that they can take the transition positively bearing in mind the unfamiliar setting and people which can generate a lot of fear, frustrations and stress. Those used to the settings for staying there for longer periods of time should be targeted to encourage the newcomers, but also ensure they do not result to inappropriate coping ways but enhance positive attitudes and maximum utilization of appropriate coping skills due to experiencing excessive strains for long periods of time and being used to the setting and due to feelings of hopelessness and worry of what happens next after their end of sentence. Incarceration sentences should focus more on the positive changes by inmates regardless of the incarceration length to ensure that inmates do not feel hopeless thus engage in undesirable behaviours when in confinement and recidivate later.
REFERENCES


U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, *Prison Inmates at Midyear 2007* – Statistical


APPENDICES

Appendix 1: Letter for participant consent

Researcher: Diana Njoki Mwangi
University of Nairobi, Department of Psychology
Dear Participant,

I am a student at the University of Nairobi undertaking a Master of Psychology (Community Psychology). This research is towards fulfillment of my Master of Psychology Degree. The focus is on examining the relationship between institutionalization, attitude towards rehabilitation and coping strategies among adolescents in two rehabilitation schools in Nairobi. This will help in enhancing rehabilitation outcomes through exploring the ways in which needs of the research group can be tailored to improve their quality of life. Your honest feedback is thereby appreciated so as to make appropriate recommendations through the research findings. The study consists of an anonymous questionnaire. The findings will be used in my analysis for my thesis. There are no risks of participating as well as personal benefits, but it is anticipated that those who participate will contribute to the scholarly research in the field of community psychology education, professional development of those involved directly in the process of rehabilitating juvenile offenders, and all stakeholders in the sector of criminal justice in Kenya. Since all responses are confidential, please do not write your name on the questionnaire. Your answers will not be known to others. Thank you in advance for your time and participation.
Appendix II: Adolescents’ Questionnaires to Examine Relationship between the Study’s Variables

PART A

(i) Age .......... years old

(ii) Gender (Male) (Female)

(iii) For how long have you stayed here? (0-6 Months) (6-12 Months) (1 Year- more)

(iv) Questionnaire to assess the living conditions/ environment

Please read each statement below carefully then decide to what extent you agree or disagree with how you feel

<table>
<thead>
<tr>
<th></th>
<th>(1) I Do Not Agree At All</th>
<th>(2) I Do Not Agree</th>
<th>(3) Neutral I Agree</th>
<th>(4) I Agree</th>
<th>(5) I Agree Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is good support among us</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When we have a problem, we find support from each other</td>
<td></td>
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<tr>
<td>We care about each other’s problems</td>
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<td></td>
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<tr>
<td>We care for each other at all times</td>
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</tr>
<tr>
<td>Even the weakest amongst us finds support from the rest of us</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caregivers use a lot of their time to deal with us and help us</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caregivers take a personal focus in our progress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Caregivers know us and our backgrounds and histories very well

We can talk about our problems and challenges to caregivers openly

Often, caregivers seem as if they do not care if we fail or succeed in our daily activities/ programs

Some of us are so sensitive and we deal with others very carefully

There are some very violent/ get angry easily inmates here

Some of us fear other inmates

Threatening/ scary situations can take place here

At times, caregivers are threatened by some inmates

**PART B**

Questionnaire to assess attitudes towards rehabilitation

*Please go through statements below carefully then circle one number that show to what extent you agree or disagree*

<table>
<thead>
<tr>
<th>Question</th>
<th>(1) Strongly Disagree</th>
<th>(2) Disagree</th>
<th>(3) Neutral</th>
<th>(4) Agree</th>
<th>(5) Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehabilitation programmes are</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

113
<table>
<thead>
<tr>
<th>Waste/ not useful</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I desire to change</td>
<td></td>
</tr>
<tr>
<td>I can trust others in this place</td>
<td></td>
</tr>
<tr>
<td>I am unable to participate in rehabilitation programmes</td>
<td></td>
</tr>
<tr>
<td>I am to blame for my mistakes/ offence(s)</td>
<td></td>
</tr>
<tr>
<td>Rehabilitation programmes do not work</td>
<td></td>
</tr>
<tr>
<td>When I think about the last mistake I did, I get angry with myself</td>
<td></td>
</tr>
<tr>
<td>Other people should be blamed for my offence(s)/ mistakes</td>
<td></td>
</tr>
<tr>
<td>I am angry/ upset about being in rehabilitation.</td>
<td></td>
</tr>
<tr>
<td>Stopping making mistakes is very important to me</td>
<td></td>
</tr>
<tr>
<td>I am well organized</td>
<td></td>
</tr>
<tr>
<td>I feel bad/guilty about my mistakes</td>
<td></td>
</tr>
<tr>
<td>I have not made mistakes for some time now</td>
<td></td>
</tr>
<tr>
<td>I do not deserve to be confined in this rehabilitation school</td>
<td></td>
</tr>
<tr>
<td>Being seen in rehabilitation upsets/ angers me</td>
<td></td>
</tr>
<tr>
<td>When I think of my stay at this place, I feel angry with others</td>
<td></td>
</tr>
<tr>
<td>I regret the mistake that made me</td>
<td></td>
</tr>
</tbody>
</table>
to be brought in this place
I feel ashamed of my mistakes
I hate it when am told what to do here
Rehabilitation programmes are for cowards

**Questionnaire to examine coping skills used**

*Please indicate what you generally do and feel when under a lot of stress during your stay here by circling one number*

<table>
<thead>
<tr>
<th></th>
<th>(1) I haven’t been doing this at all</th>
<th>(2) I’ve been doing this a little bit</th>
<th>(3) I’ve been doing this a medium amount</th>
<th>(4) I’ve been doing this a lot</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I've been turning to various activities to take off my mind from the things I experience here</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I've been focusing my efforts in doing something about my situation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I've been telling myself “this isn't real”</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I've been using cigarette, alcohol and other drugs to feel better</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I've been receiving emotional support from others who are here</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I've been despairing when trying to deal the reality of my staying here and the things I have to participate in</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I've been doing something to try make the situation of staying here and doing</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I've been refusing to believe that I am actually staying in this place
I've been saying some things to let my bad feelings of staying here escape
I've been saying some things to my mates and caregivers to let go of my bad feelings
I've been getting help and advice from my mates and caregivers
I've been using cigarette, alcohol or other drugs to help me relax
I've been trying to perceive my stay here more differently and positively.
I've been rebuking myself
I've been trying to plan on what to do about my stay in this place
I've been experiencing comfort and understanding from mates and caregivers
I've been giving up the efforts to cope
I've been looking for something nice in what I do here
I've been joking about my stay here and the things we do
I've been thinking about how best to stay in this place
I've been accepting the fact that I live in this place
I've been expressing negative feelings
I've been turning to religion or spiritual beliefs for comfort

My mates and friends have been advising and helping on what to do

I've been trying to live with the fact that am staying in this place

I've been thinking deeply about the steps to take so I benefit from what I do and learn here

I've been blaming myself for what happened, the mistakes/ offences I committed and for being brought here

I've been praying when I can

I've been making fun of my staying here and participating in the various activities here
Appendix III: Focus Group Discussion Guide for the Adolescents

1. How did you feel when you were brought to this place? When you compare when you joined this facility and now, how do you feel about yourself now and what you do here every day?

2. What have been your experiences in this rehabilitation school? How do you relate with the caregivers and your peers?

3. Do you think you are able to participate in all the activities here or which activities are you most interested in participating in here? What kind of challenges do you or your peers face here?

4. What do you do when you are stressed; have a problem, experiencing various challenges or trying to live with the reality of being confined during your stay here?

5. Do you feel ready to go back home or would you want to stay here for a longer period of time?

6. What do you plan to do with the skills you have acquired during your stay here when you leave this place?
Appendix IV: Interview Schedule to the Caregivers (Welfare Officers, Vocational Instructors and Teachers)

Job description…………………………

For how long have you been working in this rehabilitation school…………….?

What is your highest academic/ professional qualification…………………?

Questions regarding the adolescents attitude and coping

1. What responsibilities are you mostly engaged in related to the adolescents’ welfare and rehabilitation?
2. Do they engage in things that indicate that they are ashamed and regret the mistakes they did making them be confined here? What are some of those indicators?
3. Give me your views on the preparedness and willingness of the adolescents to stay here, live harmoniously amongst themselves, follow rules and be committed to the daily activities and programmes aimed to reform them.
4. How would you describe the adolescents' behavior and conduct during their stay here?
5. Comparing the time when they were brought here and now, what would you say about their progress so far?
6. What indicators portray their eagerness of maximum utilization of time and resources provided?
7. What things that they say or do to show that they are optimistic of the rehabilitation outcomes?
8. According to you, how would you describe the adolescents’ preparedness to leave this place?
Appendix V: Research Permit

THIS IS TO CERTIFY THAT:
MS. DIANA NJOKI MWANGI
of THE UNIVERSITY OF NAIROBI, 0-1002 Madaraka- Thika, has been permitted to conduct research in Kiambu, Nairobi Counties

on the topic: RELATIONSHIP BETWEEN INSTITUTIONALIZATION, ATTITUDES TOWARDS REHABILITATION AND PSYCHOLOGICAL COPING STRATEGIES AMONG DELINQUENT ADOLESCENTS IN NAIROBI COUNTY REHABILITATION SCHOOLS

for the period ending: 12th October, 2018

Applicant’s Signature

Permit No: NACOST/P/17/29144/19586
Date Of Issue: 16th October, 2017
Fee Received: Ksh 1000

Director General
National Commission for Science, Technology & Innovation

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.

Serial No. A 16195
CONDITIONS: see back page
Appendix VI: Research Authorization

National Commission for Science, Technology and Innovation

Ref: No. NACOSTI/P/17/29144/19586

Diana Njoki Mwangi
University of Nairobi
P.O Box 36197-00100
NAIROBI.

Re: Research Authorization

Following your application for authority to carry out research on “Relationship between institutionalization, attitudes towards rehabilitation and psychological coping strategies among delinquent adolescents in Nairobi County Rehabilitation Schools” I am pleased to inform you that you have been authorized to undertake research in Kiambu and Nairobi Counties for the period ending 12th October, 2018.

You are advised to report to the County Commissioners and the County Directors of Education, Kiambu and Nairobi Counties before embarking on the research project.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit a copy of the final research report to the Commission within one year of completion. The soft copy of the same should be submitted through the Online Research Information System.

GODFREY P. KALERWA MSc., MBA, MKIM
FOR: DIRECTOR-GENERAL/CEO
Appendix VII: Letter of Authorization from the University/ Department to Kabete Rehabilitation School

UNIVERSITY OF NAIROBI
FACULTY OF ARTS
DEPARTMENT OF PSYCHOLOGY

Telegram: Varsity Nairobi
Telephone: 3318252 ext.28439
Telex: 22095

P.O. BOX 30197
NAIROBI
KENYA

August 2, 2017

The Kabete Rehabilitation School

RE: DIANA NJOKI MWANGI– C50/82659/2015

The above named is a student in the Department of Psychology undertaking a Masters degree in Community Psychology at the University of Nairobi. She is doing a project on “Relationship between institutionalization, attitudes towards rehabilitation and Psychological coping strategies among delinquent adolescents in Rehabilitation Schools in Nairobi”. The requirement of this course is that the student must conduct research thesis in the field and write a Project.

In order to fulfill this requirement, I am introducing to you the above named student for you to kindly grant her permission to collect data for her Masters Degree Project.

Yours Sincerely,

Dr. Luke Odiemo
Chairman,
Department of Psychology
Appendix VIII: Letter of Authorization from the University/Department to Dagoretti Rehabilitation School

August 2, 2017

Dagoretti Rehabilitation School

RE: DIANA NJOKI MWANGI–C50/82659/2015

The above named is a student in the Department of Psychology undertaking a Masters degree in Community Psychology at the University of Nairobi. She is doing a project on “Relationship between institutionalization, attitudes towards rehabilitation and Psychological coping strategies among delinquent adolescents in Rehabilitation Schools in Nairobi”. The requirement of this course is that the student must conduct research thesis in the field and write a Project.

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Yours Sincerely,

[Signature]

Dr. Luke Odiemo
Chairman
Department of Psychology
Appendix IX: Letter of Authorization from the Director of Children’s Services to Dagoretti Rehabilitation school management

MINISTRY OF EAST AFRICAN COMMUNITY, LABOUR AND SOCIAL PROTECTION
STATE DEPARTMENT FOR SOCIAL PROTECTION
DEPARTMENT OF CHILDREN’S SERVICES

Telegrams: “APPROVED”,
Nairobi
Telephone: Nairobi 2228411
E-mail: children@labour.go.ke
Fax: Nairobi 2248827

CS/4/2/19

1st November 2017

Thro’
The County Coordinator Children’s Services
NAIROBI COUNTY

The managers,
Rehabilitation School
NAIROBI COUNTY

RE: AUTHORITY TO CONDUCT RESEARCH

The bearer of this letter, Diana Njoki Mwangi (ID No. 27189380) is a student at the University of Nairobi, pursuing Masters Degree in Community Psychology.

The course requires that the student conducts research in her area of study.

In this regard, authority has been granted for the above named to undertake her research in your institution.

While conducting her research, she is expected to abide to all Government regulations

Attached are copies of her introductory letter from the National Commission for Science, Technology and Innovations.

Grace Gitau

FOR: DIRECTOR CHILDREN’S SERVICES
CC: Dagoretti Girls Rehabilitation School
          Kabete Rehabilitation
Appendix X: Letter of Authorization from the Director of Children’s Services to Kabete Rehabilitation school management

MINISTRY OF EAST AFRICAN COMMUNITY, LABOUR AND SOCIAL PROTECTION
STATE DEPARTMENT FOR SOCIAL PROTECTION
DEPARTMENT OF CHILDREN’S SERVICES

Telegrams: "APPROVED", Nairobi
Telephone: Nairobi 2228411
E-mail: children@labour.go.ke
Fax: Nairobi 2248827

CS/4/2/19

1ST November 2017

Tho’
The County Coordinator Children’s Services
NAIROBI COUNTY

The managers,
Rehabilitation School
NAIROBI COUNTY

RE: AUTHORITY TO CONDUCT RESEARCH

The bearer of this letter, Diana Njaki Mwangi (ID.No. 27189380) is a student at the University of Nairobi, pursuing Masters Degree in Community Psychology.

The course requires that the student conducts research in her area of study.

In this regard, authority has been granted for the above named to undertake her research in your institution.

While conducting her research, she is expected to abide to all Government regulations

Attached are copies of her introductory letter from the National Commission for Science, Technology and Innovations.

Grace Gitau

FOR: DIRECTOR CHILDREN’S SERVICES
CC: Dagoretti Girls Rehabilitation School
✓Kabete Rehabilitation
Appendix X1: Map of part of Nairobi’s Lower Kabete where Kabete Rehabilitation School is located
Appendix XII: Map of part of Nairobi’s Dagoretti where Dagoretti Rehabilitation School is located