# THE EFFECTIVENESS OF PSYCHOLOGICAL DEBRIEFING AS A STRATEGY INTERVENTION IN CONTROL OF CRIME AND DEVIANT BEHAVIOUR. A CASE STUDY OF KENYA MEDICAL TRAINING.

By

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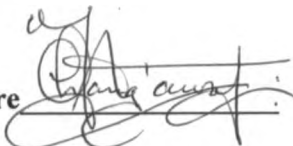
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# DECLARATION

I declare that this is my original work and has not been presented in any other institution for any other purposes.

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# DEDICATION

My special dedication goes to my Lovely Wife and children Tallo and Mingedi, to my

sister Mary and especially my late mother Mama Perez and my late brother Toni

"wish they were here to see me"

# ACKNOWLEDGEMENT

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# ABBREVIATION/ACRONYMS

PD          Psychological debriefing

KMTC      Kenya Medical Training College

DB          Deviant Behaviour

PTSD      Post Traumatic Stress Disorder

CISD      Critical Incident stress Debriefing

ASR       Acute Stress Reaction

PTR       post Trauma Reactions

PT          Post Traumatized

MSD       Multiple Stressor Debriefing

RM         Raphael's Model

DM         Dyregrov's Model

MMD      Mitchell's Model of Debriefing

PIE        Proximity, Immediately and Expectancy

# ABSTRACT

Psychological debriefing has been described as an intervention after a catastrophe, allowing victims to talk about their experience and receive information of the catastrophe, going through each stage of events. The study sought to find out if the effectiveness of psychological debriefing as a strategy intervention can control and reduced crime and deviant behaviour.

The study also wanted to find out if the implementation of P.D schedules given on a period of a time frame increases the awareness of crime and deviant behaviour. To identify which model of P.D can be considered as a solution rather than a part of an integrated counselling treatment program. To find out if early P.D intervention will lessen stress situation causes by crime and deviant behaviour. To find out if the approaches of P.D implementation can be used as a management tool to control crime and deviant behaviour to larger population and settlement. And to determine if PD intervention can be used as an orientation for security and mitigation measures.

The study was conducted to investigate the P.D effectiveness in the medical training in control of crime and deviant behaviour among staffs and students. The study had 100 respondents from the four selected colleges population who were divided using the Andrew Fischer method to determine the sample.

Both qualitative and quantitative data were used in the study. Qualitative data was collected from the key informants who were the staff and students through interview. Quantitative data was analysed using the statistical package for social science

(S.P.S.S) which gave the result in form of tabular and graphical presentation and the data analysis by using the descriptor statistical percentage.

The study revealed that routine provisions of an early PD intervention can have a major effect on behaviour which includes the physiological, emotional and cognitive influence. The study also found that an early intervention can control maladaptive and disruptive cognitive and behavioural patterns of crime and deviant behaviours.

The study also determine the effectiveness of P.D in the respondents who were tested show a higher percentage of awareness then the respondents who were not tested towards crimes and security precautions in the medical training.

The study also identifies the two key models which were used as a strategy intervention which included the organization of the P.D models and the time – frame schedules. Finally the study determine of P.D can prevent stress. It showed that group (a) which were given the PD innovation test agree that stress decreased while group B, were not sure of their level of their distress.

Based on the result of the study, a number of recommendation and suggestion were made the key recommendation were a clearly defined model and guideline of P.D should be used with time – frame schedule's and debriefing intervention by trained professional. A monitoring and evaluation of occurrence and events should integrate with the P.D, P.D is a solution problem solving rather than a part of an integrated counselling treatment programme.

# CHAPTER ONE: INTRODUCTION

## 1.1    Background Information

Psychological debriefing (PD) has been described as an intervention conducted by trained professionals shortly after a catastrophe, allowing victims to talk about their experience and receive information on "normal" types of reactions to such an event. It has been widely advocated for routine use following a range of major traumatic events i.e civil war, car accident, starvation, riots etc especially where human casualties and suffering occurs. Several methods of PD have been described such as emotion reaction, thoughts and mood changes and experience of the events. Although most professional consider a PD to be a single-session, semi-structured crisis intervention designed to reduce and prevent adverse psychological responses to the traumatic event (Bisson, McFarlane & Rose, 2000). In the past, claims have been made that the use of psychological debriefing may prevent the onset of more long-term psychological problems (Hodgkinson and Strewart, 1991) and was initially described as a group intervention for emergency workers (Mitchell, 1983) who seen as one part of a comprehensive, systematic, multi-component approach to the management of traumatic stress (Mitchell, 1993), but it has also been used with individuals (Tehrani & Westlake, 1994) and as a stand-alone intervention as seen in VCT (Volunteering counselling and Testing) in screening of HIV/Aids infected person. PD manger purpose is to review the impressions and reactions of the victims shortly after a traumatic incident. According to Bisson, McFarlane and Rose (2000) describe the purpose of PD as the provision to survivors of a traumatic experience giving an opportunity to review their impressions Victims are assured that they are normal people who have experienced an abnormal event.

There can be little doubt that rapid assistance and support following a traumatic incident such as been involved direct or indirect in criminal incidents can be beneficial in a variety of ways. 'Early intervention' strategies may serve a variety of needs simultaneously including the need for anyone to provide assistance and show concern, the need of victims to talk about and understand what happened and to gain control, and the need to those not directly affected to overcame feelings of helplessness, guilt at having gone through the incidents especially the traumatic encounter with death or aggressive body injuries. However it is also undeniable that the wrong type of intervention, or interventions by the wrong person, may be damaging, the various models of psychological debriefing are designed to include most of these requirements and offer a way of ensuring that they are covered in the aftermath or pre-math of an incident, this providing a visible method of delivering part of the organizations duty of care. In order to optimise the effectiveness of any intervention the professionals should also provide information for families, communities, and individuals who are caught up in the incidents either through literature, posters, meetings, led by someone qualified and able to provide reassurance and directions. (Mayer, 2005)

According to, Robert G. Caldwell (1956, NY) Criminology is the field of study resulting from attempts to apply scientific methods of analysis to problems of criminal behaviour. Though various scientific disciplines makes contributions, there is no unitary science of criminology such as is the case with physics, chemistry, anthropology, psychology, sociology, etc, likewise, there is no clearly defined occupational speciality as a criminologist, as there is a psychiatrist, sociologist and economist.

A crime which is a behaviour that violates the norms of society or, simply antisocial behaviour, it is not any standard or rule regarding what human beings should or should not think, say, or do under given circumstances. In the legal issues crime is an international violation of the criminal laws or penal codes committed without defences or excuse and penalized by the state. In which over criminalization is the prohibition by the criminal law by some behaviours that arguably should not be prohibited. Just as juvenile which is a special category of offence created for young offenders, usually those between seven and ten years while below eighteen years of age are the Juvenile delinquency also referred to as conduct problems usually affecting the youths, on the point of view of an observer, are merely socially distributed or more seriously anti-social *(Cambridge Mass;(1950) and Albert K. Cohen,( 1955)*

## 1.2 Problem Statement

There is relatively little known about the effects of psychological debriefing commonly known with the abbreviation (PD) as a strategy intervention in controlling antisocial acts (critical criminology and deviance behaviour). Few articles specifically about children have been published on the effectiveness of PD in which is focusing on the developmental perspective, what might be effective for older adult (age 32 – 50 years) may not be appropriate to younger adult (age 18 – 30 years).Especially after a traumatic incidents, like involvements or experience crime incidents events.

Psychological debriefing is one of a number of early interventions available to support people or individual who have experienced an event which caused fear, helplessness or horror that are association with antisocial acts. The process of telling one's story as

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a way of dealing with crisis is a process that the human race has employed since the beginning of time. Therefore, it is not surprising that for many people the opportunity to talk about their traumatic experiences is well cared and valued especially when one is affected by an anti social act such as crime and deviance behaviour. Apparently, in the past this telling and re-telling of stories was undertaken by the community or family but today, with the breakdown of these groups counsellors and mental health professionals are taking the roles of the family and the community.

The need of a research study is to find out if PD is not just a traditionally use for disaster debriefing or intervention for disaster events but, can also be used to solve social problems such as how to prevent and control behaviour found in crimes and deviant.

Therefore, there is a need for a research study which is guided by the following questions:

i) Can the implantation of P.D schedules given on a period of a time-frame increases awareness of crime and deviant behaviour?

ii) Can P.D schedule be used as an orientation for security and mitigation measures?

iii) Can a model of P.D intervention be considered as a solution rather than a part of an integrated counselling treatment program?

iv) Which approaches of P.D models can be used as a management tool in control of crime and deviant behaviour in large population or settlement?

v) Can early PD intervention lessen the stress situation causes by crime and deviant behaviour?

## 1.3    Broad Objectives

The general objective is to know if the effectiveness of PD as a strategy intervention in controlling crime acts and deviant behaviour. This is to provide a better understanding about the nature of PD in minimizing the effects of anti social acts.

### 1.3.1. Specific Objectives

i) To determine if the implementation of P.D schedules given on a period of a time frame increases the awareness of crime and deviant behaviour.

ii) To identify which model of P.D can be considered as a solution rather than a part of an integrated counselling treatment program.

iii) To find out if early P.D intervention will lessen stress situation causes by crime and deviant behaviour.

iv) To find out if the approaches of P.D implementation can be used as a management tool to control crime and deviant behaviour to larger population and settlement.

v) To determine if PD intervention can be used as an orientation for security and mitigation measures.

## 1.4    Justification of the Study

We are both fascinated and disturbed by crime acts and deviance behaviour is our awareness and fascination is evident from the fact that they are essential ingredients in our mass media and the community as a whole. Crime acts and deviance behaviour intrigue because they comprise activities which are seemingly out of the ordinary; we are all often disturbed by these criminal acts and behaviour especially when it happens

in our education institution. There is evident on our fear and embarrassment that we feel when taken for granted norms and rules are broken.

The justification of the study was to find out if PD is not just an intervention for disaster and traumatizing events but can also be used as a preventive and control in social incidents such as crimes act and deviant behaviour. Such a study will definitely provide update information on the current state of PD models as a strategy intervention in controlling crime act and deviant behaviour. The justification of the study is to find out if crime act and deviant behaviour poise a major concern therefore controlling and increasing awareness is the key aim of the study. The significance of the study will be the insight on the various security precautions and counselling measurement needed to prevent crime acts and deviant behaviour.

## 1.5 Scope and Limitation

The medical training is specifically where the area where the research study was carried out and its focus on the medical institution within select counties. However, due to the nature of great numbers and diversity of the colleges, a study will certainly be curtailed by limited funds and time frame. Therefore, this medical training does not exist in isolation but with humans using these facilities are the major respondents.

The study first looked at the awareness of P.D strategy intervention if any effect on the respondents' behaviour in the control of crime and definite behaviour has taken place. It also focuses on the measures encompass structural and non-structural design such as security parameter, fence, gate, lighting, building protection and safety.

The study also requires from the respondent on the security and counselling intervention measures. This means that it might be both applicable requiring academic insight to be able to come up with a proper P.D model as far as crime and defiant behaviour issues are concerned.

# CHAPTER TWO: LITERATURE REVIEW

## 2.1 Overview

The experience of traumatic events is not unique to war. Disasters involving fires, floods and transportation can also affect large numbers of civilians. Those working with victims of disasters found that certain responses, essential to the protection of life at the time of danger, continued well after the danger and their usefulness Shalev (2000). In the forefront of developing civilian models of crisis intervention was Lindermann (1998) who had worked with the victims of the Coconut Grove night club fire. Lindermann focused on the stages of grief and developing individual and group interventions that could help the bereaved. Caplan created a theoretical model of crisis intervention that emphasised the idea that crises happen throughout most people's lives. They may involve a single traumatic event or a series of mishaps during which the person's ability to cope becomes disrupted. In response the person goes through a series of responses with the aim of regaining normality; if these responses are unsuccessful in solving the problem the person can become increasingly tense, feel out of control, threatened, anxious or depressed. Caplan's model is based on the premise that when the traumatic event is over the symptoms exhibited by individuals are no longer appropriate. The model provides assistance to the overwhelmed individual and involves a number of stages designed to assist the re-establishment of the sense of personal autonomy and control Schnyder (1997).

## 2.2    Historical Background

It would be easy to begin the history of debriefing in the twentieth century, however this would ignore the important role that ritualistic story-telling has played in helping many societies deal with the aftermath of death and disasters (Wilson, 1989; Payne,

2000). Whilst ritualistic story-telling involving the whole community may be very different to the structured debriefing employed today. It is important to recognise that using narrative in various ways to describe traumatic events is not a new idea (Wesaeth, 2000). The current models of PD have been developed from a number of different approaches emerged in World War I and was described by Kardiner and Spiegel (1947). This model was based on the three principles of proximity, immediacy and expectancy refer as (PIE). The approach promoted the idea that soldiers would recover more quickly from their combat experience if they were treated close to the battlefield, provided with immediate treatment and there was a strong expectation of a return to active service. Later the additional principle of brevity was introduced, which stated that treatment should last no longer than 10 days (Artiss, 1963).

During World War II the chief historian of the US Army, Brigadier General Samuel Marshall collected primary source data from group discussions with troops. On these occasions, details of each battle were elucidated in depth. Marshall estimated that seven hours were needed to debrief a single fighting day. In his book *Island Victory* Marshall (1944) the minutiae of the battle were recorded vividly and the method and development of the debriefing outlined. Almost coincidentally, he noted that the emotional effects of the debriefing were 'spiritually purging.'

As a historian Marshall would have been primarily concerned with facts, but perhaps surprisingly, he endeavoured to obtain information about the soldiers' feelings and thoughts. He also gave great importance to the death of comrades in battle. "It will be found, almost without exception, that these men [who had died] played a conspicuous

part in the action and that the living is especially concerned with being exacted in relating to what did happen to those who were killed'. Marshall suggested that his technique of debriefing was a quite simple one and that commanders could undertake it, without special training. Almost by chance, Marshall according to him discovered that in obtaining primary source history of the battle there was an emotional response to the debriefing, which improved morale and self-esteem. 'For every unit it was a morale-building experience. Far from objecting to being interviewed about their battle experience, the men usually relish it. It comes as a relief and as partial recognition to them'.

From Marshall's battle debriefing work, several important elements emerged:

- A clear outline of the aim of the debriefing session was given;

- Respect was shown for the individual's experience;

- There was a suspension of judgement for the duration of the debriefing

- There was a slow sequential exposition of the event, which led to a cognitive restructuring;

- Grief was recognised;

- Ventilation of emotional responses was accommodated.

## 2.3    Who was debriefing designed for?

Against this historical background, together with the establishment of the formal diagnosis of post-traumatic stress disorder (PTSD) as a recognized psychiatric disorder (DSM-III, APA, 1980) debriefing techniques began to be adopted for use with emergency service and the primary victims of major disasters. It is interesting to note that prior to the 1980s there was a lack of literature relating to the effect of staff working with traumatised people. However, as Raphael points out, 'In some ways the

disaster that strikes a community is like a stone that is dropped into a pond. Ripples of its effects will spread through the community, reaching and affecting different elements at different times'. Some people began to believe strongly that talking through traumatic or stressful events could help the psychological recovery of those who have suffered psychological wounding.

### 2.3.1   Current popular models of debriefing

The four current and popular models of group debriefing are described. These models are those of Mitchell (1993), who terms the intervention 'critical incident stress debriefing' (CISD), Dyregrov (1989) and Raphael (1986), who both use the term 'psychological debriefing' (PD), and Armstrong, O'Callahan and Marmar (1991), who use the term 'multiple stressor debriefing model. The feature common to all the below models is that they have a structured format and are essentially formal group meetings held shortly after the traumatic event.

### 2.3.2   Mitchell's model of debriefing

The CISD protocol that Mitchell (1993) describes is a group process of seven distinct phases. Prior to this Mitchell used a six-stage model. During the introductory phase confidentiality is emphasised and the outline of the CISD explained. Those attending are informed that the session is not psychotherapy but a discussion with psychological and educational elements. Participants are urged to talk although it is emphasised that they will not be forced to say more than is comfortable for them. The second phase is finding out the facts of what actually happened with standard questions such as 'What was your job? And 'who arrived first?' At this stage emotions are openly acknowledged and judged as normal. The third phase is the cognitive one, with those

attending being encouraged to talk about thoughts surrounding the trauma, introducing some of the personal meanings that the event had for them. The fourth phase is a discussion of the emotions and reactions (emotional, physical and behavioural) associated with the event. This is usually the longest and deepest phase of the intervention. Participants are encouraged to speak openly and freely about their emotions, focusing on extreme fear or feelings that were unexpected or hard to accept. Feelings of impending death are often ventilated with visible catharsis. The fifth phase of the critical incident debriefing model is concerned with symptoms of distress both during and following the traumatic event, and typical questions could be 'How have you been since the incident?' Stress symptoms are reviewed as they arose at the scene and afterwards as they are at the time of the interview. By this process the facilitator obtains three 'pictures' of distress and an idea of whether the symptoms are improving or worsening. These symptoms may be physical, cognitive, emotional or behavioural. The sixth phase of the debriefing is concerned with teaching. General information is given regarding the stress reactions. Specific advice is given about diet, increased risk of accident, alcohol consumption, effects on relationships and lack of libido e.t.c. Information on techniques designed to reduce acute stress symptoms, such as using social support, taking time for oneself and rest, are described. The seventh phases provide an opportunity to summarise all that has occurred and to raise further issues if necessary.

### 2.3.3 Dyregrov's model

The Dyregrov's model of PD is based on Mitchell's work, although there are a number of significant differences. Mitchell begins his debriefing at the time of the trauma, whereas Dryregrov begins his just before the incident using questions such as

'How did you learn about this event?' Dyregrov then moves on to look at the individual's decision-making process during the cognitive stage with questions such s 'What made you decide to do that?' Dyregrov suggests that this form of questioning enables participants to reduce tendencies of self-blame. Sensory information is also gathered about the incident with questions such as 'What do you see, hear, tough, smell or taste?' This level of sensory detail is missing from Mitchell's model. A high level of attention is given to the normalisation of reactions both at the time of the incident and currently. Although the models of Dyregrov and Mitchell are similar, the model developed by Dyregrov places a greater emphasis on reactions and responses, which he suggests is safer for the participants.

### 2.3.4 Raphael's model

Raphael's (1986) model is again quite similar although perhaps not as prescriptive as that of Mitchell and Dyregrov. Like Dyregrov, Raphael begins the debriefing before the incident and asks participants about the level of preparation or training that they had received prior to this experience. She suggests areas of inquiry that may be useful during the psychological debriefing. These can include:

- Disaster stressors personally experienced such as death encounter, survivor conflict, loss and dislocation
- Roles held: feelings, both positive and negative;
- The victims and their problems;
- The stresses of empathy and identification;
- Frustrations and stresses of the task, such as inadequate skills or resources, or uncertain goals and responsibilities;

- special relationships with friends and colleagues, and others who have been through the experience;

- the 'special' nature of the disaster work;

- personal and individualistic responses, such as anger, anxiety and guilt;

- Difficulties in transferring both clients and self back to the non-disaster setting.

Raphael suggests that there topics should be reviewed in a careful and systematic way in order to facilitate emotional working through of the material. Questions are asked about the experience at the disaster, for example 'Was you life threatened?' or 'Did you lose anyone close to you?' Although this type of information may emerge from the Mitchell or Dyregrov model, Raphael is much more direct in her questioning. She also emphasises positive aspects of being involved with the catastrophe and asks questions such as 'Did you feel good about anything you did?' and 'Did you have a sense of fulfilment?' Raphael also suggests looking at the feelings of other victims; this idea is not found in either of the other two models. In the final stage Raphael focuses on what has been learnt from the experience and discusses transferring back to working in a non-disaster setting, including the problems that this can create. This aspect is not apparent in the other models discussed.

### 2.3.5    The Multiple Stressor Debriefing Model

The Multiple stressor Debriefing Model (MSD) was described by Armstrong, O'Callahan and Marmar (1991). The MSD model is made up of four main stages. In the first stage the purpose of the debriefing and the rules are outlined. The participants are then asked to describe in detail the aspects of the disaster that are most troubling.

The second stage of the debriefing involves asking the participants to describe their feelings and reactions to the incidents they experienced. In the third stage the emphasis moves to coping strategies and the participants are provided with information on the normal and abnormal responses to stress. The participants are encouraged to describe how they coped with stress in the past and how they are currently coping. Wherever possible the debriefed uses the practical coping strategies identified within group rather than introducing new coping styles. In the final stage the participants are asked how they feel about leaving the disaster site. The emphasis then changes to saying goodbye to co-workers and preparing for returning to home and other responsibilities. Before leaving the debriefing room a discussion is held on what has been accomplished, with an emphasis placed on the continuing need to talk to partners and colleagues. At the end of the debriefing any remaining questions are answered and referrals are made where necessary. One of the main differences between this model and the other models is the emphasis between this model and the other models is the emphasis placed on past reactions to stressors and coping styles. The MSD model recognised the effect on the other stressors on the participants including the need to leave colleagues and return home. The MSD emphasises the importance of discussing past reactions to stressors and coping styles in the debriefing.

## 2.3.6 Individual Debriefing Model

The models outlined here were designed as group interventions but perhaps, not surprisingly, increasingly PD has been used with adult individuals following trauma. It is now routinely used in a wide range of settings including train drivers who witness

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people jumping in front of their trains, women following still births, road traffic accident victims and assault victims (cited in Rose *et al*, 2001).

An individual debriefing model was developed in the British Post Office (Tehrani and Westlake, 1994) to support lone employees affected by physical violence, threats of physical violence, hijacking or being taken hostage. This model involves five stages, introducing, facts, thoughts, feelings and the cost. The introduction sets the rules of the debriefing including what will happen, how it might helps and how long it will last. The second stage deals with the facts during this stage detailed sensory memories relating to the traumatic experience will be identified. In the thought phase of the debriefing the sensory and factual experiences are used to establish positive and negative thinking related to the sensory experiences. Finally, the emotions or feelings related to the thoughts and sensory accounts are identified. The closing phase of the debriefing allows time for summarising the incident and for undertaking education on the normal symptoms of trauma and discussing the use of existing and new coping skills. Parkinson (1997) outlines in a three stage debriefing model (facts, feelings and future) which he explains can be used with groups, couples and individuals. The model is based on the Dyregrov model of psychological debriefing. Dyregrov (2001) describes using a debriefing approach with individual family members following the death of a child.

## 2.4    Current Research into the Effectiveness of Debriefing

Since its development as an early post-trauma intervention, psychological debriefing has become widespread in its use within organisations and following large scale disasters. Developed in the early 1980s Critical incident Stress Debriefing (CISD) was

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designed 'specifically to prevent or mitigate the development of post-traumatic stress among emergency services professions and other high risk disciplines.Generally, debriefing has been viewed positively by its recipients and this has led to anecdotal reports of its effectiveness. However, there has been little empirical evidence to demonstrate the effectiveness of psychological debriefing in accelerating normal recovery processes following trauma. (Rose *et al.*) Mitchell *et al* acknowledged that 'well-controlled, true experimental designs have not yet been used to assess the efficacy of CISD.

In 1995 Raphael, Meldrum and McFarlane called for systematic evaluations of debriefing. Raphael *et al* (1995) suggest that 'existing programmes can no longer stand alone without randomised controlled trials of debriefing' It is worth considering the aspects of trauma that make it such 'a powerful motivator to act' (Raphael, 1995) and create a sense of urgency that may override more considered evaluation. Raphael (1995) observed that debriefing meets many needs within organisations. These include the need of survivors to articulate what happened, understand it and gain control, and the need of workers to aid those who suffer, display concern and master vicariously the traumatic encounter, overcome their sense of helplessness and survivor guilt and to make restitution.

### 2.4.1   The Need for Better Studies

There are serious flows in many of the studies that evaluate debriefing. Several fail to define debriefing, describe the protocol used or the training of the derrière's. Robinson *et al* (1995) cites a study by Kenardy *et al* (1996). From their study, they concluded that there was no evidence of a more rapid recovery rate for those who

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were debriefed compared to those who were not. However, there was no standardisation of services and procedures and the authors admitted being unable to ascertain the quality of the debriefing.

Robinson *et al* (1995) argued that some studies have no baseline data. If there is no measure of level of trauma in groups prior to debriefing then there is no way of knowing if the debriefed and non-debriefed groups had comparable levels of trauma prior to debriefing. For example, Griffiths and Watts (1992) studied emergency services personnel involved in bus crashes. Those who had attended debriefing had significantly higher levels of intrusive and avoidance symptoms as measured by the IES than those who did not. He suggests that the timing of evaluation is important and suggest outcome evaluation should be close to the time of debriefing. If this is not the case then variables other than the debriefing it such as exposures to other trauma and impact of support may influence results. If evaluation is carried out so quickly after the trauma as to exclude 'other variables', aren't we measuring normal reactions to trauma? It is well established that many people suffer some traumatic symptoms and that this is considered a normal reaction in the short term which will diminish in the first month (Rick and Briner, 2000; Richards, 1997; Brewin, 2001). Further, Durken (2002) argues that to intervene in the immediate aftermath of a trauma may disrupt natural resolution and that RCT studies such as Bisson (1997) and Mayou (2000) may have inadvertently accomplished this.

Two longer-term follow-up studies have been carried out (both RCT's) which shows negative effects of debriefing, namely Bisson *et al*'s (1997) study into burn victims and Mayou *et al*'s (2000) follow up study into road traffic accident victims. In

Bisson's (1997 study subjects were debriefed tow to 19 days following the burn trauma and followed up at three and 13 months. Results indicated that the debriefed group scored significantly higher than controls on the HAD and IES. Hobbs *et al.* (1996) debriefed RTA victims 24 – 28 hours after the incident and all subjects were followed up four months later and then three years later. At four months the debriefed group were worse of than the control group on two of the subscales of the BSI. However, at three years (Mayou *et al.*, 2000) the debriefed group was significantly worse on the BSI, IES and in overall functioning than the control group. These studies are not without criticism; Durkin (2002) argues that subjects may have been still undergoing a traumatic ordeal during the first phase of the study due to the distressing nature of the medical treatment their injuries would require. Parkinson (2001) argues that Bisson used sessions as short as 40 minutes, his debriefers were nurses and his own staff trained in half a day, and that those debriefed were self-selecting and involved in much worse incidents than those in the control group. Richards (1997) further argues that this study is not a fair test of psychological debriefing as it applies an approach originally designed for groups and 'alters the definition of psychological debriefing to suit the demands of the study by omitting the essential social support element'. Regel (2000) goes on to argue that Bisson described psychological debriefing as 'intense imaginal exposure to traumatic incident' whereas psychological debriefing involves a discussion about the event and was never intended as a treatment or counselling strategy (Dyregrov, 1997).

Parkinson (2001) argues that Hobbs in his research with RTA victims used one-hour sessions as standard, that the training and experience of his debrief were not outlined and that those debriefed were worse to begin with than those in the control group.

Other practitioners suggest that the recommended time allowance for a form debriefing is two to three hours. (Parkinson, 2001; Rich and Briner, 2000).

Regal (2000) refers to the Hobbs (1996) study and suggests that Hobbs and Adshead in a later chapter reported that 'after the first 10 subjects, the interventions were undertaken by the research assistant. The intervention therefore immediately followed the screening interview, with which it became merged to some degree, and interviewer "blindness" was inevitably compromised' (Hobbs and Adshead, 1997).

Finally, Durkin (2002) points out that studies into debriefing may inadvertently raise prospects of successful litigation if part of their intervention was to inform subjects of possible symptoms and thus influence outcome.

## 2.5. Delinquency: The Early Stages of Crime

The 'bad' boy or 'bad' girl exists only in so far as society sets conventional standards of behaviour to which the child does not conform. Their non-conformance is not a disease or an inherited depravity. Rather, It is a sign of poor behavioural adaptation for which society, the home, or the held is to Delinquency also referred as conduct problems are those which form the point of view of an observer, are merely socially disturbing or more seriously anti-social, the reasons for conduct problems may be (1) early ages of habit training and culturalization of the child, or (2) a personality attitude which affects all of the child's interactions.

Conduct problem on the basis of the seriousness of the social disturbances are those forms of behaviour which are most frequently observed and objected to in the family

group, these include problems associated with eating, elimination, sleeping and sex; "nervous" habits of body manipulation; anger displays or temper torn trumps and problems of play and companionship we may list problems which are important in-connection with the home, but which also have wider social significance these include such behaviour as lying, swearing, fighting destructiveness, bullying cruelty etc. but most problems are of serious social significance because they violate legal requirements and therefore re broadly ant-social these includes, auto-stealing, burglary, hold-up, mischief traffic violation, truancy, ungovernable sex-offences injury to person, liquor or drug violation etc.

## 2.6. Theoretical Framework

### 2.6.1 Sociological Explanation of Crime and Deviant Behaviour

Over the years, sociologists have offered a number of explanations for deviant and criminal behaviour. Some have concentrated on large scale societal conditions and problems as explanations. Others have taken the opposite approach, focusing more on the individual ad his or her immediate social environment and interactions with others. All sociological theories of crime and deviance have in common an emphasis on social forces and conditions, as opposed to psychological or biological factors. Sociologists have made considerable efforts in both theory and research regarding deviance. Three of the most important groups of sociological theories regarding deviant behaviour are reviewed here to show some of the ways sociologists explain social behaviour.

### 2.6.2   Anomie Theory

Robert Merton (1967) significantly re-defined the term anomie. In his theory, amonie refers to a societal condition where people feel blocked from achieving the socially defined goals of success through the approved means of achieving success. Success is usually defined by material possessions such as cars, houses, clothes, stereos and other things. The proper means to achieve success would be getting an education and a good job. Merton said that too much social emphasis on success without a corresponding emphasis on the proper means to achieve success is a cause of anomie.

Merton.R. (1967) outlined four types of deviant responses to this condition of anomie. The first deviant adaptation to blocked success is innovation. The innovator wants the socially approved goal, money and success, but uses deviant means such as stealing or cheating to achieve it. An example is student cheating; if too much emphasis is put on grade and diplomas without a corresponding emphasis on achieving grades honestly, college students who are not doing well might cheat to get better grades. The second deviant adaptation, retreatism, occurs when individuals simply give up any hope of achieving the goals set out by society. Retreatists feel that they cannot make it. Many students who drop out of school have given up hope of reaching graduation. They have retreated into alcoholism and drug addiction.

The third deviant adaptation, rebellion, occurs when individuals want to change the structure of society by challenging the system. Rebels want to institute new societal goals and new means for achieving them. For example, revolutionaries often violate laws in an attempt to institute a different political system. Terrorism is a clear

example of Marton's concept of rebellion. Terrorists intentionally commit violent crimes to bring attention to their political causes.

Merton's last deviant adaptation, *ritualism* occurs when an individual has lost sight of his or her goals altogether and becomes obsessed with doing things the right way. The ritualist sees conformity as paramount. He or she has lost sight of what conformity is supposed to bring in terms of success and has adopted conformity itself as a goal.

### 2.6.4   Psychological explanation of Crime and Deviant behaviour.

According to Freudian (1914) crime is viewed as symptomatic Psychological behaviour reflecting facility personality development and defective interpersonal relationship in the family and in the early years of life. In some cases one may find unconscious disguised drive or urges that may lead to various kinds of compulsive acts, such a fire setting, kleptomania or exhibitionism behaviour. Which is to be understood as the acting out of neurotic symptoms? In a large number of cases one is likely to find anti-social character formation, weak ego development with resulting impulsiveness of acts, gross instability and resort to escapism some psychiatrists refer to this latter set of symptoms as "Psychopathic personality".

### 2.6.5 Psychogenic and Biogenic theory

Biogenic theory assumes that deviant behaviour results from some form of brain pathology or brain dysfunction Psychogenic theory, on the other hand, assumes that deviant behaviour results from both internal and external forces that are not exclusively physiological. Thus psychogenic theory accepts the biogenic basis of

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many mental disturbances, but it also assumes that there can be additional non physiological cause for deviant behaviour.

## 2.7 Research hypotheses and operationalization of variables

### 2.7.1 Hypotheses

H1. Is the implantation of P.D schedules given in a period of a time frame increases awareness of crime and deviant behaviour in the respondents?

H2. Can early P.D intervention lessen stress that causes by crime and deviant behaviour in the respondents?

H3 is the P.D schedule models considered as a solution rather than a part of our integrated counselling treatment programme?

### 2.7.2 Operations of variables

The dependent variables is the strategic interventions with respects to Psychological debriefing models in controlling anti social behaviour there activities aimed at reducing or preventing crime acts and deviant behaviour is another dependent variable. This will measure the presence or absence of structural and non-structural mitigation efforts i.e. perimeter fence, gate, alarms (fire), students and employee identification cards, visitors controlling index cards. Caution sign boards (exit) limiting access to building (hostels and academic offices) and security lighting is the most known non-structural measure.

### 2.7.3 Conceptual Framework

A concept is defined by Nachmias and Nachmias (1996) as an abstraction, a symbol, a representation of an object in which studies a behavioural phenomena's the

conceptual model is an illustration of key variables and their interconnection between them. Below is the conceptional frame work adapted for a study by M.T.C. security survey Nairobi (2008).

**Figure 2.1: Conceptual model diagram**

Crime and deviant behaviours

Psychological Debriefing      Students/ Staff characteristics

```
┌─────────────────────┐
│ - Robbery           │
│ - Burglary          │
│ - Lying             │
│ - Cheating          │
│ - Fighting          │
│ - Drunkenness       │
│ - Rape              │
└─────────────────────┘

┌──────────────────┐      ┌──────────────────────┐
│ Dyregrou's model │      │ - Gender             │
│ Mitchell's models│ ───► │ - Age                │      Security and
│                  │      │ - Education          │ ───► mitigation
│                  │      │ - Religion           │
│                  │      │ - Social economics   │
│                  │      │ - Psychological      │
│                  │      │   experiences        │
└──────────────────┘      └──────────────────────┘

                          ┌─────────────────┐
                          │ - Gate          │
                          │ - Fence         │
                          │ - Alarm         │
                          │ - Lighting      │
                          │ - Sign post     │
                          └─────────────────┘
```
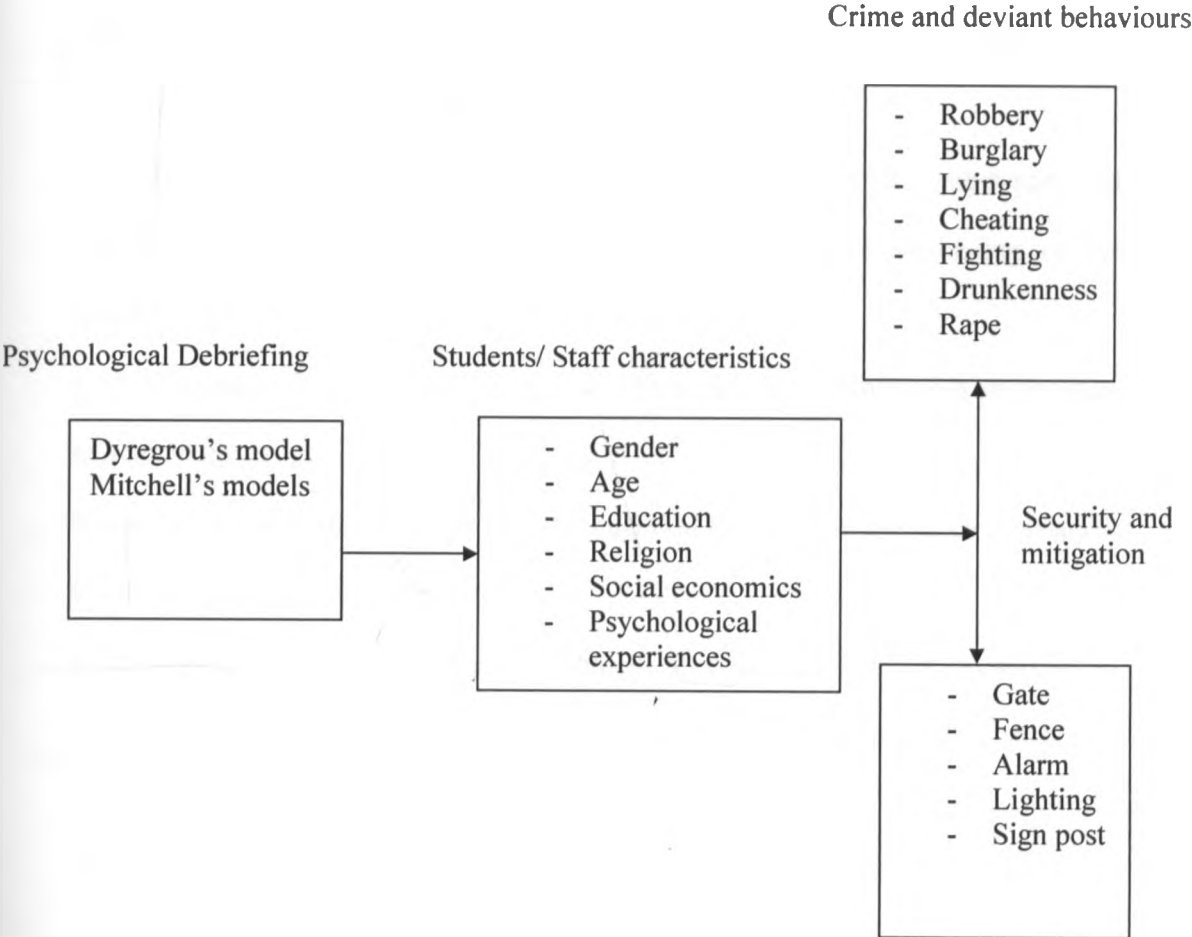
*(Source: KMTC Post violence PD Survey 2008)*

## 2.8. Concepts and definitions of terms used in the study

In the study, quite a number of term and concept have been reflected who's meaning are herewith spelt;

**Critical incident stress debriefing:** refers also to as Psychological debriefing

**Psychological debriefing:** An intervention conducted by trained professionals shortly after a catastrophe, allowing victims to talk about their experience and receive information on "normal" types of reactions to such an event.

**Trauma:** is a painful emotional experience, or shock, that creates substantial and often lasting damage to the psychological development and well-being of the individual or groups.

**Post-Traumatic:** is reaction is a syndrome, which may happen following an exposure to a traumatic event.

**Stress:** is the inevitable pressure of life brought on by either people or circumstances to which our bodies react.

**Post trauma stress disorder:** Psychological consequences of exposure or confrontation with stressful experiences which the person experiences as highly traumatic.

**Moods Disorder:** are disturbances in emotions and feelings severe enough to interfere with normal living.

**Anxiety:** A state of uneasiness and apprehension as about future uncertainties.

**Somatoform disorder** is a clinical complaint of symptoms made by a patient for which there is no physical evidence of disease.

**Crime:** A typical social definition of crime is behaviour that violates the norms of society or, simply, antisocial

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**Norm:** Any standards or rule regarding what human beings should or should not think says or do under given circumstances.

**Legal definition:** An International violation of the criminal law or penal cords committed without defence or excuse and penalized by the state.

**Over criminalization:** The prohibition by the criminal law by some behaviours that arguably should not be prohibited

**Deviance:** It refers to behaviour that violates the folk ways, more and laws of a particular group.

**Elements of crime:** Crime has not been committed unless all seven (7) of the following are present. (1) Harm, (2) Legality, (3) Actus reus (4) Mens rea, (5) Causation, (6) Concurrence.

i) **Harm:** The external consequences, required to make an action a crime

ii) **Libel:** The writing of something false about another person that dishonours or injures that person

iii) **Slander:** The spoken equivalent of libel

iv) **Legality:** The requirement (1) that harm must be legally for bidden for the behaviour to be a crime and (2) that the law must not be retroactive.

v) **Exppost facto law:** A law that (1) declares criminal an act that was not illegal within it was committed. (2) Increase the punishment for a crime after it is committed. Or (3) alter the rules of evidence in a particular care after the crime is committed.

vi) **Actus reus:** Criminal conduct – specifically, international or criminally neglected (reckless) action or interaction that causes harm.

| vii) | **Men rea:** | Criminal intent, a guilty state of mind. |
| viii) | **Negligence:** | The failure to take reasonable precautions to prevent harm |
| ix) | **Duress:** | Force or coercion as an excuse for committing a crime |
| x) | **Juvenile Delinquency:** | A special category of offence created for young offender, usually these between 7 and 18 years of age. |
| xi) | **Insanity:** | Mental or psychological impairment or retardation as defence against a criminal charge. |

**Primary deviance:** Deviant behaviour that goes unnoticed is termed Primary deviance. For example, students who use drags but are not widely known to others as drugs users and have not been caught are primary deviants. If the deviant behaviour is noticed and the individual is labelled over a period of time, secondary deviance occurs.

**Secondary deviance:** as essentially an acceptance of and a continuation of deviant behaviour. A deviant career refers to a stable life pattern in which the individual (a professional that) is committed to some deviant behaviour as a long term way of life.

**A Deviant status** such as that of homosexual, ex-convict or prostitute. It is likely to become significant that a person can be self-labelling after committed some serious norm-violating cut and had been caught.

# CHAPTER THREE: STUDY METHODOLOGY

## 3.1    Introduction

Lord Kelvin (1989) is often quoted as having written, in, that "when you can measure what you are speaking about, and express it in numbers, you know something about it; but when you cannot measure it, when you cannot express it in numbers, your knowledge is of a meagre and unsatisfactory kind".

The research attempts to look into the effectiveness of PD as a strategy intervention in control of crime acts and deviance behaviour using quantitative and qualitative sources of data. The main instruments to be used include in-depth interviewed, questionnaires, and direct observations. This study will also use accumulated data on either individuals or groups such as the security and counselling department. In the sample design the research will use the case study of medical training to determine the effects of PD as an intervention strategy. The scale of measurements used will be of the ordinal scale.

## 3.2    Site Selection

The study area was the medical training with a population of 8580 persons spread across the four county. The reason of the site selection is due to their distribution, their inter-structured and geographical region position in the county.

## 3.3 Sampling Design

The sample for the study was the respondents drawn from the select Medical training which represent 10% of the student's population. Using stratified random sampling, the population is first sub-divided into two or more mutually exchange segment,

called strata, based on categories of one or a combination of relevant variables at a ratio of 0.1 of the categories comprising the population. Each selected respondents are drawn from the various faculties of Nursing, Clinical medicines, Health records and information, Medical laboratory and Environmental health sciences.

These faculties were picked through simple random sampling that resulted to a sample of 300, which using the rule of 'thumb' as proposed by Rosire (1975) states is appropriate for statistical technique sampling frames for each category were derived from the number of students register by the Academic offices. Respondents were picked using the systematic sample frame of the $(10^{th})$ tenth elements after the first was picked randomly and the $(11^{th})$ eleventh would be picked by the $(10^{th})$ was unavailable.

## 3.4 Sample Size Determination

The researcher was only able to interview 100 respondents from the four sites each sites was treated as a cluster and since each sites had a different population of sample size of 100 respondents which were divided using the Andrew Fischer method of 1990 to determine the sample.

$$Nf = \frac{n}{1 + \left\{ \dfrac{n}{n} \right\}}$$

where nf $=$ desired sample

$=$ desired sample when population is less than 10,000

$\left\{ \text{N is taken at a content of 400} \right\}$

N = estimated population with characteristics

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$$\text{Therefore} = \frac{n}{1 + \dfrac{n}{N}} = \frac{400}{1 \times \dfrac{400}{8680}}$$

$$= \frac{400}{1 + 046} = 382$$

The desired sample is 382

Total population of medical training is 8680

Control group

  Site (A) NBI  Campuses population is 2,560

$$\frac{2560}{8580} \times 383 = \frac{114}{382} \times 100 = 30$$

Therefore 30 respondents were interviewed.
Site (B) Ksm campuses population is 1,820

$$\frac{1820 \times 382}{8580} = \frac{81}{382} \times 100 = 21$$

Therefore 21. respondents were interviewed.

The population interviewed of the control groups Total 51


Uncontrolled group

Site © NAK Campuses population is 2,480

$$\frac{2480}{8580} \times 382 = \frac{109}{382} \times 100 = 29$$

Therefore 20 respondents were interviewed

The population interviewed of the uncontrolled groups total 49


### 3.5 Ethical Issues

Ethical issues were given to the students and staff interview. It was confirm to the standards of conduct and rules of the college in which voluntary participation were also involved, The purpose of the ethical principles regoination and protection of human rights to preserve the dignity of the respondents bringing no harm to

participants, confidentiality, maintaining people rights dignity and reporting positive or negative results without any favours.

## 3.6 Target Population

The target population of this study was the respondent from the four (4) selected Medical training in which due to their high population in number and their characteristics details was the reason these various faculties were selected for the study. Therefore, the selected population of students were from the Faculties of Clinical Medicine, Nursing, Health Records and Information, Medical Laboratory and Environmental Health which consists of respondents from site A-30, Site B-21, Site C 29, Site D-20 – Total 100

**Table 3.1: Diagram (A) the (4) four selected constituted colleges 2010**

| COLLEGES | Population | COUNTY |
|----------|-----------|--------|
| NAIROBI MTC | 2,560 | NAIROBI |
| MOMBASA MTC | 1,720 | COAST |
| KISUMU MTC | 1,820 | NYANZA |
| NAKURU MTC | 2,480 | RIFT VALLEY |
| TOTAL | 8,580 | |

**Source: Quality Management System.**

**ISO 9001:2008 Certified**

## 3.7    Sample Procedure/Technique

According to Koechlet, (1995) argues the discussion of sampling during the 1990's as part of the research plan largely reflects issues related to victims and non victims and although the studies yielded positive indicators through the use of sampling design, other unit of analysis may need to be explored. It is important to underscore the importance of the effective of PD as an intervention after a catastrophe or crime related incident, allowing victim to talk about their experience and receive information on "normal" types of reactions to such an event.

In comparing the two groups (A and B) in the study, the findings may in the long run services as a guideline to educationalist and administrators of colleges and university. In addressing crime acts and deviant behaviour among students, the aim is to reduce and control the impact in which crime acts and deviant behaviour can causes.

## 3.8    Unit of Analysis

According to Buhrsted, (1982:5) the unit of analysis is the general level of social phenomenon that is the object of observation. The unit of analysis is the social entity whose characteristics are the focus of the study.

The study seeks to collect data on the effectiveness of (PD) psychological debriefing as a strategic intervention in controlling crime acts and deviant behaviour. The findings may in the long run serve as a guide to education administrators, principles and director of higher learning institution in addressing major issues that are affecting collages in reducing and control the impact of crime act and deviance behaviour. Whereas the unit of analysis will centre on the colleges, counselling and security

data's in depth interviews with the students/staff which will be useful to generate their insight attitude and perception on crime and deviant behaviour. It is hoped that the data will contain certain information provided by the unit of analysis in the main questionnaires, interviews and observations.

### 3.9.   Data Collection

The method of collecting data to be employed would be **primary** and **secondary** sources. In depth analysis, questionnaires and observation checklist are the main data collection techniques in the study. In depth interviews is encompass written questions administered in selected colleges respectively security and counselling department offices. These questions are open ended and closed where applicable, which were put up keeping in mind the research objectives and guiding questions in relation to PD effects on crime acts and deviant behaviour.

The in-depth guides is to be used and informed or unstructured interviews is to be the guiding factor as question ensure that the respondents in the relevant issues in their field of specialization because they are expertise with insight knowledge on the subject. These kinds of questions are meant to guide the respondent in providing judgment perspectives and opinion.

The security and counselling data's is mainly entail the crime acts and deviant behaviour. While the other hand social demographic and matrix questionnaires would be administered to those selected students to require about the effects of PD models.

**Table 3.2: Data descriptive of respondents**

| Type of data | Respondents unit of observation | Technique of data collection | Instrument of data used | Number of respondents |
|---|---|---|---|---|
| Quantitative | Chief security officer, and counselling department | Informal interview | Interview guide | 20 |
| Qualitative | Colleges students | In-depth interview | Questionnaire | 80 |

**Source: Field Data 2011.**

### 3.9.1. Direct observation

This is mainly logical observation of physical security measures and counselling files for comparative purposes. Logical or systematic observations are a vital tool in making qualitative data given a checklist will be used as a guide.

### 3.9.2 Secondary Data

This is also an important source the study sought to use as a harmonizing method to primary source of data, A review of literature foreign based research, mainly key theories of psychological and sociological, PD manual and from the internet materials and data's from the security and counselling department were used for comparative purposes.

The questionnaire is divided into two parts.

**PART A:** Demographic questions which is investigating the personnel/Social characteristics of respondents. Collected data addressing the objectives of the study this includes the security accumulated data's and direct observation of physical security measure in the colleges. Logical or systematic observations are a vital tool in making qualitative data given that a checklist to be used as guide.

**PART B.** Matrix questions are used to find out which PD models have the most effectiveness as a strategy intervention. Therefore, the psychological debriefing model was administered to the Group (A) first, two selected colleges (sites) and then a questionnaire was given to the responds to enquire about their perception, experience and suggestion on crime acts and deviant behaviour. The second group (B) of two selected college's site was not administered with the psychological debriefing model but was giving only the questionnaires.

# CHAPTER FOUR: DATA ANALYSIS AND PRESENTATIONS

This chapter present the findings of the study on the effectiveness of P.D. as a strategy intervention in control of crime and deviant behaviour at the medical training. The instrument used was a questionnaire and a critical check list questions which the students/staffs were the respondents. The data findings was done using (S.P.S.S) statistical package for social science which gave the results in form of tabular and graphical presentation and the data analysis by using the descriptive statistical (percentages)

## 4.1 Social Demographic data

**Table 4.1: Gender distribution of respondents**

|  | No of Respondent (s) | | Percentage |
|---|---|---|---|
| Gender | Male | Female | |
| Control Group | 24 | 27 | 51% |
| Uncontrolled group | 20 | 29 ' | 49% |
| TOTAL | 44 | 56 | 100% |

**Source: Field Data 2011.**

The gender distribution who tool part in the research show in the control group the Male (24%) who were interviewed compared to the females (27%) while in the uncontrolled group the Male (20%) compared to Female (29%) the Total gender distribution were in the control group (51%) and the uncontrolled group (49%)

**Table 4.2: Academic Programme of Respondents**

| Respondents | Certificates | Diploma | No. Programme | Percentage |
|---|---|---|---|---|
| Control group A | 7 | 41 | 3 | 51% |
| Un control Group B | 8 | 39 | 2 | 49% |
| TOTAL | 15 | 80 | 5 | 100% |

**Source: Field Data 2011.**

The academic programme of the respondents in the control group were certificate (7%) while in the Diploma (41%) and the respondents who did not have any Academic Programme were (3%) total (51%) and in the uncontrolled group were certificates (8%) while in the Dipl0ma (39%) and who did not have any Academic programme were (2%) Total (49%)

**Figure 4.1 Age distribution of respondents**



- 18-25 50%
- 26-33 35%
- 34-40 10%
- Over 40 5%
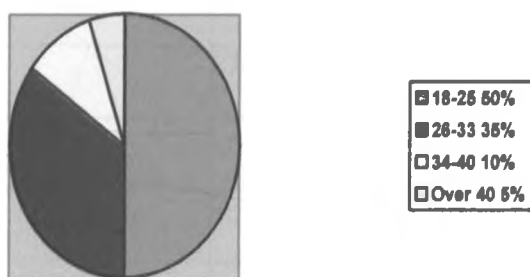
**Source: Field Data 2011.**

The Figure 4.1 above illustrates that the age between 18-25 (50%) were the majority

followed by age of 26-33 (35%) and between 34-40 10% and the lowest over 40 years

(5%)

**Table 4.3: Marital Status of respondents**

| Marital Status | No of respondents | Percentage |
|---|---|---|
| Single | 78 | 78 |
| Married | 20 | 20 |
| Separated | 2 | 2 |
| TOTAL | 100 | 100% |

**Source: Field Data 2011.**

The marital status shows that the single respondents were the majority (78%)

compared to the married (20%) and separation (2%) there were no divorced or

widow/widower among the respondents.

**Table 4.4 Work experiences of Respondents**

| Experiences in year | NONE | Experiences | Percentage |
|---|---|---|---|
| 0-5 | 70 | 70 | 705 |
| 5-10 | - | 15 | 15% |
| 10-15 | - | 5 | 5% |
| Over – 15 | - | 10 | 10% |
| TOTAL | 70 | 30 | 100 |

**Sources: Field data 2011**

The above illustrates shows the majority of the respondents had no working experiences 0-5 years (70%) while (15%) who had 5-10 years and (5%) 10-15 years and only (10%) had over 15 years.

**Figure 4.2: Hours of time load per day of respondents**



- 0-6 (85%)
- 7-10 (6%)
- 10-12 (7%)
- above 12 hrs ((2%)
- Above 12 hrs (2%)
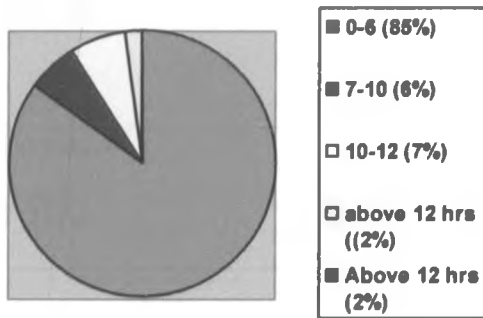
Above illustrate the hours of time load of respondents per day shows the majority (85%) 0-6 hours per day (6%) 7-10 hours per day (7%) 10-12 hours per day and 2% above 12 hours per day.

**Table 4.5: Extra work/part time employment of Respondents**

| Employment | No of Respondents | Percentages |
|---|---|---|
| NO | 56 | 56% |
| YES in college | 15 | 15% |
| NO outside College | 29 | 29% |
| TOTAL | 100 | 100% |

The extra work/part-time employment of respondents show that the majority do not have extra work/part time (56%) and (29%) while only 15%) do within the colleges.

**Table 4.6: Model of P.D. Model awareness**

| P.D. Model | No of respondents | | Percentage |
|---|---|---|---|
| Control | Yes | No | 51% |
| | 43 | 8 | |
| Un control | 0 | 49 | 49% |
| TOTAL | 100 | | 100% |

<div align="right"><strong>Source: Field Data 2011.</strong></div>

The respondents who shows awareness of P.D. models shows that 51% were from the control groups and 49% were from the uncontrolled groups. In the control groups 43% were aware while 8% were not aware and in the uncontrolled groups there were 49% no awareness.

**Table 4.7: involvements of crime and deviant behaviour activities**

| Involvement of respondents | Male | Female | Percentage |
|---|---|---|---|
| Yes | 2 | 1 | 3% |
| No | 10 | 20 | 30% |
| Do not care | 45 | 22 | 67% |
| TOTAL | 57 | 43 | 100% |

<div align="right"><strong>Source: Field Data 2011.</strong></div>

The above illustrate the awareness of crime and deviant behaviour of respondents show yes (67%) and 30%) are not aware of any crime and deviate behaviour and 3% do not care, it shows hat the male (2% are aware of crime and deviant activities then the females (10%)

**Table 4.8: Discipline profiles of the respondents**

| Discipline profiles | No of respondents | | Percentages |
|---|---|---|---|
| Control group A | Yes | No | Percentages |
| | 9 | 42 | 52% |
| Un control Group | 13 | 36 | 49% |
| TOTAL | 22 | 78 | 100% |

**Source: Field Data 2011.**

The above illustrate of discipline profile from the administrative office data shows' that (9%) yes from the control group A and 13% from the uncontrolled groups while No (42%) from the control group A and (36%) from the uncontrolled groups B.

**Figure 4.3: Arrested profile of respondents**



☐ Arrested 98%
■ Not arrested 2%
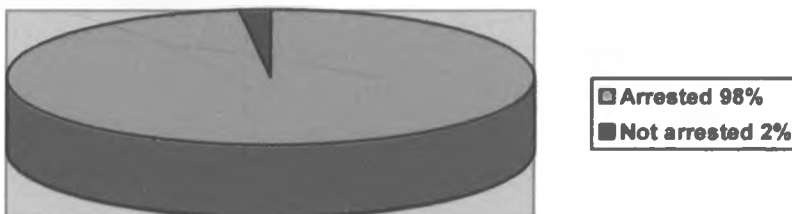
**Source: Field Data 2011.**

The above illustrate show more than 98% of the respondents have not been arrested while (2%) show to have been arrested.

**Table 4.9: Knowledge of Awareness of Discipline profiles**

| Discipline awareness | Yes | No | Percentage |
|---|---|---|---|
| Control Group | 48 | 3 | 51 |
| Un control Group B | 29 | 10 | 49 |
| TOTAL | 77 | 13 | 100% |

The above illustrate shows the knowledge of awareness of discipline profiles of the respondents was (77%) Yes and (13%) No who had no knowledge of awareness of discipline profile.

**Figure 4.4: Safety in the institutions**



- Yes 60%
- No 23%
- Do not care 10%
- 4th Qtr
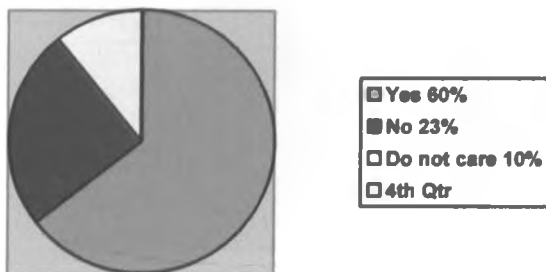
The safety in the institution show that (60%) of the respondents felt safe and (23%) did not fee safe while (10%) did not care about their safety.

**Figure 4.5: Psychological Experiences in crime and deviant behaviour of respondents**



Legend:
- Drugs & Alcohol 35%
- Fighting 12%
- Swearing 2%
- Incorrigle 15%
- Burgralry 20%
- Vagrancy 10%
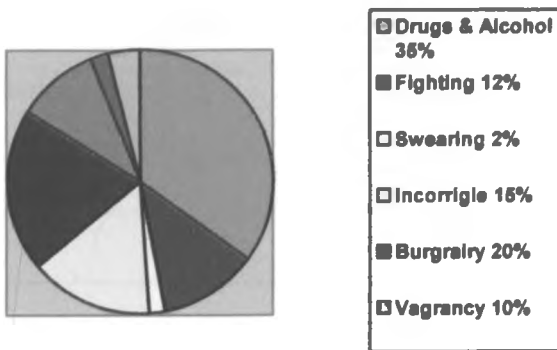
**Source: Field Data 2011.**

The above illustrate shows that psychological experiences profiles of the respondents in crime and deviate behaviour that drugs and alcohol takes (35%) Burglary (20%) Fighting (12%) Incorrigible (15%) Vagrancy (10%)

**Figure 4.6 Building security awareness of the respondents**



Legend:
- Lockable doors 78%
- Lighted 15%
- Alarm System 7%
- 4th Qtr
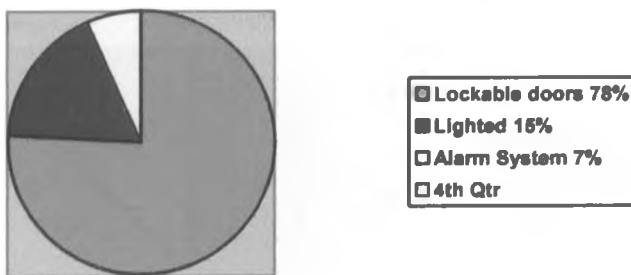
**Source: Field Data 2011.**

The above illustrate shows the Building security were 78% were aware of lockable doors/Windows while 15% lighted and 7% alarm systems and 0% of not aware of visitor's inspection and sign direction for emergency.

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**Table 4.10: P. D. Time schedules of Respondents**

|  | No of respondents | | Percentage |
|---|---|---|---|
| Minutes | Male | Female |  |
| 5-10 Minutes | 32 | 36 | 68% |
| 10-15 Minutes | 12 | 20 | 32% |
| TOTAL | 44 | 56 | 100% |

The P.D. Time schedules of respondents filling the questionnaire was 5-10 minutes (32%) Male and (36%) female and between 10-15 minutes 12% Male and 20% Female. This shows that controlled group took shorter time to fill the questionnaire than the uncontrolled group. (19%) were from uncontrolled group and (17%) were from the controlled group.

**Figure 4.7:** P.D **Critical Incident list of anti social behaviour**



Legend:
- Theft and police cases 50%
- Violence and aggressive crime 5%
- illegal and demonstration and strike7%
- Sexual crime 11%
- Drugs and abusive
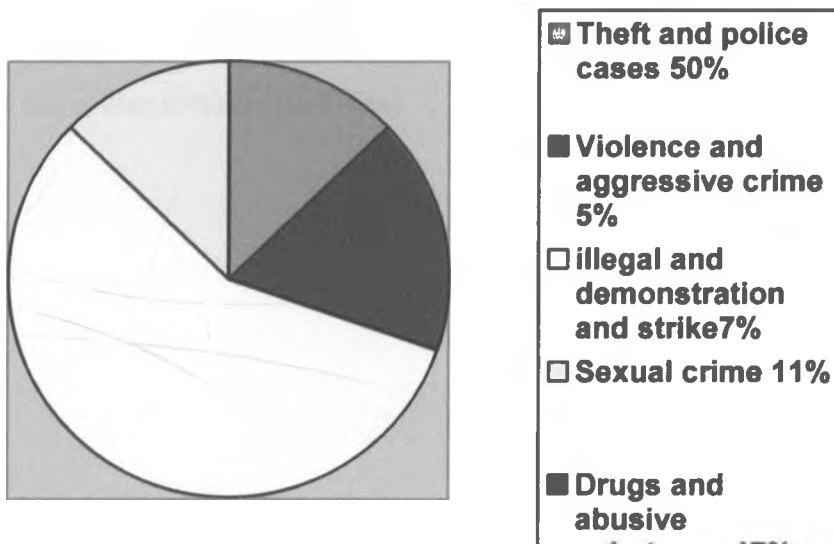
Figure 4.7, the above illustrate the P.D critical incident list in crime and deviance behaviour for 2006 – 2010 shows that theft and police cases were highest (50%) violence and aggressive crime 20%, Illegal and demonstration (3%) cheating and forgery (12%) sexual crime (11%) and drugs (5%).

**Figure 4.8: P.D. Critical incident lists of psychological profiles**
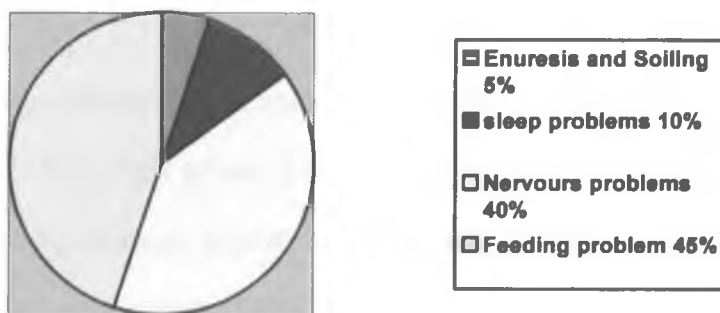
Above are the critical incident psychological profiles shows that feeding problem (45%) and nervous problem (40%) are the highest and sleep problems (10%) and Enuresis and soiling (5%) are the lowest.

# CHAPTER FIVE: SUMMARY OF FINDINGS CONCLUSIONS AND RECOMMENDATION

## 5.1. Summary

This chapter will give detailed study findings in discussion, conclusions and recommendation of the effectiveness of P.D as a strategy intervention in control of crime and deviance behaviour.

The specific objectives of the study were to identify what awareness of P.D has on the behaviour of the target groups in control of crime and deviant behaviours. Which type of counselling measures security precaution and mitigation features that has been put in place and what models of P.D is best use as a early intervention and can it be able to prevent psychological problems such as P.T.S.D that crime and deviant behaviour cause.

The research design in this study was a descriptive cross-sectional study aimed at generating information of the awareness of P.D. as a strategy intervention. The dependent variable was the effectiveness of P.D. models while the independent variable was the strategy intervention in the control of crime and deviance behaviour among the respondents of medical training. The available data shows that the sample size from (4) four selected sites was drawn using stratified random sampling. The data was mainly collected using interview schedule consisting of structured open and closed questions which were administered to the respondents the raw data in the filled interviews schedule was first coded organized inspected into the computer and then the data obtained were analyzed manually and electronically by use of scientific

calculator, the data was presented using narrative description and diagrammatic presentation such as Table, Biography, pie charts and Histogram by use of Ms excel.

## 5.2 Findings

The study findings shows that routine provision of early psychological debriefing can have a major effects on behaviour, physiological, emotional and cognitive influence on individual or groups with an early intervention the less opportunity there is for maladaptive and disruptive cognitive and behavioural pattern to became established.

The major study findings for each research question shows that P.D. had a major effects on the targets groups who were administer the P.D. models test and there who were not given the PD model test show little or no change in responses.

The study determine the effectiveness of PD as a strategy intervention in controlling crime and deviance behaviour shows a higher percentages to the Soc-demographic of the respondents to group (A) who were tested while group(B) were not tested The study identify the various security precautions and counselling measures in the preventive of crime, here again it show that group (A) shows a higher percentage of mitigation features awareness then group (B) who show a lower percentages of un awareness and mitigation.

The study finds out which P.D models will be best in implementing the strategy intervention. The two keys models were the Dyregrou's models and Mitchell's Model which included the organization of the models and time frame schedules.

Finally the study wanted to determine if P.D. can prevent stress (P.T.S.D) and thought the psychological profiles and check list of observation of incidents of crime and deviant behaviour. It shows that distress and wellness cycle decreased in group (A) who were tested then Group (B) who were not tested increases.

### 5.2.1. The amonie theory the differential association and cultural transmissions theories

A few theories which were identified and guided the study are mentioned below:-

The differential association and cultural transmissions theories emphasize the role of the immediate environment and social learning experienced that influences a person towards evidence and approaches conflict here the study focus in the gender distribution age marital status and level of education. The study also used the amonie theory which refers to a social condition where people feel blocked from achieving the socially defined goals of success through the approved means of achieving success in material possessions, education and a good job, it also emphasize the role of the immediate cultural enrolment and social learning experienced by a deviant person.

### 5.2.2 Labelling and conflict theories law invitation and suggestion theory.

The above theory are similar in the way they approach crime and deviance behaviour, it does not explain the origin of deviant and assures everyone commits a deviant acts at some point in life, here the study focus in the psychological profiles, criminal acts and deviance behaviour experiences, Discipline and preface of the respondents, it also focus n the "laws" of limitations and suggestion that crime is a product of the

capitalistic economic systems there the study focus on the security and mitigation features.

### 5.2.3 Freudian and Non – Freudian theory

This theory view PD influences as symptomatic behaviour reflecting personality development and defective in cases of the Psychological Interpersonal relationship in the family and in early years of life, P.D. uses this theory, in cases where one find unconsciousness disguised drive or urges that may lead to various kinds of compulsive act. In a large population cases which is likely to find anti-social character formation weak ego development with resulting impulsiveness of act here, the study focus of the P.D. model of Dyregror's/ Mitchell's it shows various approaches of the consultations, collaboration setting discussion, organization contact and procedures of debriefing intervention which included the time management frame schedules.

### 5.3 Conclusion

The main objectives of this study was specifically wanted to established the effectiveness of P.D. as a strategy Intervention as an Early warning system in Control of crime and deviant behaviour. The study also found out the implantation of P.D. schedule models over a period of time or using a time frame schedules can increase awareness which likely or will change the industrial or groups way of thinking especially where residents are leaving together in large populations or settlements the study focus on the gender distribution, Age Disturbances level of Education, Marital status and work experiences to measures the effectiveness of P.D. model schedules.

The finding of P.D. on behaviour which also included the check list which included the distress and wellness cycles it shows that an early psychological intervention can lessen the stress situation due to maladaptive and disruptive behaviour patterns in the individual or groups.

In the security procedures and mitigation features it shows that the respondents who did the debriefing were more orientation and awareness of their safety and security measurers then these who did not take the debriefing therefore this show's that the effectiveness of P.D as a strategy information can be a strong tool in control and preventive toward the destructiveness nature of crime and deviant behaviour also the time  frame schedule of P.D implementation play an important role for the implementation of the debriefing to take place in the individual and groups.

## 5.4 Recommendation

### 5.4.1 Recommendation for Improvement

Based on the results of the study, a number of recommendation and suggestions were made in the attempt to achieve successful P.D. interventions designed in the control of crime and deviant behaviour. The key recommendation for improvement are focused towards the eight problems frequently cited with debriefing are the common ones such as not using a clearly define models, the selection of the intervention or select groups, the time frame schedule's and debriefing intervention, the types of intervention used, the professional expertise of the person carrying out the intervention , lack of comparability between studies, the clinical suitability of the intervention considering the occurrences and events the monitoring and evaluation of debriefing is  solution rather than a part of an integrated treatment programmes

## 5.4.2 Recommendation of the study

If P.D is to be used appropriate debriefing have to be very carefully chosen and safe guards must be in place to potentially vulnerable individuals or groups such as gender, age, education to avoid embarrassment or stressful question during interviews. All institution need to be able to demonstrate that they have endeavoured to provide the optional care for their staff and students within the limit of the knowledge and expertise available to them at the time such as the involvement, discipline Psychological profiles, security protections and mitigation features. Programme should be reviewed regularly in terms of internal evaluation according to their size, population location and function such as the critical observation incident lists of crime and deviant behaviour safety in the institutions e.t.c. All programmes and interventions must be recorded and monitored against predetermined criteria effective support systems must be put in place and have the senior management commitment and be integrated into the main Health and Safety occupational programmes in the medical training.

## 5.4.3 Suggestion for further Research

A different study should be undertaken in other areas to establish whether there are different approaches from the ones used on the medical training. It would be of interest for behaviours scientists especially the sociologist to conduct a detailed comparative study of causes and control of Accidents HIV/AIDS, antisocial behaviour e.g. The study concerned both internal and external finding and challenges which involves the routine provision of early Psychological intervention for affected victims to see if the earlier intervention debriefing is established effectiveness on the behaviour of the individual or group.

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# APPENDICES

## APPENDIX I: Questionnaire

University of Nairobi (UoN)

The aim of this questionnaire is to evaluate the effectiveness of psychological debriefing as a strategy intervention in controlling crime and deviance behaviour. A case study of Kenya Medical Training

This questionnaire is strictly for learning purpose and shall not be used for any other purposes. The information obtained from the respondent shall be treated with confidentiality.

No personal individual or department identification will be made in the final report.

**(Information provided shall be treated with the strictest confidentiality)**

*Please tick (√) the appropriate response*

## PART A: PARTICIPANTS PROFILE

INSTITUTION (CAMPUS) ....................................................................

Q1.     Gender     Male  ☐                    Female☐

Q2.     Academic programme:

<u>Course</u>

Certificate     ☐          .....................................................

Diploma     ☐          .....................................................

None / no programme explain why ...............................................

Q3.     Age:          18 – 25          ☐

26 - 33          ☐

34 – 40          ☐

Above 50          ☐

Q4.    Marital Status

Married            ☐

Separation/ Divorced     ☐

Single             ☐

Widow/widower        ☐ •

Q5.    Level of Education:      a)    None      ☐

b)    Primary    ☐

c)    Secondary    ☐

d)    Tertiary    ☐

Q6.    Work experiences    1 – 5    ☐

5 – 10    ☐

10 – 15 ☐

15 – 20 ☐

Above 20 ☐

Q7.    How many time load do you do per day?    5 – 8    ☐

10 – 16 ☐

20 – 24 ☐

Q8.    Do you do extra work/Part time Employment?

No      ☐            Yes      ☐

If Yes: - In the college      ☐

- Outside the college  ☐

Q9.    How you ever heard of Psychological Debriefing? If yes which model?

        Yes    ☐               No ☐

.............................................................................................

Q10.    Are you aware of any crime and deviant activities?

        Yes    ☐               No ☐

Q11.    Have you ever been called for discipline by the college?

        Yes    ☐               No ☐

Q12.    Have you ever been arrested by the police?

        Yes    ☐               No ☐

Q13.    Do you know anyone in the college who has been disciplined?

        Yes    ☐               No ☐

Q14.    Do you feel safe in your institution?

        Yes    ☐               No ☐

Q15.    Have you ever experienced any of the following Psychological criminal acts or deviant behaviour?
(tick (√))

| | | |
|---|---|---|
| ♦ Lying ☐ | ♦ Arson | ☐ |
| ♦ Swearing ☐ | ♦ Injury to persons | ☐ |
| ♦ Vulgar ☐ | ♦ Threats | ☐ |
| ♦ Obscene ☐ | ♦ Suicide | ☐ |
| ♦ Fighting ☐ | ♦ Robbery | ☐ |
| ♦ Destructive ☐ | ♦ Burglary | ☐ |
| ♦ Incorrigle (late hours) ☐ | ♦ Forgery | ☐ |
| ♦ Bullying ☐ | ♦ Psycho-sexual offence (rape)☐ | |
| ♦ Teasing ☐ | ♦ Violating drug laws | ☐ |
| ♦ Truancy ☐ | ♦ Incitement | ☐ |
| ♦ Sex delinquency ☐ | | |
| ♦ Begging ☐ | | |
| ♦ Vagrancy ☐ | | |

**Key informant hand note for observation**

Question guides – This questionnaire ask about mitigation and security features at the institution.

Q16. Is the perimeter adequately provided for?     Yes ☐          No ☐

Q17. Is the perimeter          Wall:  ☐

                               Wire   ☐

                               Plants ☐

                               None   ☐

Q18. The gate barrier

                               Exists        ☐

                               Do not exist  ☐

Q19. Are the gates manned 24 hours?     Yes ☐          No ☐

Q20. Are the security lights

                               Hostels            ☐

                               Academic offices       ☐

                               Classrooms         ☐

Q21. Are visitors inspected when?

                               Leaving the college    ☐

                               Entering the college   ☐

                               None                   ☐

Q22. Are there sign direction posts visible for emergency?     Yes ☐ No ☐

**Buildings safety**

Q23.   Are all doors and window secured?

                 Class               ☐

                 Hostels            ☐

                 Academic office    ☐

Q24.   Is the exterior of buildings?

                 Class              ☐

                 Hostels         ☐

                 Academic office ……………………………………….

Q25.   Does the building have a fire alarm systems and equipment?

                 Class              ☐

                  Hostels         ☐

                 Academic office ……………………………………

Q26. PD time schedule. Interview start……………Time ended…………

Time taken: …………………………………………………

*Thank you for your corporation.*

**APPENDIX II: Psychological Debriefing Security Date Dyreror's/ Mitchel's model schedule check list questionnaire**

**Introduction:**

Hallo, my name is Charles O.P. Ang'awa, I am currently a student at Nairobi University collecting information on psychological debriefing as a strategy intervention in controlling crime and deviance behaviour, I will use the information confidential and honesty towards my research. You will be trained and interviewed on the procedure of PD model of Dyregror's/Mictchel's schedules for five days and at the end you will be given Questioner. Kindly note that a space is hereby provided for comments if need be on any or other incidents.

**Respondent particulars**

- K.M.T.C. Campus _____
- Gender _____
- Age _____
- Faculty / Department _____

**PD Dyregror's/Mitchel's Model Schedule**

**Measurement of effectiveness on Crime and Deviance behaviour**

**Appendix Training Schedule**

**The seven stages of Debriefing**

**Time Frames 48-72 Hours**

**Stages**

1. Introduction, Purpose of meeting, confidentially, group rules e.t.c.

2. Facts, chronological accounts of events by each group members

3. Perception and thought, Sights, smells, other sensory impressions and thoughts about what happened.

4. Emotional reaction, Feelings, regard of self, victim colleagues and managers during and after trauma or event.

5. Symptom, Review symptom and signs of distress, description of the normal trauma response demonstrating universal and normalizing the feelings of group members challenge inappropriate feeling of guilt and responsibility.

6. Education. How to deal with similar situations in future, group home and coping with family and friends coping strategies to deal with post-traumatic psychological symptoms, when, where how and under what circumstances to get father help necessary supplement with written information.

7. Re-entry and disengagement summarize discuss outstanding issues and give additional advice where appropriate.

**Case Lists of Critical Incidents in Crime Security Department**

| S.No. | Incidents/Events | No. |
|---|---|---|
| 1 | Student self discontinuation | |
| | Expelled students | |
| | Suspended students | |
| 2 | Cheque fraud | |
| | Forgery of I.D, Meal card, certs, receipts | |
| 3 | Illegal student demos, strikes & riots | |
| | Illegal staff demos, strikes & riots | |
| | Vandalism of MTC facilities | |
| | Fighting cases | |
| | Illegal student meetings | |
| | Illegal staff meetings | |
| | Hostel cooking cases | |
| 4 | MTC student theft cases | |
| | Staff theft cases | |
| | Theft of MTC property by outsiders | |
| | Lost file cases | |
| | Stolen/lost LPOs & LSOs, MRS etc | |
| 5 | Forgery of meal/student ID cards, etc. | |
| | Bearing false witness or allegation | |
| 6 | Drug abuse cases | |
| | Drug trafficking | |
| | Drunkenness cases | |
| | Food poisoning | |
| 7 | Indecent behaviour (Nudity, sodomy, porn, bestiality, etc | |
| 8 | Hostel fire incidents | |
| | Kitchen fire incidents | |
| | Other fire incidents | |

| S.No. | Incidents/Events | No. |
|---|---|---|
| 9 | Abortion cases | |
| | Staff suicide | |
| | Student suicide | |
| 10 | College vehicle accidents | |
| | MTC Vehicle accidents fatalities | |
| | Students taken to police | |
| | Staff handed over to police | |
| | Students jailed or remanded | |
| | Staff jailed or remanded | |
| 11 | Threatening (calls, SMS, etc) | |
| | Anonymous letter cases | |
| | Computer hacking and sabotage | |
| 12 | Trespass cases (outsiders) | |
| | Exam leakage and cheating | |
| | Unauthorized press briefings/letters | |
| | *TOTAL* | |

*Source KMTC Security Data Registration 2009 - 2011*

Any other incidents/comments:………………………………………………………………….

Rank of incidents (college – County…………………………………………………..)

    1…………………………………………………………

    2…………………………………………………………

    3…………………………………………………………

**APPENDIX III:** Psychological Debriefing Counselling data Dyreror's/Mitchel's model schedule check list questionnaire

**Introduction:**

Hallo, my name is Charles O.P. Ang'awa, I am currently a student at Nairobi University collecting information on psychological debriefing as a strategy intervention in controlling crime and deviance behaviour, I will use the information confidential and honesty towards my research. You will be trained and interviewed on the procedure of PD model of Dyregror's/Mictchel's schedules for five days and at the end you will be given Questioner. Kindly note that a space is hereby provided for comments if need be on any or other incidents.

**Respondent particulars**

- K.M.T.C. Campus _____

- Gender _____

- Age _____

- Faculty / Department _____

**PD Dyregror's/Mitchel's Model Schedule**

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**Appendix Training Schedule**

**The seven stages of Debriefing.**

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1. Introduction, Purpose of meeting, confidentially, group rules e.t.c.

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4. Emotional reaction, Feelings, regard of self, victim colleagues and managers during and after trauma or event.

5. Symptom, Review symptom and signs of distress, description of the normal trauma response demonstrating universal and normalizing the feelings of group members challenge inappropriate feeling of guilt and responsibility.

6. Education. How to deal with similar situations in future, group home and coping with family and friends coping strategies to deal with post-traumatic psychological symptoms, when, where how and under what circumstances to get father help necessary supplement with written information.

7. Re-entry and disengagement summarize discuss outstanding issues and give additional advice where appropriate.

Observation Case – Lists of Critical Incidents in Deviance/ Conduct Behaviour. Please fill in the incidents box which you have observed.

| S.NO. | INCIDENTS | OCCURRENCE |
|-------|-----------|------------|
| A) | **FEEDING – PROBLEMS** | |
| | Poor appetite | |
| | Refusal to eat | |
| | Excessive Appetite | |
| | Eating too much | |
| | Undesirable eating habits | |
| | Doweling over meal | |
| | Gaggling and vomiting | |
| B) | **ENURESIS** | |
| | Nocturnal -wetting at night | |
| | Diurnal – Clothes wetting at day | |
| | Urination – Urine in public | |
| C) | **SLEEP PROBLEMS** | |
| | Lack of wake – fullness | |
| | Restless sleep | |
| | Nightmare/ Terror dreams | |
| | Drowsiness in class | |
| | Talking in sleep | |
| | Loud snoring | |

| S.NO. | INCIDENTS | OCCURRENCE |
|---|---|---|
| | - Language | |
| | - Noise | |
| | Writing Obscene on walls | |
| | Writing Obscene on walls | |
| | - Spitting | |
| | - Farting | |
| D) | **NERVOUS HABITS** | |
| | Oral – Sucking thumb | |
| | - Fingers | |
| | - Biting nails | |
| | - Producing tongue | |
| | Nasal – picking, scratching or wrinkling nose | |
| | Aural pulling – rubbing and picking ear | |
| | Irritation Scratching body | |
| | Hirsute – pulling, twisting hair and scratching head. | |
| | Ocular – Rubbing eyes | |
| | - Blinking eye lids | |
| | - Winking | |
| | Genital – Rubbing genital | |
| | - Rubbing thigh | |
| | Facial – Grimacing | |

| S.NO. | INCIDENTS | OCCURRENCE |
|---|---|---|
| | - Twitching muscles | |
| E) | **JUVENILE – DELIQUENCY** | |
| | Thief – petty thief | |
| | In class | |
| | In Room's | |
| | In Environment | |
| | Type – Clothes | |
| | - Phones | |
| | - Books | |
| | - Pens | |
| | Vulgar | |
| F) | **SEX – ASSAULT CASES** | |
| | With opposite sex | |
| | With own sex | |
| | Indecent exposure | |
| | Obscenity | |
| G) | **VIOLENCE AND DESTRUCTION** | |
| | To property | |
| | To person | |
| H) | **TRAVANCY** | |
| | Missing classes | |
| | Sleep out of college | |

| S.NO. | INCIDENTS | OCCURRENCE |
|-------|-----------|------------|
|       | Miss meals |           |
| I)    | **EXCESSES** |        |
|       | Smoking |            |
|       | Temper |             |
|       | Alcohol & Drugs |    |
|       | Begging |            |
|       | Nuisance |           |
|       | Lying |              |
|       | Bullying |           |

*Source KMTC Counselling Data Registration 2009 - 2011*

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## APPENDIX IV: Psychological Debriefing Models

| Mitchell | Dyregrov | Raphael | Multiple stressors |
|---|---|---|---|
| Introduction/rules | Introduction/rules | Introduction/rules | Introduction/rules |
| Facts | Expectations and facts | Initiation into disaster | Identification of events that are most troubling |
| Thoughts | Thoughts and decisions | Experience of disaster | Feelings and reactions to difficult events |
| Reactions | Sensory impressions | Negative/positive aspects and feelings | |
| Symptoms | Emotional reactions | Relationships with others | Coping strategies, past and present coping strategies |
| | | Feeling of victims | Termination |
| Teaching | Normalisation | | |
| Re-entry | Future planning/coping | Disengagement | Focus on leaving the disaster and returning |
| | | Review and close | |
| | Disengagement | | |

## APPENDIX V: Classes Of Crime And Deviant

First Class Crime

```
♦ Murder
♦ Man laughter
♦ Sexual offences
♦ Robbery with violence
♦ Kidnapping
♦ Terrorisms
♦ Treasons
```

Second Class Crime

```
♦ Larceny/Common theft
♦ Obtaining by false
  pretence
♦ Embezzlement
♦ Burglary
♦ House breaking
♦ Arson
♦ Malicious damages
```

Third Class Crime and
Deviance

```
♦ Riot
♦ Mobs
♦ Discrimination
♦ Forgery/cheating
♦ Commage offences
♦ Suicidal tendencies
♦ Prostitution
```

Fourth Class Crime and
Deviance

```
♦ Disobedience
♦ Jealousy
♦ Verbal abusive
♦ Lying
♦ Swearing
♦ Bulling
♦ Begging
♦ Bed wetting
```

First class - Seriously violated of the law
Second class - Moderate violated of the law
Third class – Crime against the society
Fourth class – Minor offences but deviance in nature

## APPENDIX VII: Kenya Medical Training College Campuses (ISO 9001:2008)

| | | | |
|---|---|---|---|
| **2.8** Busia | 1. Mombasa |
| **2.9** Eldoret | 2. Msambweni |
| **2.10** Embu | 3. Muranga |
| **2.11** Garissa | 4. Nairobi |
| **2.12** Homabay | 5. Nakuru |
| **2.13** Kabarnet | 6. NRB-Karen |
| **2.14** Kakamega | 7. NRB- Karuri |
| **2.15** Kapkatet | 8. Siaya |
| **2.16** Kilifi | 9. Thika |
| **2.17** Kisii | 10. Webuye |
| **2.18** Kisumu | 11. Lodwar |
| **2.19** Kitui | 12. Loitoktok |
| **2.20** Nyeri | 13. Machakos |
| **2.21** Port Reitz | 14. NRB-Mathare |