

**PSYCHO-SOCIAL FACTORS INFLUENCING JUVENILE
DELINQUENCY AMONG GIRLS AT KIRIGITI AND DAGORETTI
REHABILITATION CENTRES**

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DECLARATION

This research project is my original work and has not been presented for examination in any other university.

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DEDICATION

I dedicate this work to my dear loving mother, and to my late father, who instilled in all of us from a very tender age, a love for education and a thirst for knowledge.

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ACRONYMS AND ABBREVIATIONS

ADHD	Attention Deficit Hyperactivity Disorder
CAYT	Centre for Analysis of Youth Transitions
CD	Conduct Disorders
CDC	Centres for Disease and Control
IEP	Individualized Educational Programme
PRNA	Preliminary Risk Needs Assessment Tool
PTSD	Post Traumatic Stress Disorder

ABSTRACT

This study investigated the psycho-social factors influencing juvenile delinquency among adolescent girls at Kirigiti and Dagoretti Rehabilitation Centres. The study adopted a descriptive survey sample design that targeted all the 78 girls who were undergoing rehabilitation at Kirigiti and Dagoretti Rehabilitation Centres. Primary data was collected through a structured questionnaire and a focused group discussion with the social workers. The data collected was sorted for completeness and coded in order to enter into appropriate data analysis software. The data on demographic information of the research participants was analysed using frequencies and percentages, whereas the data on the psychological and social factors was analysed using content analysis. The findings are presented using tables and graphs. The study found out that all girls whether living with one or both parents, father or mother, were still likely to commit crime. The most common crimes included: murder, drug abuse, truancy and school dropout, stealing, child abuse, rape, malicious damage of property and prostitution. There were actions though did not constitute crime indicated need for parental care and protection including peer influence, absenteeism from school and cases of attempted suicide. It was commendable that most the girls felt that they had benefitted immensely from the rehabilitation centres and adopted appropriate behaviours such as positive discipline, being responsible, obedience, respect, self-control, friendliness, assertiveness, good language approaches toward different kinds of people and anger and conflict management skills. The study recommends that the management of rehabilitation centres come up with reformation strategies that will incorporate parents and guardians to deal with juvenile delinquency. The study further recommends girl friendly environment particularly improved facilities in the centres such as access secondary education, employment of permanent counsellors as well as recreational facilities.

CHAPTER ONE

BACKGROUND OF THE STUDY

1.1. Introduction

Crimes committed by children have been on the increase in most countries around the world (Arnall & Eagle, 2009; Lynch, 2014; Mbiriri, 2017; Ojo, 2012; Poe- Yamataga & Butts, 1996; Thompson & Morris, 2016; United Nations Habitat, 2013; United States Department of Justice, 2010). Juvenile delinquency is a problem in contemporary society with various negative effects on health, educational, financial, vocational and judicial system (Mbiriri, 2017; Ojo, 2012; United Nations Habitat, 2013). For example, a study on juvenile delinquency conducted in South Africa, Nigeria, Kenya and Cameroon revealed that 40% of adolescent offenders abused drugs and alcohol (United Nations Habitat, 2013). In Kenya, the rate of crime has been increasing and most youthful criminals have been shown to have behavioural problems (Kavita, 2013; Mbiriri, Waithima & Omondi, 2017; Naomi, 2017; Ojo, 2012). The common behavioural problems among youth incarcerated in rehabilitation schools are conduct disorder, anxiety, and depression (Griffin, 2010; Mbiriri, Waithima & Omondi, 2017; Naomi, 2017). Follow-up studies into adult life demonstrate that antisocial behaviour in adolescents increased risk of adult criminality (Enzmann & Podan, 2011; Mbiriri, 2017) and is often associated with serious psychopathological, neuropsychological deficit, rejection by peers and other issues such as marital difficulties, alcoholism, unemployment and mental illness (Swisher & Roettger, 2012; Zimmerman & Pogarsky, 2011). Thus, juveniles have behavioural and emotional problems (Enzmann & Podan, 2011; Mbiriri, 2017; Swisher & Roettger, 2012) and this has been pinpointed by Hann, Miller, and Waldfogel (2010) and Naomi (2017) who single out conduct disorder as a major behavioural problem among adolescents in rehabilitation institutions. This study investigated juvenile delinquency among girls in Kenya.

In Kenya, a person below eighteen (18) years is considered a child (Republic of Kenya, 2001; 2010; 2012). The World Youth Report (United Nations, 2004a; 2004b) defines juvenile delinquency as criminal behaviour that is exhibited by young people as they

transcend from childhood to adulthood. Siegel and Welsh (2015) defines juvenile delinquency as the participation of minors in illegal activities. A juvenile delinquent in the United States is a person often below 18 years (17 in New York, North Carolina, New Hampshire, and Texas (Brandon, 2011). Lynch (2014) use the term ‘girls’ to describe females within the jurisdiction of the youth justice system, that is 10 to 16 year as the age of penal majority in New Zealand is 17 years. This study was concerned with juveniles girls incarcerated at Dagoretti and Kirigiti rehabilitation centres.

According to the Centre for Analysis of Youth Transitions (CAYT) (2010), juvenile delinquency has been a problem that previous generations have struggled to address. The problem has been highlighted by various scholars (Carrington, 1993, 2013; Carrington & Pereira, 2009; Sharpe, 2012; Snyder & Mulako-Wangota, 2013; Thompson & Morris, 2016). Many children around the world have been arrested for various crimes such as murder and rape in the last one decade. The United Nations Report (2004a) noted that many of the criminal offences by the youth are related to drug abuse and excessive alcohol use. In India alone more than 33,000 juveniles have been involved in crime and in the United Kingdom it is estimated that 6% of young children belong to some gang (CAYT, 2010). The most challenging aspect of juvenile delinquency has been to establish with certainty what makes children engage in crime (Kavita, 2013). This study aimed to establish the psycho-social factors that contribute to juvenile delinquency among young girls between the ages of 11 to 17 years.

Personality and character including in children is a combination of several factors such as physical, mental, moral and spiritual growth and development that make children capable of realizing their fullest potential. A child strives to achieve their dreams. However, there are other factors that may negatively influence the character of children. For example, Kavita (2013) identifies harmful surroundings, lack of basic needs, inappropriate peer influence and other factors such as alcohol and drug abuse that may turn a child to a delinquent. Moreover, the influences of the society including aspects such as the media have a profound influence on the psychosocial development of children (Sanders, Montgomery & Brechman-Toussaint (2000). In the modern world and prevailing

technology, children are more exposed to other forums such as media including radio, television, social media, music, video games and Internet and the increased manifold could impact negatively on the child (Kavita, 2013). It can be argued that adolescence behavioural and emotional patterns exist on a continuum; as such it is not easy to separate troubling behavioural from regular emotional problems. Some of the behavioural problems portrayed by adolescents include general disobedience, conduct disorder, aggressiveness, fighting, lying, stealing, fighting and sleeping problems (Wildeman, (2010). Common emotional problems on the other hand include: depression, ADHD, and PTSD (Griller & Unruh, 2010). Adolescents exhibit these problems even before admission to rehabilitation centres. It is also likely that some girls develop these problems while they are in these centres. This study sought to establish the extent to which young girls are lured to juvenile delinquency.

Studies conducted in several developed countries indicate that juvenile crimes peaked in 1990s whereas in Western Europe they accounted for 50% of all crimes in the mid-1980s and late 1990s. Globally, more than 1.6 million cases on juvenile delinquency are handled yearly, with about 72,000 youth in confinement (Snyder & Sickmund, 2006; United Nations Habitat, 2013). In India, the National Crime Record Bureau report in (2012) noted that crimes that involved had children increased from 0.8 % in the year 2001 to 11.8 % in the year 2011. The India report also indicated that children apprehended under the Indian Penal Code (IPC) and the Special and Local Law (SLL) had increased from 30,303 in the year 2010 to 33,887 in year 2011. Studies on juvenile delinquency highlight that younger children offenders are the most likely to continue being involved in crime (Flores, 2003). Scholars have argued that child delinquents are therefore two to three times more likely to graduate to more serious, violent, brutal and chronic offenders than adolescents whose delinquent behaviour tend to begin in their adult age and hence juvenile delinquency is a social concern. It is therefore important to investigate juvenile crimes in Kenya and suggest intervention strategies. Among juvenile delinquents, the prevalence of conduct disorder is higher compared to the normal population (American Psychiatric Association, 2013; Colins et al., 2010; Fazel, Doll, & Langstrom, 2008; Naomi, 2017).

Several studies have been conducted on juvenile delinquency in Kenya (Kavita, 2013; Mbiriri, Waithima & Omondi, 2017; Naomi; 2017; Odera, 2013). In addition, the government of Kenya introduced several rehabilitation centres to serve as correction centres for juvenile offenders. There are ten juvenile homes in Kenya. This includes eight male juvenile homes, that is, Kakamega, Kisumu, Kericho, Kabete, Gitathuru, Wamumu, Othaya, Likoni and only two female juvenile homes, that is, Dagoretti and Kirigiti. Odera (2013) noted that whereas the rehabilitation centres are meant to assist in correcting the personality disposition of juvenile offenders, the efficiency and effectiveness of these institutions still remains unclear and this is a major concern for the purpose of this study. Odera (2013) argued that most of the juveniles in these institutions do not even understand the reasons why they are locked up in these correction facilities. It is important to note from the onset that not all girls in the rehabilitation centres are convicted for crimes. Some girls in these centres are victims of crime, or neglect by their families, hence they join rehabilitation centres for care and protection. In Kenya they stay in these schools for a maximum of three years only, after which they are integrated back to their families and community at large (Republic of Kenya, 2012). Juvenile delinquency in Kenya therefore a matter that is not only delicate but rather one that requires urgent attention (Kavita, 2013; Odera, 2013) hence this study.

Many studies have been conducted on juvenile delinquency (Bridges, 1927; Darbouze, 2008; Granado, Roca & Gemma, 2014; Miller, 2001; Santrock, 2007; Terry, 2004). However most of these studies have focused on juvenile delinquency in the more developed countries. For instance, Santrock (2007) lists several predictors of juvenile delinquency that include conflict with authority, negative identity of young people, cognitive distortion, low social economic status, low academic achievement, parental neglect, peer influence, environmental factor-neighbourhood qualities. Santrock (2007) further argues that that community often breeds crime and hence the juvenile delinquents. Bridges (1927) on the other hand classifies the causes of delinquency into six categories, that is: physical factors, mental factors, conditions in the home and at school, neighbourhood surrounding conditions, and occupational conditions. Obioha, Mapholoana & Nthabi (2011) posit that juvenile delinquency and several associated

problems are a threat to Lesotho and in the world. This study isolated some of the factors that apply directly in Kenya particularly to the girls.

Various scholars and organisations have also investigated and suggested various intervention strategies in assisting juveniles (Darbouze, 2008; National Conference of State Legislatures, 2017). Darbouze (2008) examined the techniques, various rehabilitative programmes and the use of therapeutic models to assess the effectiveness of a variety of programmes in addressing the personal needs of juvenile delinquents in the United States of America. Terry (2004) on the other hand examined the relationship between parenting styles while focusing on a range of families that are authoritative, authoritarian, indulgent, or uninvolved. Terry concluded that there is a relationship between the student's perception of parenting style and the student's self-report of psychological problems as well as acting out behaviour in school. This study identified various psychological intervention strategies used in the girls' rehabilitation centres and assess their effectiveness in dealing with juvenile delinquency.

Various world reports have highlighted various factors that could have contributed to adolescence instability and led to juvenile delinquency (The World Bank, 2004; United Nations Habitat, 2013). The World Bank Report (2004) argued that young people may be drawn to a life of crime as a result of unemployment and lack of gainful employment. A crime survey conducted in Nairobi by United Nations Habitat and the City Council of Nairobi singled out youth delinquency and crime as major problems in Nairobi (United Nations Habitat, 2013). The World Bank (2004) report indicated apathy and a general perception among young people who argue that involvement in crime is as a result of other factors such as poverty, overcrowding, leaving school prematurely, or having been orphaned at an early age. Thus the youth do not choose to be criminals. Mugo (2004) however posits that juvenile delinquency is rooted in the environment in which the juvenile has been brought up. Nonetheless, it is not all disruptive or deviant behaviour in children that will lead to juvenile delinquency, and certainly not all deviants become child delinquents. Also, it is possible that a majority of child delinquents will adopt socially acceptable behaviour while others may become be unable to reform, while yet

others may engage in serious, violent, aggressive or chronic offences. In addition, authorities including the American Psychiatric Association (2013:62) caution that “there also may be cultural variation in attitudes toward or interpretations of children's behaviours”. However, the majority of the eventual violent, aggressive and chronic juvenile offenders have a history of problem behaviours. The behaviour may go back to early childhood years. Chronic offenders are defined here as those with at least four referrals to juvenile court. This study investigated the two girls' children homes as case studies in order to describe the major developmental course of child delinquency and thus delineate essential risk factors among girls that lead to juvenile delinquency.

1.2. Statement of the Problem

Follow-up studies into adult life demonstrate that antisocial behaviour in adolescents increased risk of adult criminality (Enzmann & Podan, 2011). Hann, Miller, and Waldfogel (2010) argued that one of the common behavioural problems among adolescents in rehabilitation institution is conduct disorder. Studies on juvenile delinquency have established that there are various factors that lead to juvenile delinquency among both girls and boys. There is utmost reason for concern about the increasing number of child delinquents in various countries including Kenya, particularly the rise in the number of female juvenile offenders (Snyder & Sickmund, 2006). Children and child delinquents represent a significant concern for society and the juvenile justice system. Young offenders are more likely to be involved in crime since child delinquents are two to three times more likely to become serious, violent, aggressive and chronic offenders than adolescents whose delinquent behaviour begins in their young adulthood stage. In addition, intervention strategies need to delve deeply on the psychological and social factors that lead to juvenile delinquency. This is based on recognition of the need for gender-specific services for girls and women that address their particular context, risk factors and experiences. This study investigated the psycho-social factors that lead to juvenile delinquency among girls aged 11 to 17 years in Kenya. The study also examined intervention strategies in dealing with incidences of juvenile delinquency among girls in rehabilitation centres in Kenya.

1.3. Purpose of the Study

The purpose of this study was to investigate the psycho-social factors that lead to juvenile delinquency among young girls aged between eleven and seventeen years in Kenya.

1.4. Objectives of the Study

The study was based on the following objectives:

1. To establish the common juvenile offences among girls in the two rehabilitation centres.
2. To identify the psycho-social factors that influence juvenile delinquency among young girls aged between eleven and seventeen years.
3. To find out the psychological intervention strategies available in Kirigiti and Dagoretti Rehabilitation centres.

1.5. Research Questions

1. What are the common juvenile offences among young girls aged between eleven and seventeen years?
2. What are the psycho-social factors that influence juvenile delinquency among young girls aged between eleven and seventeen years?
3. What are some of the psychological intervention strategies available in Kirigiti and Dagoretti Rehabilitation Centres?

1.6. Justification for the Study

Child delinquency represents a significant concern for society and the juvenile justice system. Disruptive children are likely to become child delinquents. In addition, many child delinquents will become serious, aggressive, violent, or chronic juvenile offenders (Naomi, 2017; Swisher & Roettger, 2012; Zimmerman & Pogarsky, 2011). A majority of the juvenile offenders have a tendency of deviant behavioural problems that can be traced to childhood (Enzmann & Podan, 2011; Hann, Miller & Waldfogel, 2010; Mbiriri, 2017; Swisher & Roettger, 2012). This study is therefore significant in that girls' who are juvenile delinquents and in rehabilitation centres are likely to commit the same or similar crime hence the need to find out factors leading to the offences.

The childhood can ignite the onset of subtype of conduct disorder that are more severe and is associated with serious psychopathological, neuropsychological deficit and rejection by peers (Swisher & Roettger, 2012). The adolescence phenomenon is more common though less severe, and is associated with antisocial and aggressive behaviour committed in groups such as gangs (Boden, Fergusson, Horwood, & Samson, 2010). The youth may be popular especially with anti-social peers (Ojo, 2012). All types of conduct disorder including in childhood require attention (American Psychiatric Association, 2013).

The rate of incarceration for girls and women worldwide continues to be far lower than the rate for girls and men but various studies have indicated that the number of women accused of crime appear to be on the increase (Covington & Bloom, 2003). The development in female offending is a cause for concern. This is because offense patterns reflect more serious crimes among both male and female youngsters. Additionally, young offenders are more likely to continue their involvement in crime into adulthood. This study focused on females and this is significant because few studies had been carried out on girls as compared to boys. This study provides understanding of the relationship between juvenile delinquency, psychosocial factors and intervention strategies in the Kenyan context. The findings therefore provided more knowledge on this critical issue and which will be important to researchers who are interested in conducting further research on juvenile delinquency, particularly girls'. The findings of this study will therefore be of great significance to the management of juvenile rehabilitation centres. This is because it will enable an understanding of the psychosocial factors that influence juvenile delinquency. This is because of a need for a more enabling environment for the girl child to realising their potential in the community, and at best prevent re-offending as the person will be well adjusted in the community.

Rehabilitation centres are an important aspect of the community in assisting various persons who could hitherto have been excluded from the community to effectively to the community norms. The choice of the two rehabilitation centres was therefore significant in that they are the only centres that assist juvenile girls in Kenya. The study will also be

of importance to parents as well as caretakers who deal with juvenile girls. Overall, the study is an opportunity to examine and develop more effective and elaborate policies that can minimise the occurrence of criminal cases involving juveniles, and in turn assist the juvenile girls. Finally, the study considered the extent to which juvenile systems and young offenders can benefit from psychological aspects with response to young offenders (both girls and boys), approaches to prevention and intervention in rehabilitation centres, suggested further research and policy recommendations.

1.7. Scope and Limitations of the Study

The study was confined to girls' juvenile homes rather than boys. This is because there is an increase in crimes committed by girls almost to the level of crimes by boys. There are only two rehabilitation centres for girls in Kenya and both were included in the study. The two centres are also within the vicinity of Nairobi as Dagoretti is in Nairobi County and Kirigiti in Kiambu County. The study was a horizontal and not a developmental study and hence was not able to make a follow up of the girls and their growth and development over time. This is significant in that follow-up can help establish if, and the extent to which the girls would re-offend. To overcome this weakness, the girls were asked questions about what they had achieved from the centres that in turn transformed them and their anticipated future. In addition, information from the girls was compared with information from the care takers to establish the extent to which the centre has been able to transform the girls (*Appendix I, II and III*).

1.8. Delimitations of the Study

A majority of studies and programmes dealing with juvenile delinquency have tended to focus on youth as offenders. However, it must be accepted that adolescents are also victims of criminal or delinquent acts. This study was limited to juvenile delinquency.

1.9. Operational Definition of Terms

Authorized officer This will refer to a police officer, a prison officer or a probation officer according to the Borstal Institutions Act (Republic of Kenya, 2012).

Borstal	This is an informal name for a formal establishment in which offenders aged 15 - 21 are confined for corrective training. In Kenya, this is established under the Borstal Institutions Act (Republic of Kenya, 2012).
Borstal institution	Borstal institutions are established under the Borstal Institutions Act (Republic of Kenya, 2012).
Borstal order	This is an order under section 6 or section 7 of the Borstal Institutions Act (Republic of Kenya, 2012) that directs a youthful offender be sent to a borstal institution.
Child	In Kenya law, this is a person under the age of eighteen (18) years.
Child abuse	This includes physical, sexual, psychological and mental injury.
Child of tender years	This means a child under the age of ten years.
Chronic offenders	These are those with at least four referrals to juvenile court (Flores, 2003).
Conviction	Conviction includes a finding of guilt by a juvenile court.
Delinquency	Minor crime committed by young people.
Guardian	The term guardian in relation to a child is used to identify and includes a (or any) person, who in the opinion of the court has charge or control of the child.
Home	This is used in relation to a child to mean the place where the child's parent, guardian, relative or foster parent permanently reside. In the absence of a parent, guardian or relative living with the child and if the child has no foster parent, home refers to the child's parent's or guardian's or relative's last permanent residence.
Juvenile court	This is a juvenile court as used within the meaning of the Children and Young Persons Act (Republic of Kenya, 2001; 2012).

Juvenile delinquent	A person under the age of 17 and who commits an act that otherwise would have been charged as a crime if he/she was an adult.
Parent	Refers to the mother or father of a child. It includes a person who is liable by law to maintain a child, or is entitled to his or her custody.
Prevalence of offending	This is the percentage of offenders in a population and in this study. It will refer to the prevalence of juvenile offending.
Rehabilitation Centre	A place specifically set aside for the purpose of correcting some deviation from morally accepted behaviour.
Sentence	This includes an order by a juvenile court on a finding of guilt (Republic of Kenya, 2012).
Youthful offender	This is a person who has been convicted of an offence by a court. The offence is punishable with imprisonment but at the time of such conviction, the person has attained the age of fifteen (15) years but under the age of eighteen (18) years (Republic of Kenya, 2001; 2010; 2012).

CHAPTER TWO

LITERATURE REVIEW

2.0. Introduction

This section explores relevant literature on psychosocial factors that determine juvenile delinquency among young girls aged between 11 to 17 years. The section reviews literature on psychological and social factors that influence juvenile delinquency as well as the theoretical framework relating to the study.

2.1. Juvenile Delinquency: International and Kenyan Perspectives

Children must conform to societal standards and norms. However, there are children who deviate from the norm to the extent that their actions are unlawful. A child who commits a crime that is unlawful must be made to bear some responsibility including legal consequences to ensure that they abide by the law and adhere to societal norms. Research shows that it is only a considerably small percentage of children who get out-of-control that in the end become life-course delinquents. However, various studies indicate that in several instances juvenile delinquents often tend to stop offending particularly in late adolescence and early adulthood. This decrease is accompanied by a reduction in juveniles' impulsive behaviour and an increase in their self-control. This study will investigate how juvenile behaviour is related to delinquency and suggest intervention strategies within a psychological perspective. Studies on juvenile delinquents including those conducted in Kenya have shown an overlap between delinquency and other psychological issues (Mbiriri, Waithima & Omondi, 2017; Naomi, 2017). These include: psychiatric disorder such as depression, post-traumatic stress disorders (PTSD), conduct disorders (CD) and attention deficit hyperactivity disorder (ADHD).

In most states in the United States of America, the legal transition between adolescence and adulthood is age 18 (and less frequently at ages 16 or 17). This is because there is a lot of discussion as to whether young people have full control over their behaviour by age 18 and also whether the brain maturation is complete at that particular age. This has implications on whether the causes of offending and culpability can be attributed to

various factors such as persisting individual differences, immaturity or families, schools, and the social environment. Hence the researcher was prompted to carry out a study on girls' rehabilitation schools. Kirigiti is approximately 16 kilometres from Nairobi city via Kiambu Road and is in Kiambu County. Dagoretti on the other hand, is approximately 20 kilometres from Nairobi city via Dagoretti road in Nairobi County. The centres accommodate girls who have criminal records as well as those who are in need of care and protection. Apart from providing rehabilitation, the two schools provide the regular government 8-4-4 primary education system. The centres provide vocational skills which include tailoring, hair dressing and agriculture as well. The catchment area for both Kirigiti and Dagoretti is the entire country.

The history of juvenile rehabilitation centres and the Children's Department in Kenya is traced in the colonial epoch when juvenile correctional institutions were established (Kwallah, 2001). The British colonial powers developed a series of legal mechanisms to control and govern the Africans. This included legal administration such as the establishment of chiefs, mobility, criminality, labour and daily activities. A major part of the colonial laws was restricted movement including possession of an identity card (*Kipande*). Children became a concern of colonial legislation, particularly when they were found loitering, were lost or fell into delinquency. Juvenile delinquency was defined as all forms of criminal behaviours among young people. In the Kenyan context of the colonial period, the notion of juvenile delinquency highly reflected the racial ideology. Subsequently, Kabete Approved School was built between 1910 and 1912 in the Lower Kabete area. The school was established to cater for young people and particularly males who had been confined for failing to register themselves. Another reason would have been failure to carry or obtain an identity card (*Kipande*). A vocational and industrial training was established around 1924 that was to be followed by crop and animal husbandry. The school was located in a 200 acres farm. The technical training was compulsory for the juveniles committed to the school (Kwallah, 2001).

During the Second World War the young males from Kabete Approved School were transferred to Dagoretti Approved School in 1945 to give way for the detention of

German and Italian prisoners of war. At the end of the second world war, the prisoners were freed and the institution was designated as a correction centre for juveniles and youth. But the issue of settling children appeared to escalate rather than decline. During the freedom struggle between the colonial administration and the liberation forces, many infants and children were orphaned and left homeless. Many of the homeless children (older boys) were transferred from Dagoretti to Kabete Approved School.

Approved schools remained under the Commissioner of Prisons and the Chief Inspector of Schools until 1955 when the schools were under the Principal Probation Officers and Chief Inspector of Schools under the then Ministry of Community Development (1955 to 1958). The approved schools were then placed under the Children's Department. This explains why there has been a lot of emphasis and expedient for reforming youths and youthful offenders to undergo education and training, including in the borstal institutions (Kwallah, 2001).

Juvenile institutions serve to offer behavioural correction and rehabilitation of wayward children (Republic of Kenya, 2001; 2010; 2012). Requisites of borstal institution states that the institution should provide proper sanitation and medication and a possible means of giving such inmates life support (educational, industrial or agricultural training) (Republic of Kenya, 2012). Chapter 53 of the Constitution of Kenya (Republic of Kenya, 2010) provides that a child has a right not to be detained, except as a measure of last resort, and when detained, to be held for the shortest appropriate period of time; and separate from adults and in conditions that take account of the child's sex and age.

Various scholars and policy makers have pointed out that there could be obvious weaknesses in incarcerating children with so called deviant behaviour, particularly in the Kenyan context as a developing country (Kinyua, 2014; Wambugu, Njoroge, & Komen, 2013; Kwallah, 2001). The justification for the extent to which a child can be regarded as a criminal arises out of the age since adolescents are young people making their way to the world and also from the background of children rehabilitation centres. This also raises the credibility of rehabilitation centres, especially in a country like Kenya where all

children may be grouped together. For instance, Kinyua (2014) found that 13% of children in the rehabilitation schools were gifted and talented. Kang'ethe and Mugo (2010) too noted such a discrepancy, and that learners' who are gifted and talented are often left out in most educational policy documents. The American Psychiatric Association (2013:64) cautions that "Children with specific learning disorder may appear inattentive because of frustration, lack of interest, or limited ability". Such children may thus be frustrated and different from their peers, thus appearing rebellious or they may become rebellious. As a result, the children may rebel in school, home or in the society and end up being labelled delinquents, yet some of the behaviours may be habits within the norm of human behaviour (American Psychiatric Association, 2013). In Kenya, children manifesting behaviour and social problems (juvenile delinquents) will be confined in Rehabilitation Schools and Children Remand Homes as stipulated in various Acts (Republic of Kenya, 2001; 2010; 2012).

Research has demonstrated that the antisocial behaviour of male juvenile offenders start, on average, at age 7, much earlier than the average age of first court contact for crime index offenses, which is age 14.5 years. It is not possible to accurately predict which children will progress from serious problem behaviours to delinquency and thus better to tackle problem behaviours before they become more serious and ingrained and hence this study. But scholars and specialists alike agree that the problem of juvenile delinquency requires additional study (Kinyua, 2014; Njenga, 2005). This is because as Kinyua (2014) argues, some of the children may simply be gifted and talented and thus different, or as Psychiatrist Njenga (2005) argues most of the children suspended from school have Attention Deficit Hyperactive Disorder (ADHD). It may therefore be possible that some of the juveniles in confinement require special attention and hence this study.

It is possible that criminal behaviours in juvenile offenders are likely to persist into adulthood. Loeber & Farrington (2012) and Loeber et al. (2008) point out that juveniles who start offending prior to age 12, compared to those who start at a later age, have been found to be more likely to persist offending into early adulthood. There are four patterns to crime such as follows: firstly, there are juveniles whose offending persists from

adolescence into early adulthood (and perhaps later). Secondly, some adults who were juvenile offenders during adolescence desist and hence do not continue to offend into early adulthood. Thirdly, there are adult-onset offenders who did not offend during adolescence but who became offenders during early adulthood. Lastly, there are non-offenders who may not offend in either adolescence or early adulthood. The four groups are often examined in general population samples, with an additional focus on special offender groupings that include homicide offenders, person involved in drugs, gang members and sex offenders.

2.2. Psychological and Social factors of Juvenile Delinquency

Several psychological characteristics are linked to juvenile delinquency. Tremblay and LeMarquand (2001) assert that the best social behaviour characteristic to predict delinquent behaviour before age 13 appears to be aggression. In a related study Hawkins et al. (1998) and Hawkins et al. (2000) reviewed several studies and reported a positive relationship between hyperactivity, impulsivity and risk taking, concentration or attention problems and later violent behaviour. It was also established that low verbal intelligence quotient (IQ) and delayed language development have been highly linked to delinquency. These links in juvenile delinquency tend to remain even after controlling for race and class (Moffitt, Lynam, & Silva, 1994; Seguin et al., 1995).

Similarly, problems with schooling or at school can and does lead to delinquency. Herrenkohl et al. (2001) noted that children with various issues including low academic performance, low (poor or lack of) commitment to schooling, and low (or none) educational aspirations during the elementary and middle school grades tend to be at higher risk for child delinquency than are other children. Some of the policies that are found in schools are also associated with creating repulsive behaviour among young people. There are a number of social factors that can influence juvenile delinquency. These factors relates to the structure of the family where a child is brought up. Some of the family characteristics include: family size, home discord, poor parenting skills, child maltreatment, and antisocial parents. All these factors have been linked to juvenile delinquency (Wasserman & Seracini, 2001). Research has revealed that the strongest

predictors of later convictions for violent offenses include poor parental supervision, parental aggression, parental conflict, harsh and punitive discipline. Some research has linked being raised in a single-parent family with increased delinquency (McCord, Widom & Crowell, 2001). Research has also shown that children from families with four or more children have an increased chances of offending (Wasserman & Seracini, 2001).

Another social factor that can influence juvenile delinquency is peer relationships. There is a consistent relationship between involvement in a delinquent peer group and delinquent behaviour. A research carried out by Lipsey and Derzon (1998) established that for youth ages 12 to 14, a key predictor variable for delinquency is the presence of antisocial peers. McCord, Widom, and Crowell (2001) reveal that peer related factors influence juvenile delinquency. Peer factors include: time spent with peers; peer acceptance and approval of delinquent behaviour; peer delinquent behaviour; attachment or allegiance to the peers or peer group; and, peer pressure for deviance. These have been linked with adolescent behaviour, and particularly antisocial (deviance) behaviour. The influence of peers and their acceptance (approval and encouragement) of delinquent behaviour are significant, and this relationship is magnified when youth have little interaction with their parents (McCord, Widom & Crowell, 2001). This study also investigated some of the prerequisite factors that influence juvenile delinquency among the girls.

Available research evidence also points to a significant association between residing in an adverse environment and participation in crime (McCord, Widom & Crowell, 2001). According to the sociological theories of deviance, disorganized neighbourhoods have weak social control networks. These weak social control networks resulting from isolation among residents and high residential turnover, tolerate criminal activity that tends to go on unmonitored (Herrenkohl et al., 2001). Research on the relationship between environmental and personal factors points at a high correlation in the interaction and argue that living in a neighbourhood with high levels of poverty and crime proportionately increases the risk of involvement in serious crime for the children (McCord, Widom & Crowell, 2001).

Tremblay and LeMarquand (2001) argued that the best social behaviour characteristic to predict delinquent behaviour before age 13 appears to be aggression, while Hawkins et al. (1998) reported an affirmative relationship between hyperactivity, concentration or attention problems, impulsivity and risk taking and later violent behaviour. Bridges (1927) noted that mental factors may determine delinquent behaviour in various ways: (1) delinquency may be the direct response to, or expression of, a particular mental state, for example, obsessive imagery; (2) delinquency may be the expression of certain impulses or emotions left uncontrolled or stimulated by a special mental condition; (3) delinquency may be a symbolic representation of such impulses; and, (4) delinquency may be an attempt at adjustment or compensation for certain mental peculiarities.

Some major determinants or risk factors for juvenile delinquency have their source within the family. These risk factors include, but are not limited to, child neglect, children witnessing family violence, harsh physical punishment for a child, and child abuse (McLaren, 2000). Assisting families to address these risk factors enable them to steer their children away from crime or anti-social behaviour. The development of children is determined by the action or inaction of their families. These determinants include: low levels of parental support of children and young people (and lack of positive role models); lack of affection between family members (particularly from parents to children); poor supervision and monitoring which allows children and young people to form associations with antisocial peers; parental antisocial behaviour including substance abuse, violence and criminal activity, and; low family income (McLaren, 2000).

Bridges (1927) lists sixteen home conditions that drive children to commit criminal offences as follows: unsanitary conditions, material deficiencies, excess in material things, poverty and unemployment, broken homes, dental and physical abnormalities of parents, or siblings, immoral and delinquent parents, ill-treatment by foster parents, step-parents, or guardians, stigma of illegitimacy, lack of parental care and affection, lack of confidence and frankness between parents and children, deficient and misdirected discipline, unhappy relationship with siblings, bad example, foreign birth or parentage, and "superior" education of children. According to Loeber and Farrington (2012) and

Loeber et al. (2008), the family factors that lead children to commit crime and engage in antisocial behaviour include; poor parenting, maltreatment, family violence, divorce, parental psychopathology, familial antisocial behaviours, teenage parenthood, family structure, and large family size. Aspects of parenting including whether parents were employed was included in this study.

There are eight conditions at school that are likely to drive children to antisocial or criminal activities. These conditions include; inadequate school building and equipment, inadequate facilities for recreation, rigid and inelastic school system, "the goose-step", poor attendance laws and lax enforcement, wrong grading, unsatisfactory teacher, undesirable attitude of pupil towards teacher, and bad school companions and codes of morals. Hawkins et al. (2000) on the other hand list academic failure, low bonding in school, truancy and dropping out of school, and frequent school transitions as major school factors that drive children to antisocial or deviant behaviour.

Neighbourhood conditions may determine a child's behaviour just as home and school conditions may do, through their effect upon the child's mental attitude and physical condition. Neighbourhood factors that may drive children to juvenile deviance include poverty, community disorganization, availability of drugs and firearms, neighbourhood adults involved in crime, and exposure to violence and racial/ethnic prejudice (Hawkins et al., 2001).

2.3. Adolescence, Gender and Crime

With respect to sex, adolescent males often comprise significant proportion of juvenile crime and arrests (Carrington, 2013; Thompson & Morris, 2016) with certain scholars such as Thompson and Morris (2016) putting the males as high as 71 % of all juvenile arrests. In addition, although overall rates of juvenile crimes have decreased over the past decade, rates of offenses committed by females have risen or the declines have been considerably less than that found in males (Thompson & Morris, (2016). Males are more represented in the juvenile justice system than females. This is likely due to a variety of factors. First, males are more likely to be arrested for committing such illegal acts as theft

or assault, while females are more likely to be detained for status offenses—that is, those offenses which would not be illegal if the individual was an adult, such as running away from home or truancy (Puzzanchera, 2013; Thompson & Morris, 2016). Others maintain that this closing of the gender gap between males and females only means that the ‘arrest culture’ on the part of police has changed, with law enforcement being less reluctant than in earlier years to arrest females who have engaged in delinquent acts (Zahn et al., 2009; Zahn, et al. 2010).

Cases of male and female offenders are also demonstrative of longstanding themes in the popular portrayal of offending by girls and boys (Coretta, 2003; Miedzian, 2002). There is the attitude that girls' offending is more likely to be calculated and cruel (Coretta, 2003), while boys' violence is habitually portrayed as quasi-natural (Coretta, 2003). These are obviously highly biased misconceptions based more on the traditional perceptions that boys will be men and girls grow into women. Thus, there is need for a more objective approach as argued by Carrington (2013), Sharpe (2013) and Lynch (2014).

Blokland & Palmen (2012) and Piquero, Hawkins and Kazemian (2012) argue that age-crime curves may vary in significant ways. For example, it has been established that the age-crime curve for violence tends to peak later than that for property crime. Further studies by Blokland and Palmen (2012), Farrington (1986) and Elliott, Pampel and Huizinga (2004) have demonstrated that the age-crime curve for girls peaks earlier than boys, and hence this study. Fabio, Vohen and Loeber. (2011) and Elliott, Pampel and Huizinga (2004) reported that the curve tends to be higher and wider for young males (especially those of a minority status) growing up in the most disadvantaged compared to advantaged neighbourhoods. The relationship between juvenile offending and age is bell-shaped, which was found that the prevalence of offending tends to increase from late childhood, and peaks in the teenage years, that is, around ages 15 to 19, and then declines in the early 20s. This bell-shaped age trend is called the age-crime curve, a universal term in all the Western populations (Farrington, 1986; Piquero, Farrington, & Blumstein,

2007). This study investigated the extent to which any of these and other factors affect juvenile delinquency among girls in the two rehabilitation centres.

There could also be several other caveats about the age-crime curve that may influence conclusions drawn from it. For example, Piquero, Hawkins and Kazemian (2012) postulates that self-reported delinquency have been shown to have an earlier peak than official records. This may reflect the fact that juvenile offending at a young age (as is often evident from self-reports) may be undetected or not officially processed by social workers, parents, the police, psychologists or researchers (Piquero, Farrington & Blumstein, 2007; Piquero, Hawkins & Kazemian 2012) and hence this study will include a self-administered questionnaire and interview with the girls. Another important methodological caveat is that most published age-crime curves based on official records consist of aggregate cross-sectional data from different age cohorts. Loeber, Farrington, Stouthamer-Loeber and White (2008) point out the need for follow-up of the same participants in longitudinal data in order to obtain an estimation of the age-crime curve independent of cohort effects. This study will be based at the rehabilitation centres and will involve the girls as participants in the study.

It is possible that not all juvenile offences will have the same years of persistence. Rosenfeld, White and Esbensen (2012) reported that among the drug offenses, marijuana use tends to have had the longest duration, and that it was two to four times longer than serious theft and violence. Rosenfeld, White and Esbensen also argued that drug dealing (and possessing weapons) had the highest likelihood of persistence into early adulthood. Gang membership had a shorter duration. These findings are congruent with Le Blanc and Fréchette's (1989) that the median age of termination of offending was the highest (age 21.6) for drug trafficking. It is acceptable in these and other studies that a substantial minority of offenders are girls and women, and that they have problems and needs that often are different from those of boys and men. Consequently, it is debatable the extent to which delinquency is the same for male and female, and whether intervention strategies and programmes for boys and males, girls and females are evenly effective. For example, research has shown that gender specific interventions are rare and that studies on the

effectiveness of regular interventions with girls and females are more scarce (Hipwell & Loeber, 2006; Zahn, Day, Mihalic, & Tichavsky, 2009). However, a recent meta-analysis concluded that generic types of programme services (e.g., cognitive-behaviour therapy, individual counselling, and the like) are about equally effective with boys and girls (Lipsey, 2009). Hipwell and Loeber (2006) demonstrated evidence to suggest that interventions and strategies specifically designed to address female delinquency and multi-modal interventions would certainly be more effective for female adolescents.

Lynch (2014:523) pinpoints the need for interventions directed at girl offenders and concludes as follows:

It appears as if a popular (and possibly professional) perception of an increasing number of violent girls is driven by anecdote rather than evidence. Despite the positive developments in decreasing numbers of apprehensions, a pressing issue is the lack of gender-specific research which considers the offending profiles and background of young female offenders.

Important for this study will be an understanding of the relations between age, gender and hence girls rehabilitation centres, and the type of crime. This is because interventions may be related to gender, just as age may be a factor. It may also be that the typical age-gender crime reflects on the individual rather than their ability to transform and desistance in offending. It is also possible that some of the girls in the population may not have outgrown delinquency and this may be attributed to various factors. In addition, first offence research suggests that youth who commit more severe crimes are likely to reoffend. This study will therefore conduct interviews with the social workers in the two centres to establish strategies adopted to assist the juvenile girls.

2.4. Rehabilitation Theory and Juvenile Delinquency

Theoretical models are in agreement that few women pose a risk to public safety (Bloom, 2003). But scholars have also argued that current sentencing models assume that everyone charged with or convicted of a crime poses a risk to society yet the sentencing laws lean towards male characteristics and male crime. Subsequently, the laws may inevitably fail to take into account the reality of girls and women's lives, responsibilities, characteristics, societal perceptions and roles in crime (Covington & Bloom, 2003; Wango, 2014). Two

broad approaches can be outlined. First is a set of theorists that attempt to explain female criminality as an individual, without recourse to male criminality theories. Secondly, traditional theories developed to explain male criminality may be applied to women. Various scholars argue that such a generalization is inappropriate (Daly & Chesney-Lind, 1988). This study was guided by the rehabilitation theory (Elrod & Ryder, 2005; Nolan, 2002; Sherman, 2002).

Rehabilitation theory focuses on personal change (in behavioural terms modification and hence rehabilitation approaches) in the offender, in this case juvenile girls (Elrod & Ryder, 2005; Nolan, 2002; Sherman, 2002). The aim is to enable the offender discontinue their criminal activities once and for all upon their return to society (Sherman, 2002). In gender terms, Covington & Bloom (2003) argue on a gender sensitive intervention strategies for women and juvenile girls:

We need to create a community response to the issues that impact women's lives and increase their risk of incarcerationGirls in troubled home situations or in juvenile justice facilities are at risk of becoming women in the criminal justice system. We need to look at the specific needs of girls at risk in order to develop prevention strategies.

This is because it has been established that girls and women involved in criminal activity are often the victims themselves and more research is required in order to deal with the phenomenon (Reno, Marcus, Leary & Samuels, 2000; Renzetti, 1999). Reno, Marcus, Leary & Samuels, 2000) summarise it thus:

One group that has not been adequately studied consists of women involved in illegal activity. When they have been victimized by violence, they may be reluctant to call the police, report abuse to other agencies, or use mainstream social services because of their marginalized social position and precarious legal status

A greater understanding of such a phenomenon will in turn enable to have a more constructive role in both the lives of girls and women as well as deal with criminal activity via receipt of several skills that include better education and effective vocational training, psychiatric therapy and counselling, rehabilitation programmes and other appropriate techniques based on scientific methods that can reduce recidivism (Cragg, 1992; Elrod & Ryder, 2005; Renzetti, 1999).

Ellingston (1948) and Champion & Mays (1991) argue that the main objective of the court for children and the system that governs child rehabilitation is based on approaches that move toward rehabilitation, behaviour modification, love and caring and saving of child offenders in a manner that benefit the child. This is in agreement with Samuri et al. (2013). When the aforementioned factors that cater for the child have been achieved, the child offender is effectively rehabilitated in the mould of a law-abiding individual. This is why Barron (1954) points out that child offender's actions should be construed as an effect of their failure to adhere to societal rules. As a result, the rehabilitation process must convince the child that they are capable of being acceptable in the society, and they in turn accepting and living with societal norms and values. This is the reason why the study included all the girls in the two rehabilitation centres.

This study argues that rehabilitation theory is appropriate for child offenders because children are a category which is entirely diverse from that of adult offenders (Samuri et al., 2013). For child offenders, the rehabilitation theory places emphasis on the individual child and less on society (Nolan, 2002). This is because the child is essential to the healing as it involves them. Rehabilitation theory is therefore suitable for fulfilling legal requirements that protect the best interest of children (Samuri et al., 2013). With that, it may also be deduced that the courts too tend to focus more on rehabilitation rather than orders of a deterring nature. Besides, the gender concerns in the justice system must be re-looked at as argued by Covington, & Bloom (2003):

Standard gender-neutral correctional procedures have also disadvantaged women in that such procedures do not take into account the histories of abuse of many female offenders. The criminal justice system must become trauma-informed in order to provide effective interventions and services for women

The use of rehabilitation theory also stems from the fact that child offenders in general have better prospects for rehabilitation as compared to adults for an assortment of reasons (Horowitz, 2000). One of the main reasons as stated by Huss (2008) is that children tend to be free from culpability, or the penalty of the crime committed. Legal institutions accept that children under a specific age group cannot, and should not be considered responsible and incapable of forming criminal intent. It is therefore significant that a

child who has contravened the law should not be viewed as or treated as an adult offender, and hence rehabilitated.

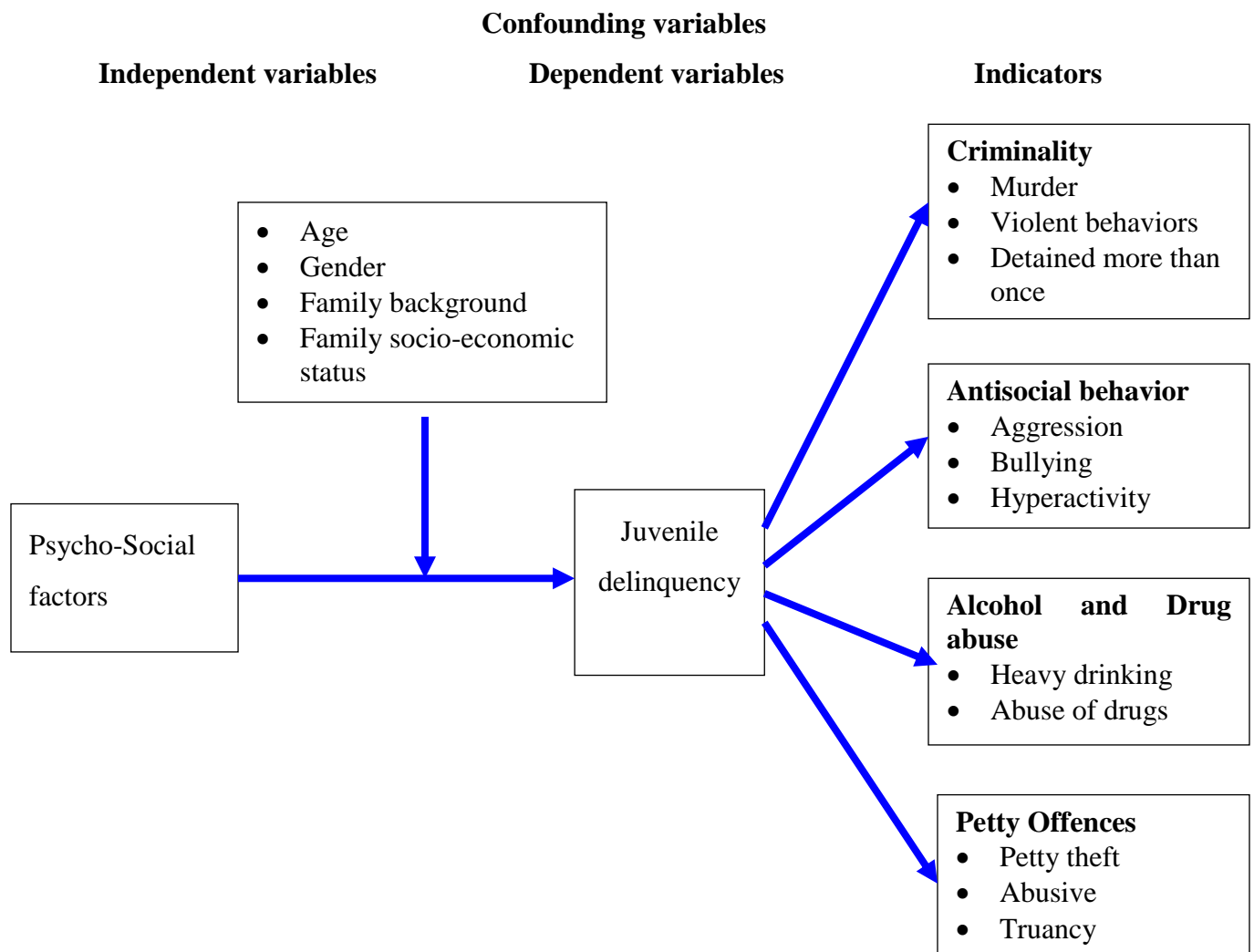
Rehabilitation theory is also significant for Community Psychology. This is because as argued by Mann (1984) child offenders should not be presumed to be a public enemy; rather, on the contrary the public should make an attempt to understand, guide and protect them. Rehabilitation theory argues that a lighter sentence based on the rehabilitation theory should be administered to the child and this is not in contravention of achieving justice (Samuri et al., 2013). This does not also mean that the rights of the victim have been ignored, or that society's best interest has been set aside. Geraghty (1997) adds that a fair system is one that can coalesce a fair trial with a sentence equal in magnitude to the child's liability for the crime committed and hence the appropriateness of the theoretical framework.

Various theories for understanding individual-level factor in girls' delinquency have various propositions although they may have similar risks factors. They play a role in both girls' and boys' delinquency, gender differences in underlying biological functions, psychological traits, and social interpretations that has resulted in different types and rate of delinquent behaviour for boys and girls (Leza, 2010). Another view suggests that boys and girls are differentially exposed to certain risk conditions, placing them at variable risk for certain types of delinquency (Henggeler, 1992). For example, there is evidence that girls experience a greater number of negative life events during adolescence than boys, which in turn may be more sensitive to their effects, particularly when the circumstances emanate from within the home or school (Siegel, 2010). Further research is critical to determine the extent to which and how biological factors play a role in differences between girls' delinquent behaviour and that of boys (Skelton, 2010).

Feminists and feminine scholars are often appalled by the over-emphasis on girls and women and argue that the growth in girls' violence is to some extent an 'artefact' of shifting modes especially the shift from traditionally sexualizing girls to the now criminalizing girls' and women (Carrington, 2006; Carrington & Pereira, 2009; Sharpe,

2012). In the end, it will be most appropriate to adopt a more practical feminist theoretical framework to deal with girls and women involved in crime (Carrington, 2013; Reno, Marcus, Leary & Samuels, 2000; Renzetti, 1999). This is summarised by Carrington (2013:11) “feminist theories of violence need to be contextualised rather than abstract and essentialist. They need to address the specificity of contexts in which women use violence, how it varies and what it means”. Subsequently, the conceptual framework for this study was based on the assumption that girls’ juvenile delinquency is a product of both the psychological and social factors and those intervention strategies must be within the feminist framework as illustrated below.

Figure 2.1: Conceptual Framework



2.5. Conclusion

Juvenile delinquency is a major concern in present society including Kenya, and certainly a concern when more girls appear to be involved in crime. The review of literature points at the discrepancy in juvenile delinquency between boys and girls. Subsequently, it would be most appropriate to adopt a more practical feminist theoretical framework to deal with girls and women involved in crime.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0. Introduction

This section describes how data for the purpose of the research was obtained, processed, analysed and interpreted. The methodology elements considered includes the research design, sampling procedure, the research process, validity and reliability of research instruments, ethical considerations as well as data processing and analysis techniques.

3.1. Research Design

The study adopted a descriptive survey design. Kothari (2006) explains descriptive research design as a systematic way of solving the research problem whereby a researcher adopts various steps to study the problem along with the logic behind them, such as juvenile delinquency for this study. The survey design was used to ascertain the nature of the phenomenon from a relatively large number of cases (Kothari, 2006; Mugenda & Mugenda, 2003). By use of the survey methods, the research collected data through questionnaires from juvenile girls and conducted interviews with the social workers working alongside the teenagers (Gay, 1992; Orodho, 2005).

The study purposely sampled all the juvenile girls from the two girls' rehabilitation centres, that is, Dagoretti and Kirigiti Children homes. This was because since the girls were considerably few (78), a questionnaire could be administered among all of them. According to Gay (1992), surveys attempts to collect data from members of a population for the purpose of establishing the status of that population with respect to one or more variables. The survey design was used because this study involved describing, recording, analyzing and reporting juvenile delinquency (Kothari, 1995). A descriptive study is also used to gather systematically factual information necessary for decision making (Ogula 1998), such as in this case on how psychological aspects can be applied in juvenile delinquency. Kerlinger (1973) argues that, descriptive study survey method is widely used to obtain data that is useful in evaluating current practices, and in providing basis for decision.

3.2. Location of the Study

The study was conducted in the two juvenile rehabilitation centres, Dagoretti and Kirigiti that were purposely sampled for the purpose of the study. The two centres are among the 10 rehabilitation centres in Kenya managed by the children services department. Rehabilitation centres are government institutions that offer various programmes including provision of care, protection and positive behaviour change meant to benefit juveniles.

3.3. Target Population

The target population of this study was juvenile delinquent young girls aged between eleven and seventeen years undergoing rehabilitation at Kirigiti and Dagoretti Rehabilitation Centres. The study also had discussions with the social workers at the centres. While it was possible and essential to administer questionnaires to all the girls, it was not possible to reach all the social workers (Yount, 2006). According to Morrison *et al.* (2008), the target population should be well defined, so that the desirable situation and the sample population match the target population in order for the statistical inference to be valid. The units of study in this research were the girl's incarcerated at the two centres.

Table 3.1: Study Population

Centre	Total No of Girls	Percent
Dagoretti	43	55
Kirigiti	35	45
Total	78	100

3.4. Sampling Procedure

The researcher purposively sampled the only two girls' government rehabilitation schools at Kirigiti and Dagoretti in Kiambu and Nairobi counties respectively. In addition, several social workers were targeted as research participants. A combination of stratified and random sampling procedures was applied to select the research participants. The participants in this study included 78 purposefully sampled adolescents incarcerated at Kirigiti and Dagoretti rehabilitation schools. This was to ensure that one centre acted as a

control of the other. The age range of the adolescents recruited was 11 and 17 years with a mean age of 14.89 years, median of 15 years and standard deviation of 2.04 years. The adolescents were categorized into three groups: 11 to 12 years, 13-15 years and 16 to 17 years.

3.5. Research Instruments

The researcher developed two questionnaires and a focus group discussion guide. The first was a socio-demographic questionnaire on the background information of the girls' participants and various questions based on the objectives of the study (Appendix I). The second was and a questionnaire for the social workers to ascertain the information provided by the girl participants (Appendix II). The focus group guide enabled further discussions on intervention strategies to assist the juvenile girls.

The questionnaires for the girls and social workers were formulated by the researcher, and captured socio-demographic information that included the following: age, period juvenile had been incarcerated at the institution, offence committed, age when child first committed offence, tendency to offend including factors influencing crime, parents and employment status and whether there was improvement in behaviour. The study sought information on whether other siblings had committed crime, tendency to commit crime (relapse) and suggestions for improved behaviour.

3.6. Validity and Reliability of Research Instruments

Validity shows whether the items in the research instruments measure what they are designed to measure (Brotherton, 2008). The researcher used content validity. This was to examine whether the research instruments were appropriate and matched with the research questions. Adjustments and additions to the research instruments after consultations and discussions with the supervisor were done to establish content validity which improved through expert judgment. Reliability is a measure of the degree to which a research instrument yields consistent results after repeated trials (Cooper & Schindler, 2006). The researcher used internal consistency measure known as Cronbach's Alpha (α)

which indicates the extent to which a set of measurement items could be treated as measuring a single latent variable.

The researcher carried out a pre-test of the research instruments with five (5) boys in one of the male rehabilitation centres. This was to validate the questionnaire as well as ensure the clarity of items.

3.7. Data Collection Procedure

Data for the purpose of the study was collected between May and September 2017. The participants in both centres were informed of the study through an advance notice and all the relevant information was provided. The data collection procedure was through an interactive process between the participants and the researcher. The questionnaires were administered by the researcher herself in order to make necessary explanations and also to clarify any issues. The initial session was rapport building, explanation of research purposes and procedures. The girls were accorded minimal assistance by the researcher when it was necessary or when and if assistance was requested. The questionnaires completed were collected on the same day for the girls, while the social workers could give a suitable appointment within the period of data collection by the researcher.

3.8. Data Analysis and Presentation

Data obtained for the purpose of the study was cleaned, edited and checked for accuracy. Then, it was coded before the actual analysis using SPSS, The researcher followed the flow of the narration of the participants. The data collected was analyzed using descriptive statistics (that is, measures of central tendency and measures of dispersion). Similarly, inferential statistics (multiple regression) was also deduced from the data collected. Finally, the findings are presented using tables, frequencies, percentages as well as narrations.

3.9. Ethical Considerations

As all the adolescent girls in this study were below 18 years of age, consent for participating in the study was requested and granted by the management. The relevant protocol for conducting the research was adhered to through the Director of Children's

Department. Before engaging in data collection, authority to conduct research was sought from Nairobi University, a research permit was obtained from the National Commission on Science and Technology (NACOSTI), Children's Department of the Ministry of East Africa Community, Labour and social protection, and the respective rehabilitation centres.

All participants were consulted on the study. Consent was sought and only those willing were enlisted in the study. None of the girl participants opted out of the study except that two of the girls were absent. Social workers who were not willing to fill the questionnaires or take part in the focus group discussion were not coerced to participate. Throughout the study the researcher strictly adhered to professional and research ethics. The study took considerations and professional guidelines as it had children participants. The participant's identification were protected in data collection and by making them anonymous in the final report. All items in the questionnaire were carefully structured, to avoid questions that might embarrass and/or annoy the participants, particularly the girls. The researcher made sure that information collected was treated with utmost confidentiality and used purposely for academic work.

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION

4.0. Introduction

This chapter presents the results of the study. The first section describes the basic information about the research participants derived from the analysis of data. This includes demographic characteristics through descriptive statistics. The second section is a presentation of the results from inferential analysis to determine the relationship between dependent variables and independent variables. The analysis is done to reflect on the research objectives. The third section presents a brief analysis and discussion of the intervention strategies including the case studies of the two girls selected from each of the centres.

4.1. Demographic characteristics of Research Participants

There was a high rate of response and a majority of questionnaires were returned by both the girl participants and the social workers

Table 4.1: Questionnaire Response Rate

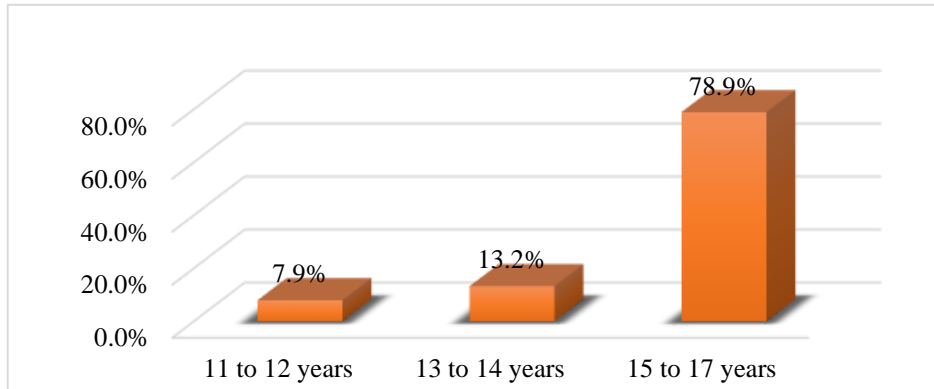
	Children		Social Workers	
Response	Frequency	percent	Frequency	Percent
Returned	76	96%	13	87%
Absent	2	3%	2	13%

None of the girl participants opted out of the study except that two of the girls were absent at the time the questionnaires were being administered.

4.1.1. Demographic characteristics of Girl Participants

The study asked the juvenile girls to indicate various aspects such as age, the period they had been at the institutions, information about their parents and why they had been committed at the institution.

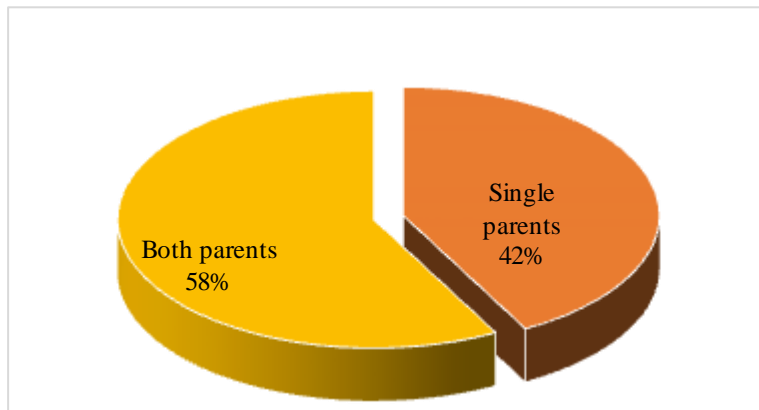
Figure 4.1: Age of Juvenile Girls



Results indicates that majority of the respondents (78.9%) were aged between fifteen to seventeen years.

The study also investigated the family background of the girls in the juvenile centres, including whether the girls were living with one or both parents.

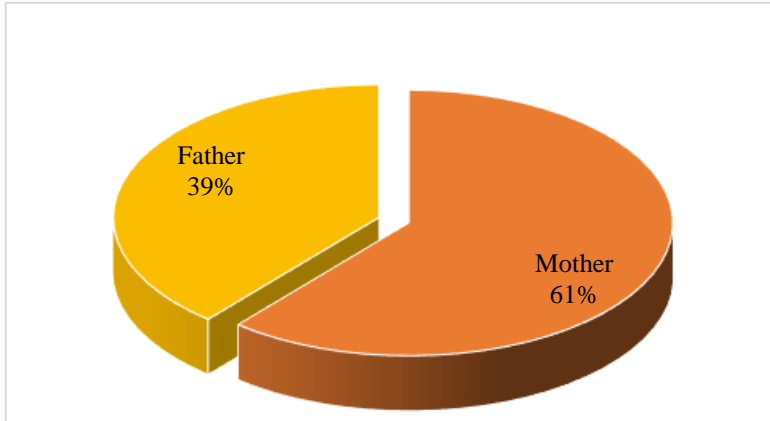
Figure 4.2: Family Background of the Girls



It was remarkable that a seemingly majority of the girls (58%) lived with both parents, whereas there were some (42%) from single parent families.

Most of the girls who lived with one parent were residing with the mother.

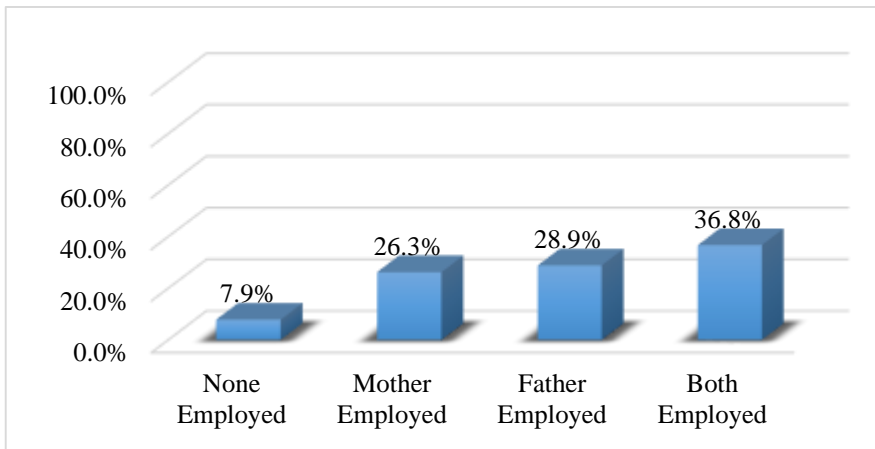
Figure 4.3: *Girls living with one parent*



A majority of the girls (61%) who lived with one parent lived with the mother.

The study investigated the employment status of the parents or guardians.

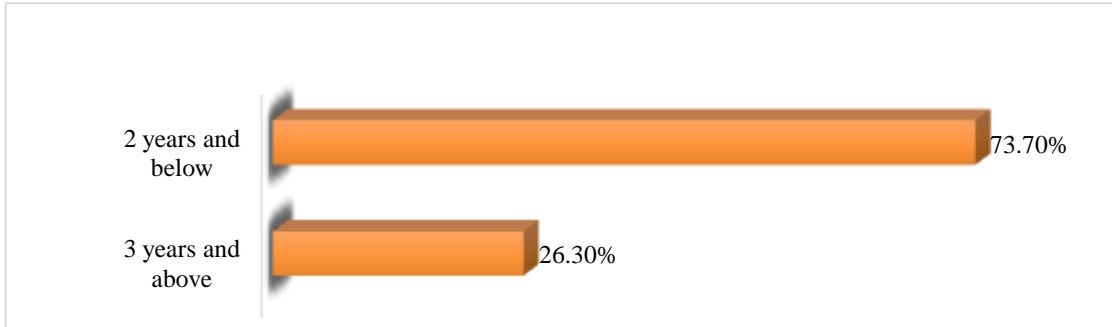
Figure 4.4: *Employment status of the parents*



Data revealed that majority of the girls came from a family where either both parents were working (36.8%) or one of the parents, father (28.90%) or mother (26.30%) was working. Only a few (7.9 %) indicated that none of their parents was working.

The study investigated the duration when the girls had been at the rehabilitation centres.

Figure 4.5: *Duration in the rehabilitation centre*

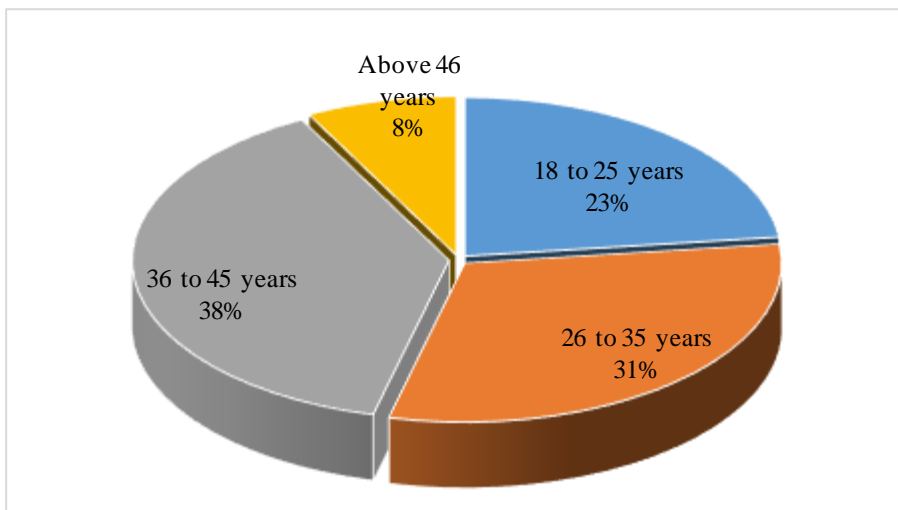


Majority of the children (73.7%) had been in the institutions for less than two years while only a few 26.3%) had been in the institutions for three years and more.

4.1.2. Demographic Information of Social Workers

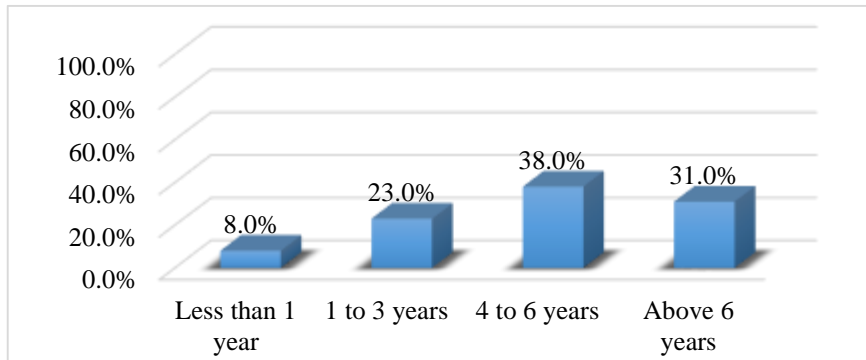
Social workers who participated in the study were asked to indicate their age and the number of years they had been working in rehabilitation centres and in the respective centres.

Figure 4.6: *Age of Social Workers*



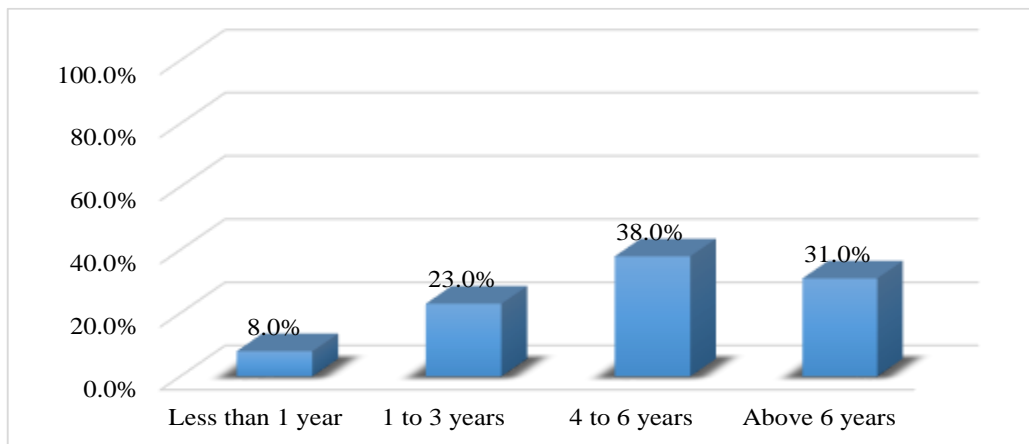
Most of the social workers (46 %) were old enough over 36 years though there were a few young social workers aged eighteen to twenty five years (7.7%). Thus they were experienced.

Figure 4.7: *Years of service as a social worker*



Majority of the social workers sampled had worked for over four years (69%) while only a few (8%) had worked for less than one year. This implied that the care takers had experience in handling Juvenile delinquents and therefore effective and efficient care giving.

Figure 4.8: *Years of service as a social worker at the centre*



Majority of the social worker sampled had worked for over four years (69%) while only a few (8%) had worked for less than one year. This implied that the care takers had experience in handling Juvenile delinquents and therefore effective and efficient care giving.

4.2. Juvenile offences among girls in the Rehabilitation Centres

The first objective of the study was to establish the common juvenile offences among girls in rehabilitation centres for girls. Research participants were asked write down the incidences that had brought the girls to the institutions.

Table 4.2: Juvenile Incidents among the girls

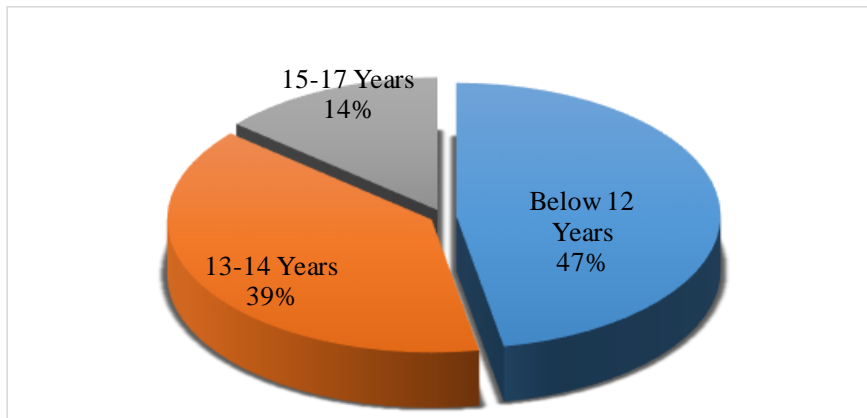
Kirigiti		Dagoretti	
Murder	3	Murder	-
Drug abuse (alcohol and smoking cigarettes)	6	Drug abuse (alcohol and smoking cigarettes)	4
Failure to attend school / school dropout	4	Failure to attend school / school dropout	11
Suicide (attempted suicide)	3	Suicide (attempted suicide)	5
Stealing	5	Stealing	4
Truancy	5	Truancy	16
Child abuse	-	Child abuse (child had been abused)	2
Malicious damage of property	11	Malicious damage of property	2
Prostitution	7	Prostitution	2

The study noted that majority of the girls at Kirigiti were prone to violent crime such as murder, drug abuse (including alcohol and smoking cigarettes), malicious damage of property, stealing and prostitution, while the girls at Dagoreti had minor crimes such as failure to attend school, attempted suicide and truancy. Kirigiti is classified as high risk centre while Dagoretti is low risk centre and hence the discrepancy. In the United States, violent crimes include murder, robbery with violence, rape, arson, and aggravated assault (Thompson & Morris, (2016). Thompson and Morris (2016) also argue that the rate of arrests for straightforward assaults has tended to remain relatively soaring for females. This was also true in this study.

The number of children who had failed to attend school (N 15, 20%) or were considered truants (N 21, 28%) particularly at Dagoretti which is a low risk institution is a major concern. This is because there is need to investigate why the girls had failed to attend school (or dropped out) and why others were considered truants. The American Psychiatric Association (2013:69) notes that “In children, the low academic skills cause significant interference in school performance (as indicated by school reports and teacher’s grades or ratings)” and that “Specific learning disorder is associated with increased risk for suicidal ideation and suicide attempts in children, adolescents, and adults.” Also APA cautions (2013:73) that “avoidance of or reluctance to engage in activities requiring academic skills is common in children, adolescents, and adults.” The number of girls admitted for suicidal attempts were eight (8). Yet the children were being confined and it is possible that the reasons may be besides what the society perceived as a problem. Thus the study is inclined to agree with others who have argued for a more comprehensive approach to psychological issues including juvenile delinquency particularly in developing countries (Wambugu, Njoroge & Komen, 2013; Wango, 2015).

The study further investigated the age at which the girls first committed a crime.

Figure 4.9: *Age of committing the first crime*

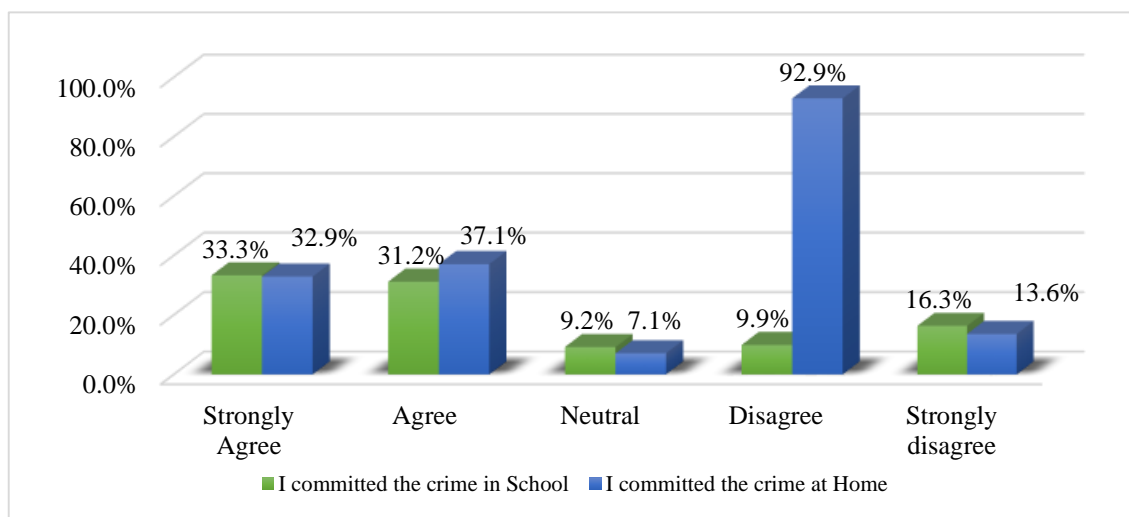


The age at which the girls first committed a crime varied between the two institutions. It was noted that most of the girls especially at Kirigiti indicated they committed a crime when they were below 12 years (47.1%), though a few committed their first crimes

between 13 - 14 children (39.1%) and only a few (13.8%) when they were much older between 15 to 17 years. This implies that most of the juvenile delinquents were hardly 12 years when they entered into crime. This finding is in agreement with Loeber and Farrington (2001) that juveniles who start offending prior to age 12 are more likely to persist into early adulthood.

The study investigated the places or area where the juveniles committed the crime.

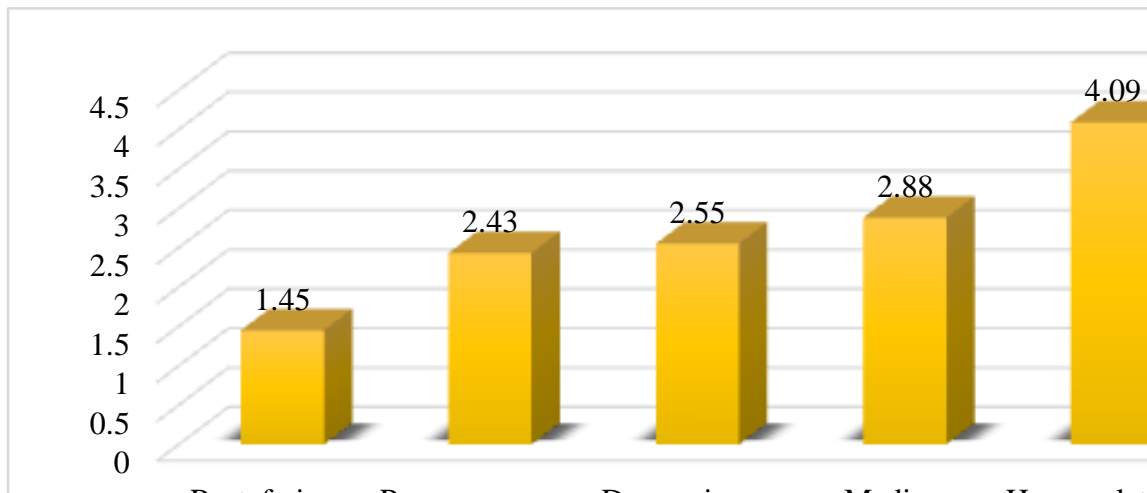
Figure 4.10: Places or Area where girls' committed crime



A majority of the crimes were committed at home or in school. This is seen by the agreement (strongly agree 33.3% and 32.9% for school and home respectively and also agree 31.2% and 37.1% for school and home respectively) which is 64.5% for those who committed it in schools and 70% for those who committed at home. For others who did not agree to the two places it means they committed the crimes at other varied places depending on the crime and area of crime. Herrenkohl et al. (2001) noted that children who lacked commitment to school, low academic performance, and low educational aspirations are at a higher risk of child delinquency.

The study further investigated what could have influenced the juvenile delinquents to commit the crime.

Figure 4.11: Factors influencing juvenile delinquents to commit crime



The study established that home related problems had the greatest influence on the juvenile delinquents to commit crime as seen in the overall mean response of 4.09. Whereas, media influence had the second greatest influence on the juvenile delinquents to commit crime with an overall mean response of 2.88. This was then followed by depression among the juveniles which had an overall mean response of 2.55. Thereafter, peer pressure which had an overall mean response of 2.43. Finally Rastafarian beliefs had an overall mean response of 1.45 and it least influenced the juvenile delinquents to commit the crime.

These observations concur with other scholars such as Wasserman and Seracini (2001) and Bridges (1927) who highlight that family characteristics such as poor parenting skills, family size, home discord, child maltreatment and anti-social parents are linked to Juvenile delinquency.

4.3. Social Economic background of Juvenile Girls

The study also investigated the family background of the juveniles. The social workers were asked to indicate the girls most likely to commit a crime, by indicating whether they lived with both parents, or single parents.

Table 4.3: Parental influence on crime

Social workers perception on parental influence	
Single parents	76.3%
Both Parents	23.7%

The social workers perceived that majority of the girls (76.3%) living with one parent were the most likely to commit crime, while only a few (23.7%) of the girls living with both parents were likely to commit crime. McCord, Widom and Crowell (2001) linked being raised in a single parent family with increased delinquency. Scholars such as Wango (2014) have also highlighted the discrepancy in gender in the more traditional societies, as well as traditional-cum-contemporary societies. This is because the male parent may be perceived as the ones who instil discipline while this may not necessarily be the actual case. This is therefore an issue that requires intense investigation in future studies under the gender themes including juvenile delinquency.

The study also asked the social workers who between the parents, father or mother, the girl was likely to commit a crime.

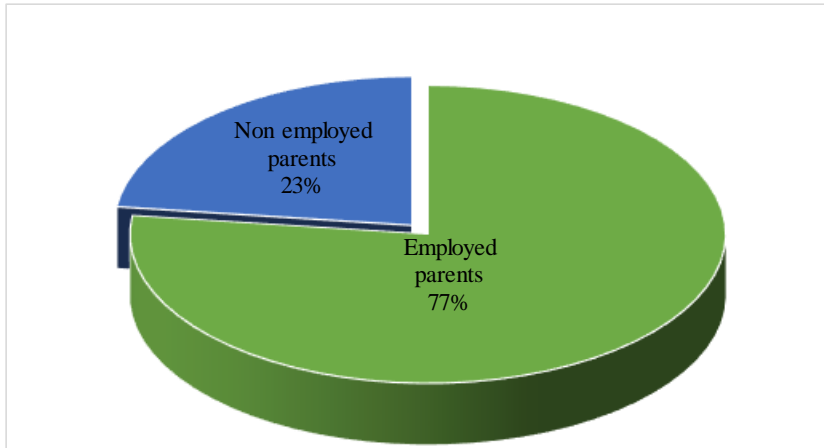
Table 4.4: Parental gender influence on crime

Social workers perception on parental influence	
Mother alone	56.2%
Father alone	43.8%

A majority of the social workers appeared convinced that girls (56.2%) were more likely to commit a crime if living with the mother alone as compared to living with the father alone (43.8%). Again as argued by Wango (2014; 2015) such sentiments may be a reflection of a highly patriarchal society rather than arising out of formal research.

The social workers were asked to indicate if working parents of girls influenced crime.

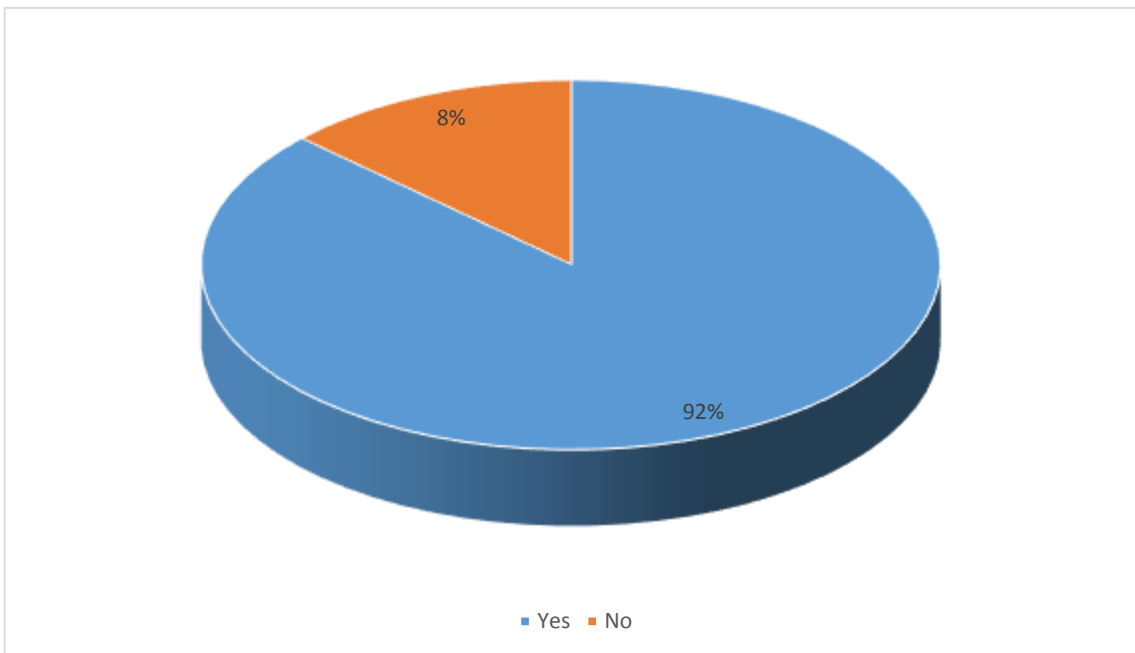
Figure 4.12: Influence of parents' employment on juvenile delinquency



Social workers (77%) appeared convinced that most of the girls had working parents and hence the instances of indiscipline. This was in agreement with the girls (82%) who also indicated that their parents were working.

The girls were also asked to indicate if they had committed other crimes.

Figure 4.13: Girls indication of committing previous crime



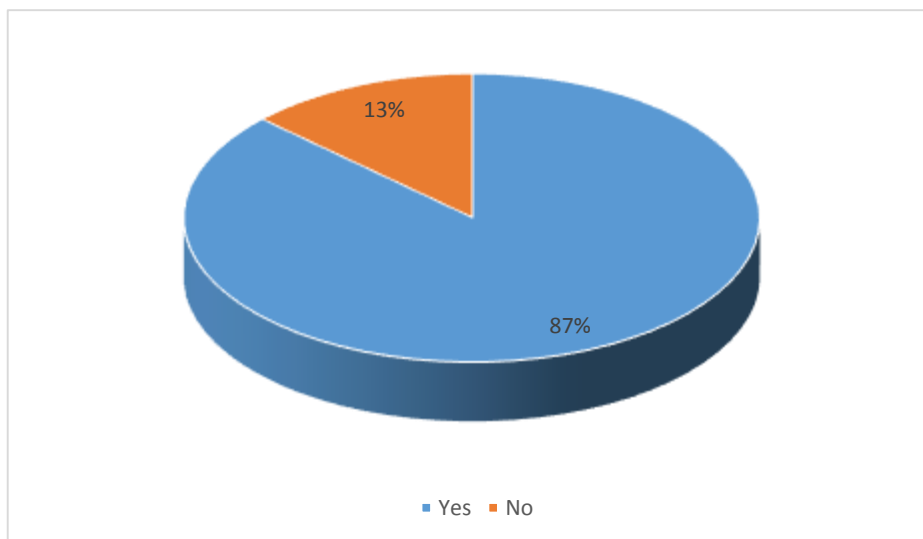
Results revealed that most of the girls (92%) indicated that they had previously committed a crime and only a few (8%) had not committed a crime. Both the girls and social workers indicated high incidence of crime.

Table 4.5: Girls frequency of committing crime

Response	Girls response		Social Workers response	
	Frequency	percent	Frequency	Percent
Once	23	30.0%	3	23.1%
Twice	21	27.6%	4	30.8%
Many times	32	42.4%	6	46.1%

The social workers also confirmed that girls who had previously committed a crime were likely to rescind.

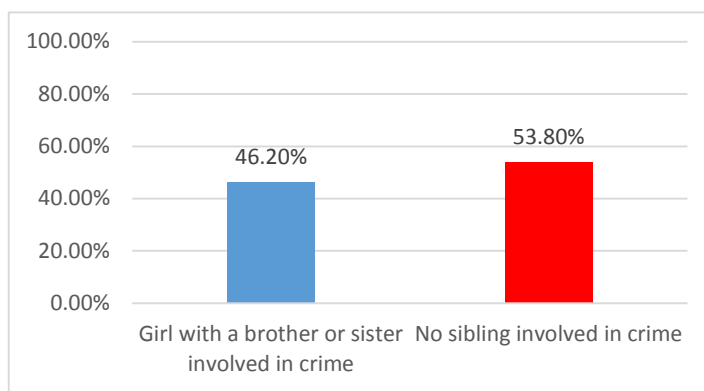
Figure 4.14: Social workers indication of girls' chances of reoffending



The girls and social workers indicated that girls who had committed an offence were likely to reoffend. This is in agreement with Le Blanc and Fréchette's (1989) finding that reoffending is common in adolescence.

Social workers were further asked to indicate which girls were more likely to commit crime.

Figure 4.15: Girls Most Likely to Commit Crime



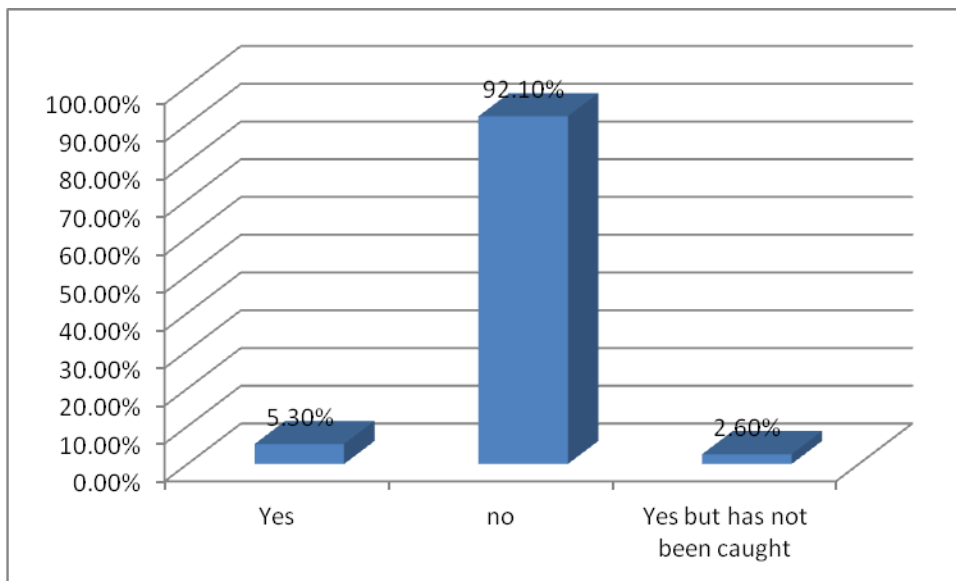
Social workers indicated that all girls (53.8%) can commit a crime though some indicated that girls with a sibling involved in crime are likely to commit crime (46.2%). Further, the girls also asked to indicate if any of their siblings had committed crime.

The findings on a high tendency to reoffend are in agreement with previous studies that have indicated juvenile delinquency as early as 10 and 12 years (Snyder & Mulako-Wangota, 2013; Thompson & Morris, 2016). The argument on juvenile crime and employment status of parents is in agreement with Wasserman and Seracini (2001) who argues that poor parental supervision is a determinant of juvenile delinquency as parents

are away most of the times and therefore unable to instill discipline or monitor the behaviour of the children.

The study further asked the girls if their siblings were involved in crime.

Figure 4.16: Sibling involvement in Crime



Results from the girls were overwhelming in agreement (92.1%) that none of their siblings had committed crime. Only a few indicated that their siblings had committed crime while very few (2.6%) indicated that their siblings had committed crime but had not been caught. The study therefore investigated what could have led the girls to crime (Table 4.6).

According to a study by Lipsey and Derzon (1998) it was established that a key predictor for delinquency among young people of ages 12 – 14 years was the presence of anti-social peers. This was investigated in the study.

Respondents were further asked to state what some of the issues or problems they had gone through in their lives that had made them feel the way they felt or still feel.

Table 4.6: Juvenile Problems or Incidents they had gone through in life

Child neglect
family violence
Pupil-pupil attitude
Teacher-pupil attitude
Poor relations with teacher
Lack of school materials
School fees not paid (lack of school fees)
lack of parental care and affection,
Broken homes
Child abuse
Father drinking
Mother involved in prostitution
Both parents drinking
Mother absent
Bad step mother
Father absent
Bad father
Neighbourhood has drugs
Other girls sell themselves to get money
Other children do not attend school and nobody asks them
Ill-treatment (mistreatment) by foster parents
Harsh (physical) punishment

The results indicate that some of the issues are school factors such as undesirable pupil-pupil attitude and teacher-pupil attitude, while other are family issues which included material deficiencies, broken homes, lack of parental care and affection, ill-treatment by foster parents, child neglect and child abuse. These results are consistent with scholar such as McLaren (2000) and Herrenkohl et al. (2000) who found out that risk factors such as, child neglect, children witnessing family violence, harsh physical punishment for a child, and child abuse are some of the sources of juvenile delinquency. Also, risk factors increase the likelihood to engage in deviant or violent.

4.4. Psychological Intervention Strategies in the Rehabilitation Centres

The third objective of the study was to find out the psychological intervention strategies available in Kirigiti and Dagoretti Rehabilitation centres.

Both the girls and the social workers were asked to indicate if the girls had learnt new ways of behaviour and to state if any, some of the new behaviours they had learnt.

Table 4.7: Girls acquisition of new / appropriate Behaviour

Response	Children		Social Workers	
	Frequency	percent	Frequency	Percent
Yes	73	96.0%	11	84.5%
No	3	4.0%	2	15.5%

Both the girls and the social workers were in agreement that the girls had learnt or acquired new ways of behaviour. These included appropriate behaviour such as; discipline, being responsible, obedience, respect, self-control, friendship, assertiveness, good language approaches toward different kinds of people, anger management.

According to Mann (1984) child offenders should not be presumed to be a public enemy; rather, it is actually the public that should try to understand, guide and protect the children. In addition, rehabilitation theory argues that a lighter sentence based on the rehabilitation theory should be administered to the child and this is not in contravention of achieving justice (Samuri et al., 2013). This does not also mean that the rights of the victim have been ignored, or that society's best interest has been set aside. Geraghty (1997) adds that a fair system is one that can combine a fair trial with a sentence that is equal in magnitude to the child's responsibility for the crime committed.

It should be noted that some of the girls and social workers did indicate that the girls may not have improved. This is significant because a major objective of this study was to identify intervention strategies to assist juvenile girls. Rehabilitation theory focuses on personal change in the offender with an aim to enable the offender discontinue their criminal activities once and for all upon their return to society (Sherman, 2002).

The study also investigated the challenges facing the rehabilitation centres.

Table 4.8: Challenges in the rehabilitation centres

	Girls	Social Workers
1	Facilities not as good	Inadequate facilities
2	Centres was prison like	Most of the girls came from dysfunctional families
3	Limited prison	Lack of professional counsellors
4	Too much control of our freedom	Inadequate personnel

Though the girls and social workers identified different challenges, it is notable that they were several. It is also possible that the above challenges could have greatly hindered various programmes at the centres. According to Baron (1994) points out that the rehabilitation process must convince the offenders that they are capable of accepting and living within acceptable societal norms and values. Subsequently, a child offender's actions should be construed as an effect of their failure to adhere to societal rules. This is important for this study since various strategies should be identified to assist the girls in the rehabilitation centres.

Both girls and social workers were also asked to state some of the issues that could be improved upon to make the girls feel better or live a better life.

Table 4.9: Ways of improving Juvenile life

Girls suggestions	Social workers suggestions
Good mother	Family sessions
Provision of basic needs	Parent /guardians counselling.
Better living environment	Provision of basic needs
Better family	Parental love and care
Better parents	Family talks
Better school	Better living conditions for girls
Better teachers	Better allocation of funds to centres
Good father	Schooling be made compulsory
Better school rules	More home visits
No punishment at school	Income for girls parents
Parent stop punishing me	More co-curricular activities like games and sports, drama and music
	Spiritual guidance

Research participants suggested various strategies that can be classified into home and school based. They include: improved living conditions at home with basic needs and a more friendly school environment. Also, some of the suggestions by the girls pinpoint at a 'poor' living (home and /or school) environment for the girls. These results agree with Cragg (1992) who stated that rehabilitation centres are set up to enable offender have more constructive role via receipt of several skills that include the following: psychiatric therapy, counselling, better education including vocational training, drug-rehabilitation programmes and any other techniques based on scientific methods that can reduce recidivism.

The results are in agreement with Mulatie (2014) who pointed that children that have committed various crimes are incarcerated together with others who have adjustment problems since it is clear that better teachers and parents is an indication of an unhappy environment rather than an intent to commit crime. Odera (2013) asserted that juvenile delinquency in Kenya had necessitated the introduction of rehabilitation centres to serve as correction centres for juvenile offenders but arising from the above findings, the intervention strategies are not aligned with the goal and objectives of rehabilitation.

4.5. Case Studies of the Two Girls

The researcher conducted two interviews with two girls, Kirigiti which had high risk girls and at Dagoretti that had low risk girls. The girl (G1) at Kirigiti was a 15 year old girl who had murdered her boyfriend when she discovered that he was cheating on her. The girl argued that she did not understand why the boy was cheating on her when she loved him. She had tried to talk to him about it but according to her, he did not care. She had stabbed him with a knife and the girl reasoned that it was to "teach him a lesson, but unfortunately he died". She narrated the incident so vivid in her mind:

Teacher wacha nikuambie (teacher (the girls call everyone teacher) let me tell you). This guy was my babe (friend in Sheng language). I had shared him my past, how I wanted to be loved and how I loved him. Now, imagine ananionyesha matharau na ndamu mwingine hapo (he humiliates me by befriending another girl). So I decide ok, kama ni mbaya mbaya, nikamshow hivyo (if things are that out of control, let me teach him a lesson).

She also reasoned that “no one understands how I feel.” The girl was in Form Two and spoke clearly and confidently. The girl was from a single parent home and could have been looking for love from the young man that was not as fulfilling. In my own view, the girl was intelligent and would have achieved much more in life if guided, counselled and well mentored.

The girl (G2) at the Dagoretti rehabilitation centre had been arrested while on the streets (prostitution). The girl argued that she had not committed any crime as she was trying to earn a living. The girl lived with her mother who was a commercial sex worker. She insisted that the mother “has several friends but when I went out, the police arrested me yet it was not the first time I had been earning. My mother does it all the time so I simply got arrested because I also refused to go to school”. Unlike the confident girl at Kirigiti, she was shy and in denial of her actions. She had also frequently missed out on school and hence she had difficulty speaking in fluent English or formal Kiswahili and preferred the *Sheng* (more informal Kiswahili).

4.6. Conclusion

This study has shown that the majority of the juvenile girls in this study came from dysfunctional families where parents were low income earners. The main limitation noted in the institution of juvenile justice system included inadequately trained personnel especially professional counsellors. From the outcomes of this study, it can be observed that there is need for more proactive involvement in the provision of mental and physical health of adolescents in rehabilitation schools. It can be suggested that qualified psychologists be assigned to the centres. More effective screening can also be carried out for all children in the rehabilitation institutions to help work out an individual programme within the general rehabilitation programme.

The study makes several recommendations and conclusions in the next section.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0. Introduction

This chapter is summary of the findings of the study, conclusions as well as recommendations arising out of the study. Several areas of further research are also suggested at the end.

5.1. Summary of Findings

The results of this study revealed that girls who were in the two rehabilitation centres had committed various crimes. However, it was also possible that the girls could have been living in difficult circumstances (home and/or school as well as the surrounding area) and thus ended up in juvenile centres. This finding is in agreement with several studies such as Mulatie (2014) who noted that children that have committed various crimes are incarcerated together with others who have adjustment problems. The present study is consistent with prior studies that youth from single parent families show a higher sign of delinquency than those from both parents families (Larfortune, 2010; Lewin, 1990; Han et al., 2010; Mulatie, 2014).

The summary of the study findings is presented in three subtopics aligned to the objectives of the study.

5.1.1. Common Juvenile offences among girls in the Rehabilitation Centres

The first objective of the study aimed to establish the common juvenile offences among girls in the two rehabilitation centres. Results revealed that the common crimes included drinking alcohol and other illicit drugs abuse, stealing, attempted suicide, truancy, malicious damage of property and prostitution. Some of the girls were also accused of running away from home and failure to attend school (school dropout). These could have been attributed to various factors including negative peer influence leading to various

difficulties at home and in school. In addition, some of the negative habits could have been as a result of lack of parental and hence a need for care and protection.

5.1.2. Psycho-social factors that influence Juvenile Delinquency among girls

The second objective of the study aimed to establish the psycho-social factors that influenced juvenile delinquency among the girls. The study identified various aspects as follows:

- (1) Family background was highly associated with involvement in juvenile delinquency. Home related problems had the highest score towards juvenile delinquency. Most of the children were from broken families and unstable homes with various difficulties such as alcoholism, violence, divorce and step parenting. These circumstances could have contributed to juvenile delinquency among the girls.
- (2) Results revealed that working parents of girls influence crime due to absence of parental authority to monitor as well as deter negative behaviour which could have led to delinquency. Most of the girls came from low income homesteads with low socio-economic background with would have necessitated the parents to work long hours and therefore were often away from their homes, thus unable to monitor effective behaviour or mentor the girls.
- (3) The highest number of delinquent girls was in the age bracket of between 15 and 17 years. This is in agreement with the age-gender crime curve that found that incidence of offending tended to increase beginning late childhood and reaching a peak at teenage years around ages 15 to 19.
- (4) Majority of the girls had committed various crimes before being apprehended and rehabilitated at an early age of 11 to 12 years.
- (5) Individual characteristics like anti-social behaviours and aggression could lead to juvenile delinquency and not necessary from close association with siblings. The study found that it is possible the girls were capable of committing crime as most of them did not have siblings that had committed crime.
- (6) Social workers stated that school factors such as undesirable pupil-pupil attitude and teacher-pupil attitude, poor school performance, lack of interest in schooling

and low self-esteem due to being sent home from school for lack of school fees contributed to truancy, prostitution and running away from home.

- (7) Social workers stated that material deficiencies at home like lack of money to buy essentials like clothing, sanitary ware for the girls contributed to the girls stealing or engaging in prostitution to enable them obtain money to purchase essential items.

The girls were all in their adolescence which is a difficult and sensitive period in human development (American Psychiatric Association, 2013). Hence there is need to conduct more studies on the circumstances that could lead to further deviance in future ages.

5.1.3. Psychological intervention strategies available at Rehabilitation Centres

The third objective of the study aimed to establish the psychological intervention strategies available at Kirigiti and Dagoretti Rehabilitation centres as well as their effectiveness:

- (1) Results indicated that the girls upon admission are counselled. Part of the counselling is to assess them and place them according to low or high risk. The staff use the Preliminary Risk Needs Assessment Tool (PRNA) to enable assess and rehabilitation. Staffs also visits the homes of the delinquents to ascertain the home environment, its impact and whether it is conducive upon release from the rehabilitation centre.
- (2) Results revealed that the girls learnt some positive behaviour such as appropriate conduct (discipline), being responsible, obedience, respect self-control, friendship, assertiveness, general etiquette and good language approaches toward different kinds of people as well as anger management.
- (3) Results also revealed that the two centres needed to improve on family sessions, provision of adequate basic needs and parent/guardians counselling.
- (4) The girls receive formal education up to primary level Class Eight (8), which enabled them to be engaged most of the day. Outdoor activities like games was being undertaken to help the girls physically as well as psychologically by building on social support from others.

- (5) The girls reported that they were fairly treated by the officials of the rehabilitation centres and were free to make consultations.
- (6) The gates to Kirigiti Rehabilitation Centre was not locked nor had a security guard which helped the girls to feel they were not being confined in jail .The juveniles thus felt they were in a fair and friendly atmosphere to draw out best results of positive behaviour.
- (7) The girls were provided with vocational education like dress making, hair plaiting, tie and dye of fabric, cookery, training that emphasizes on skills and knowledge to equip the girls in order to enable them be able to fend for themselves upon release to the community and reduce chances of recidivism.

The provision of essential services is noted in the Borstal Institutions Act in Section 4 (Republic of Kenya, 2012) that states as follows:

Every borstal institution shall provide—

- (a) proper sanitary arrangements, water supply, food, clothing and bedding for the inmates thereof;*
- (b) the means of giving such inmates educational, industrial or agricultural training;*
and
- (c) an infirmary or proper place for the reception of inmates who are ill.*

The need for counselling psychological services has been highlighted in several studies and forums. Kamau (2017) detailed that the Dagoretti school manager Clara Kirui children had stated that children committed in rehabilitation centres were in need of counselling to reassure them that they are loved and can be successful in future. Kirui had argued that most of the children came from broken or abusive homes. Subsequently, the children and the parents needed counselling. This is also evident from this study.

5.2. Conclusions

Based on the study findings, the study concluded that some family characteristics such as poor parenting skills, child mistreatment, antisocial parents and community issues such as alcoholism and peer pressure are factors highly linked to juvenile delinquency. These factors have been identified by various other (Bridges, 1927; Kamau, 2017; United Nations, 2004a) and hence they should be prioritised and addressed. The American

Psychiatric Association (2013) states that the use of cannabis among preteens, adolescents, and young adults is typically expressed as a disorder when it is excessive even with peers. Therefore, it is a component of a pattern of deviance and other delinquent behaviours. The United Nations Youth Report (2004a) highlighted that young people at risk of becoming delinquent are often living in difficult circumstances. These deviant behaviours are usually associated with conduct problems (American Psychiatric Association, 2013; Naomi, 2017). It has been noted that milder cases of deviant behaviour often primarily reflect continued use of drugs. However, it is also possible that an adolescent male or female may have problems related to disapproval of use of alcohol and drugs by other peers, a vigilant school administration, and family disapproval. This in turn places a young person at risk for physical or behavioural consequences (American Psychiatric Association, 2013). Recommendations made in this study took cognisance of the argument that juvenile girls could be both victims and culprits (American Psychiatric Association, 2013; Brown & Tappan, 2008; Carrington, 2013; Republic of Kenya, 2001; 2010; 2012; Wambugu, Njoroge & Komen, 2013; Wango, 2015). The study also concluded that home conditions such as deficiencies, lack of parental care and affection, stigma of illegitimacy and misdirected discipline also are factors that contribute to juvenile delinquency.

Scholars have also argued for a need to explain the rises in girls' (female) crime and violence (Brown & Tappan, 2008; Carrington, 2013; Carrington & Pereira, 2009; Sharpe, 2012). There has been diversity regarding the extent to which females commit crime (Carrington, 2013; Carrington & Pereira, 2009; Sharpe, 2012). It is possible that the criminalization system could have become more vigilant as argued by Sharpe (2012). And this could have led to the recording of more petty offences such as noted in this study in instances that include failure to attend schools and truancy. The study concluded that the most common juvenile offences among girls are petty offences like stealing, prostitution, truancy and absconding school. Subsequently, most of the girls could be confined due to various inadequacies on the part of society to address the needs of girls, rather than behavioural and emotional issues in the girls. The discrepancy in juvenile

delinquency and effectiveness of intervention programmes was highlighted by the United Nations Report (2004a:190):

The problem of juvenile delinquency is becoming more complicated and universal, and crime prevention programmes are either unequipped to deal with the present realities or do not exist. Many developing countries have done little or nothing to deal with these problems, and international programmes are obviously insufficient. Developed countries are engaged in activities aimed at juvenile crime prevention, but the overall effect of these programmes is rather weak because the mechanisms in place are often inadequate to address the existing situation.

This study too also concluded that the psychological intervention strategies available in Kirigiti and Dagoretti Rehabilitation centres are behavioural, cognitive, psychodynamic, motivational, social and environmental. The study concluded that these psychological intervention strategies used in the girls' rehabilitation centres are effective in dealing with juvenile delinquency. However, they need to be advanced by professionals in counselling and psychology who could also prepare individualised programmes for the girls.

5.3. Recommendations of the Study

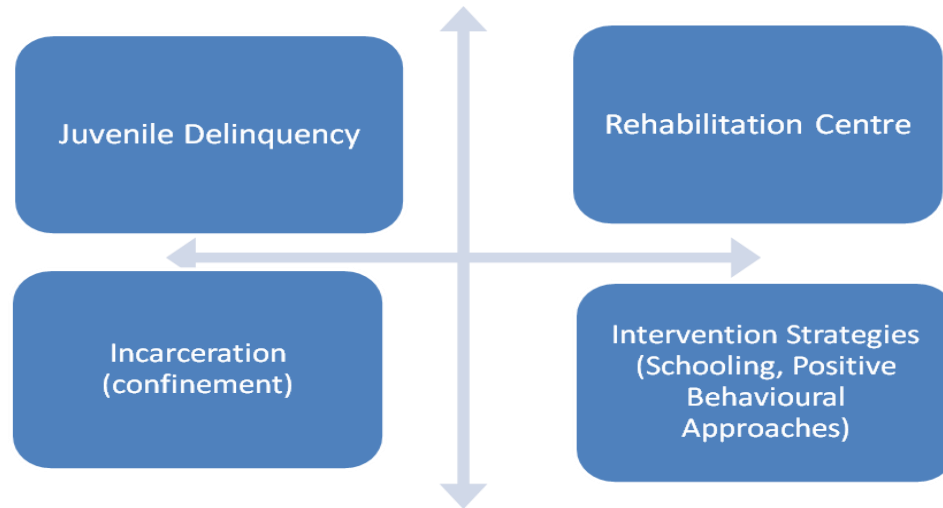
Although additional research is critically needed, it is clear that factors such as socio-economic disadvantage, maltreatment and single parent families contribute to development of juvenile delinquency. Furthermore, conflict with parents and involvement with delinquent peers are risk factors unique to girls. This suggests that the factors need to be addressed to understand and appropriately identify interventions on girls' delinquency as well as the following:

1. The study recommends the management of rehabilitation centres come up with reformation strategies that will incorporate parents and guardians in rehabilitating juvenile delinquents. This will ensure that the girls are comfortable even when they go back home and to the community. Additionally, the girls are likely to effectively adjust and not go back to the undesirable behaviour.
2. The study also recommends the Government to improve and add to the available facilities in the centres such as educational facilities, employ permanent counsellors and psychologists in order to enhance the girls' all-round development and positive attitude.

3. Girls in juvenile rehabilitation centres should be exposed to female role models and mentors. This would allow them to identify task oriented activities and careers aligned to their potentialities.
4. Gender responsive assessment tools and Individualised Treatment or Educational Plans (IEP) should be introduced. This includes programmes for the gifted and talented children since certain children with special needs may rebel openly in school, home or in the society and end up becoming delinquents (Kinyua, 2014; Webb, Meckstroth & Tolan 1985).
5. Policies and programmes that address specific needs of girls and young women should be identified and utilized in the centres.
6. A variety of interventions which includes behavioural, cognitive should be encouraged in order to address the needs and strengths of the girls in the rehabilitation centres.
7. Follow up of the girls upon release from the rehabilitation centres should be encouraged in order to help these girls fit back into the community and reduce recidivism
8. Specialized staffing as well as training, in particular to relationships, substance abuse education, communication as well as in anger management should be introduced.
9. Family involvement, counselling and family therapy are important considerations in the rehabilitation process for juvenile delinquents and should be introduced. In addition, a supportive family and environment allows for strong social bonds to be created, maintained and further discourages recidivism.

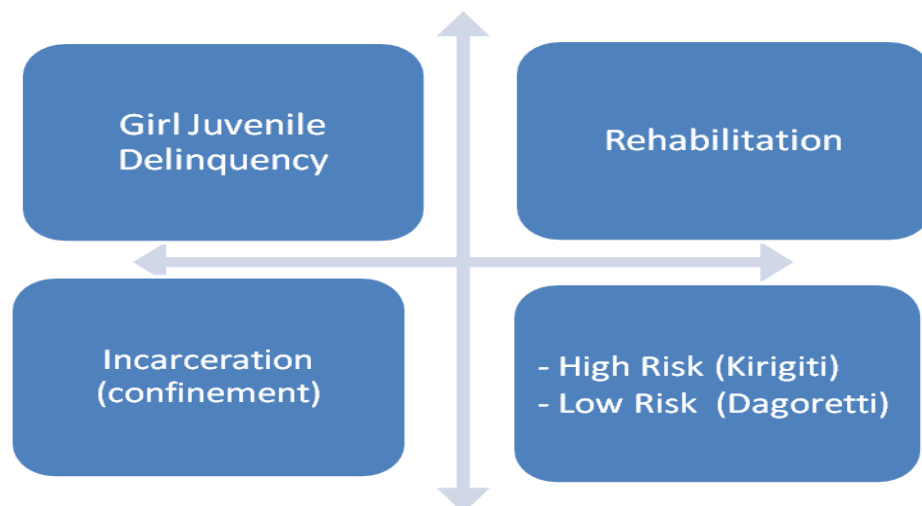
Various reports including the United Nations World Youth Report (2004a) and others (Brown & Tappan, 2008; Carrington, 2013; Carrington & Pereira, 2009; Sharpe, 2012) suggest various approaches and interventions for prevention and handling juvenile delinquency. It can be argued that juvenile delinquency is perceived as a social problem and that the immediate solution as prescribed by law and in society is rehabilitation of juveniles. This study suggests a review of such a stand-alone approach. This conventional model can be demonstrated as follows:

Figure 5.1: Juvenile Delinquency and Rehabilitation Centres



This study argued that the above model is too general and highly simplified. Instead, this study proposes that intervention strategies for juvenile girls should take in gender concerns particular the needs of the girls. In the case of Kenya, the process as findings indicated could have commenced with incarceration and a classification of high risk and low risk juvenile.

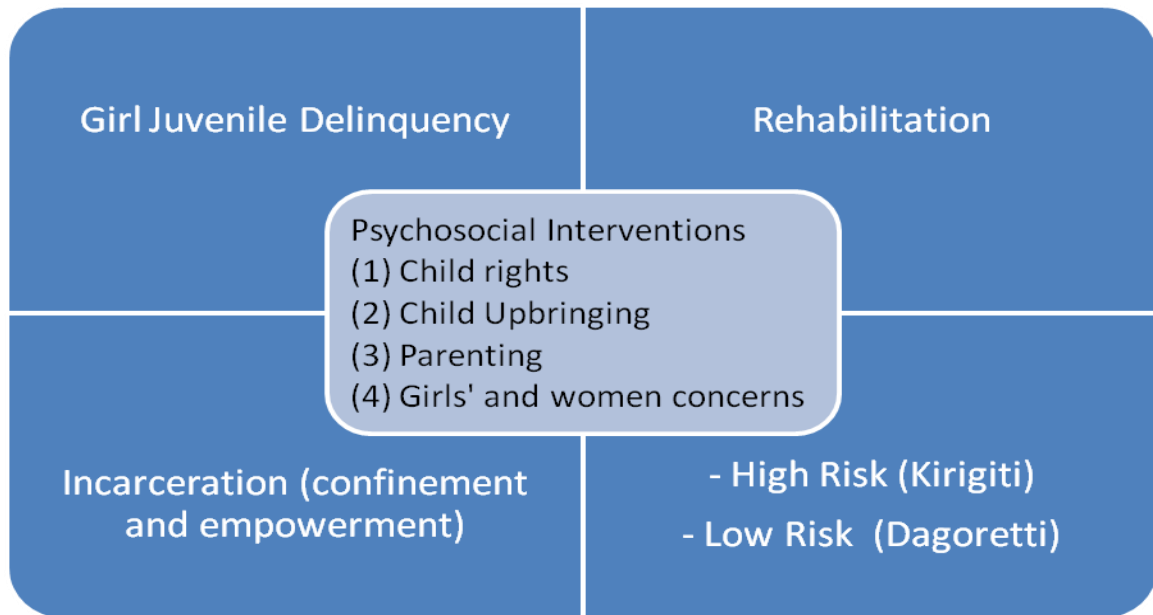
Figure 5.2: Girl Juvenile Delinquency and Rehabilitation



The intervention can be said to have been further amplified with various strategies such as empowering the girls as reported in the study.

Nonetheless, this study proposes advanced interventions that incorporate the psychosocial needs of the girls. It is notable that the recommendation is aligned to various recommendations made by others on juvenile delinquency and with reference to girls.

Figure 5.3: Psychosocial interventions for Girl Juvenile Delinquency



The model proposes that psychosocial Interventions be paramount. These include: (1) Child rights; (2) child upbringing; (3) Parenting and parenting skills; and, (4) Girls' and women concerns.

It is suggested that particular attention be directed at the following: educational development, professional development, community programmes, improvements in family relations and effective parenting skills. Aspects of child care, psychological support and the value of restorative justice for both perpetrators and victims of juvenile delinquency are pertinent issues of concern and were included in this study.

5.4. Suggested Areas for Further Study

The study sought to investigate the psycho-social factors that lead to juvenile delinquency among young girls aged between eleven and seventeen years in Kenya and therefore an

immediate area for further studies would be the psycho-social factors that lead to juvenile delinquency among juvenile boys. Future research should also investigate the extent to which psychological interventions assist juvenile delinquents. Studies must also investigate and promote the need for gender-specific services particularly for girls which address their particular risk factors and experiences. Also, studies must place the needs of the gifted and talented young persons in Kenya as well as elsewhere. In addition, a new Borstal institution, Kamae Girls has been established and research could investigate the extent to which girls in the institution can be provided with psychological assistance. Finally, there is continuous threat of victimization of children and this tends to have severe impact on the socialization of young girls and boys and this should be further investigated.

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APPENDICES

Appendix I: Research Questionnaire for Girls

This questionnaire has been designed to assist in collecting data on the psychosocial factors that lead to juvenile delinquency among young girls aged between eleven and seventeen years. You are kindly asked to fill in this questionnaire. All the information obtained will be confidential and only used for the purpose of this study and any publications arising thereof. Do not write your name anywhere in this paper.

Tick (✓) as appropriate or write down your answer.

1. Age (*Tick (✓)*)
 - a) 11 - 12 years []
 - b) 13 - 14 years []
 - c) 15 - 17 years []
2. Do you live with both parents, or one parent (*Tick (✓)*)
 - a) Both Parents []
 - b) One parent (*Tick (✓)*) Father [] Mother []
3. Are your parents working (*Tick (✓)*)
 - (a) Mother working []
 - (b) Father working []
 - (c) Both parents working []
 - (d) None working []
4. How long have you been in this institution?
 - a) Less than 2 years []
 - b) 3 - 5 years []
 - c) More than five years []
5. Write down the incidences or reasons that brought you to this institution
.....
.....
6. Had you committed any other crime before you were brought here (*Tick (✓)*)
 - (a) Yes I had committed a crime []
 - (b) No I had not committed a crime []

If Yes, what was the crime

What was your age (*Tick (√)*)

a) 11 - 12 years []

b) 13 - 14 years []

c) 15 - 17 years []

Were you apprehended (*Tick (√)*) Yes [] No []

7. Where was the crime committed (*Tick (√)*)

School []

Home []

Any other (specify)

8. Where are the factors that could have influenced you to crime (explain)

.....
.....

9. Has any of your brother or sister committed a crime? (*Tick (√)*)

a) Yes []

b) No []

c) I don't know []

If Yes, was he or she caught (*Tick (√)*)

(a) Yes []

(b) No []

(c) I don't know []

Where is he or she? (*Tick (√)*)

(a) In a children home [] in jail []

Any other

10. How often had you committed crime before you were convicted?

(a) Once []

(b) Twice []

(c) Many times []

11. Write some of the things you have learnt since you were brought here.

.....
.....

12. Have you improved towards being a better person? Yes [] No []
If Yes, state how you have improved

.....
.....

If you have not improved, why are you unable to improve

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

State what can be done to make you and others girls improve their behaviour

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

13. What are some of the issues or problems you went through in your life that could have made you feel the way you felt or still feel

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

14. What are some of the things that can be done to make a girl like you live a better life

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

Any other comments

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

Thank you for taking part in this study

Appendix II: Research Questionnaire for Social workers

This questionnaire has been designed to assist in collecting data on the psychosocial factors that lead to juvenile delinquency among young girls aged between eleven and seventeen years. You are kindly asked to fill in this questionnaire. All the information obtained will be confidential and only used for the purpose of this study and any publications arising thereof. Do not write your name anywhere in this paper.

Tick (✓) as appropriate or write down your answer.

Kindly tick the most suitable option in each section or write the answer.

1. Age (Tick (✓))
 - (a) 18 - 25 years []
 - (b) 26 - 35 years []
 - (c) 36 - 45 years []
 - (d) 46 - 55 years []
 - (e) 56 years and over []
2. Years of working as a social worker
3. Years of working at this Centre
4. In your view, who are the girls most likely to commit a crime?
 - a) Girl living with both Parents []
 - b) Girl living with one parent Tick (✓) Father [] Mother []
5. Does the working parents of girl influence crime (Tick (✓))
 - a) Yes []
 - b) No []If Yes explain how
- Indicate which girls are more likely to commit crime
 - a) Girl with parents working
 - b) Girl with parent not working
6. Do children from the same home appear to commit same or different crimes
 - a) Yes they commit crime []
 - b) No, they do not commit crime []

If Yes, which girls are more likely to commit crime

a) Girl with a brother or sister involved in crime []

b) Any girl []

7. Write down the major incidences or reasons that brought most of the girls to this institution.....

.....
.....

8. Had most of the girls committed any other crime before they were brought here

(a) Yes []

(b) No []

Explain your answer

.....
.....

9. How often had the girls committed crime? (*Tick (✓)*)

(a) Once []

(b) Twice []

(c) Many times []

10. Would you say that the girls benefit or learn new ways of behaviour in the institution. Tick (✓) Yes[] No []

If Yes, state some of the things they learn

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

If No, explain why or factors that make it difficult for them to learn

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

11. Have the girls improved?

Explain how the girls have improved

.....
.....

Explain why some of the children could have failed to improve?

.....
.....

12. What are some of the issues or problems that could be done or improved upon in order to assist the girls towards a better life

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

13. Explain some of the ways to improve the centre

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

Any other comments

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

Thank you for taking part in this study.

Appendix III: Focus Discussion Guide with Social Workers

1. What are the main predisposition factors leading to juvenile delinquency among girls?
2. What is the nature of offences among most girls?
3. Which offences feature more prominently among the girls?
4. Which are the more serious offences committed by the girls?
5. What is the trend over the past five years (2012 – 2016)?
6. What is the typical profile of a female juvenile offender?
7. (i) What do you do to channel the girls into appropriate (positive) behaviour?
(ii) To what extent would you say you are (a) successful (b) not as successful?
8. What are the possible intervention strategies to assist such girls and others who may be inclined to juvenile delinquency?
9. How best can the existing strategies be realigned to enhance positive conduct and thus prevent juvenile delinquency among girls (include who should be involved and how)?
10. In your view, at what age should a girl (child) be considered to be legally responsible for their behaviour or acts considered criminal in nature (explain why you think so)?
11. To what extent should others (parents, teachers) be considered responsible for the child's actions?
12. What kind of punishment or disciplinary measures should be administered to juvenile delinquent girls?
13. How do you think services in girl juvenile homes can be improved and aligned to positive behaviour management goals?
14. Any other comments.

Thank you for taking part in this study