

**THE PREVALENT FAMILY STRUCTURE AND FUNCTIONS AMONG
JUVENILE DELINQUENT CHILDREN IN REHABILITATION CENTRES IN
NAIROBI AND KIAMBU COUNTIES**

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DECLARATION

I, Ruth N. Kioko declare that this research project is my original work carried out in fulfilment of requirement of the degree of master's in clinical psychology of University of Nairobi, under the supervision and guidance of Doctor Judy Kamau and Doctor Teresia Mutavi department of Psychiatry, Medical school; the University of Nairobi.

I further declare that this research project has not been submitted for award of any other degree or at any other university.

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APPROVAL

This is to certify that, I Ruth N. Kioko have carried out the research project work independently under the supervision of university appointed supervisors, Doctor Judy Kamau and Doctor Teresia Mutavi.

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DEDICATION

To my parents, sister Lydia, sons Tony and Andy, niece Jeanette and nephew Moses, for their unwavering support, understanding and encouragement during the study period.

ACKNOWLEDGEMENT

This study would not have been successful without Doctor Judy Kamau my first supervisor. Her knowledge, thoroughness, time and moral support made a lot of difference.

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To all, I say thank you and may God almighty bless you abundantly.

ABBREVIATIONS AND ACRONYM

BFRS: Brief Family Relationship Scale

FAD: Family Assessment Device

J.D: Juvenile delinquent

NACOSTI: National Commission for Science, Technology, and Innovation

R.S: Rehabilitation schools

UNICEF: United Nations International Children Emergency Fund

DEFINITION OF TERMS

- Reception centre:** A rehabilitation centre where juvenile offenders are received after going through the judicial process from different parts of the country to facilitate assessment, before placement in other rehabilitation centres for behavioural correction.
- Rehabilitation centre:** Institution for behavioural correction of children who are in conflict with the law. There are programmes for behaviour modification by qualified personnel which involves individual and group activities, for example counselling.
- Assessment centre:** A rehabilitation centre which has been set aside to facilitate the evaluation of all children in conflict with the law arriving from remand homes across the country, to determine their risk level (low, medium and high). They are admitted here temporally and after evaluation they are transferred to other rehabilitation centres across the country to serve the period of commitment.
- Child:** A person below the age of 18 years.
- Children's Act:** It is a Kenyan law that provides a comprehensive framework for the care and protection of children. It includes guidelines on how to deal with children who are in conflict with the law.
- Delinquent:** A child between 10 to 17 years of age who has committed a crime according to the constitution of Kenya.
- Family** A social group connected by kinship, marriage, adoption or choice, defined responsibilities, long term commitments, defined mutual

obligations and responsibility and a shared sense of togetherness.

Family functions: The activities that facilitates interaction and relationship among family members in their daily lives. These functions are dynamic and include; communication, cohesion, problem solving, procreation, socialization, and provision of basic needs among others.

Family structure: Family structure is a group of persons united by ties of marriage, blood or adoption constituting a single household interacting and inter-communicating with each other in their respective social roles of husband and wife, father and mother, son and daughter, brother and sister, creating a common culture. Types of families include; biological parents, single parents, grandparents, extended and blended families.

Juvenile: A child or a young person who is below 18 years or not yet old enough to be considered an adult.

Offender: A person who has committed a crime or illegal act

Probation officer: A full-time government official, who is assigned to the Probation Office. He/she engage in the work of rehabilitating those who have committed crimes or have turned to juvenile delinquency, giving them guidance and assistance in everyday life, in collaboration with other staffs in the rehabilitation centres. He/she also take charge of the work relating to the prevention of crime and delinquency.

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ABSTRACT

Background: Youth delinquency and crime is a major problem in Nairobi (United Nations Habitat, 2016). This trend has been associated with the increase of juvenile delinquency. There is a growing concern with the growth and prevalence of Juvenile delinquents (JD) in rehabilitation centres in Kenya (Nguku et al., 2017). The family is usually the first environment within which an individual interacts (Maree, 2008).

Objectives: To identify the prevalent family structure among the juvenile delinquent children in rehabilitation centres in Nairobi and Kiambu counties. To identify the prevalent family functions among juvenile delinquent children in rehabilitation centres in Nairobi and Kiambu counties. To determine the association between family structure and functions among juvenile delinquent children in rehabilitation schools in Nairobi and Kiambu counties.

Methodology: A quantitative study and a cross-sectional descriptive design was used, involving purposive sampling technique. Face to face interview was used to collect data from a total number of 113 participants, 60 from Getathuru rehabilitation centre and 53 from Kirigiti rehabilitation centre. A socio demographic data questionnaire, Family Assessment Device and Brief Family Relationship Scale was used. The study was done for a period of 12 weeks.

Data analysis and management: All data collected was stored in a secured box under the custody of the researcher and analysis was done. Quantitative Data was analyzed using statistical package for social sciences (SPSS) v25 which involved coding, then data entry and checking of completeness of the data file. The findings were presented in the form of text, tables and narrative.

Results: The study established that majority of the respondents indicated that they were living with their mothers only (38, 33.6%) at the time of arrest compared to 22 (19.5%) who were living with their biological parents. The others were living with biological mother and stepfather (19, 16.8%), grandparents (16, 14.2%), uncle/aunt/older sibling (13, 11.5%) and father only at (5, 4.4%). On family function, the study established that among the respondents in the study, majority (108, 95.6%) were dysfunctional compared to mere 4.4% who had functional families.

Conclusion: The extent to which the family structure and functions may result in juvenile delinquency was understood and demonstrated in this study. Family structure and functions may have positive and negative effect on children. New strategies in the rehabilitation process focusing on the family is recommended.

CHAPTER ONE

INTRODUCTION

1.1 Background information

Family functionality is a multi-dimensional constraint that demonstrates activity and interaction in a family in carrying out critical tasks, in keeping family development and well-being as well as maintaining its integrity (Hadfield, Amos, Ungar, Gosselin, & Ganong, 2018). The behaviour of family members has an impact on the functionality of a family. Family functionality is a process and can result in normal or abnormal behaviour (Bt et al., 2017). Juvenile delinquency is any crime (unlawful actions) committed by a minor. This includes small crimes like truancy, to big crimes like robbery or even murder (Laura Finley, 2007).

The family is usually the first environment within which an individual interacts (Maree, 2008). Maree (2008), further explained that the importance of the family in socializing children from birth, teaching them the rules and expected behaviour in society and taking the appropriate steps to keep them within those rules is vital. The absence of these functions exposes children to the risk of coming into direct conflict with the law. Disrupted parental relationship and family ties were identified as social factors that may lead to juvenile delinquency in a study done in Durban, South Africa (Van Raemdonck & Seedat-Khan, 2017). They further found that a link exists between a parent or sibling criminality and orphan hood with juvenile delinquency. A family of origin and the community/environment in which adolescents live plays a crucial role (Fix & Burkhart, 2015). They reported the following findings: Protective family factors prevented the negative impact of delinquency and violence in the community and at family levels; the presence of detrimental factors at both family and community levels seemed to escalate the level of delinquency and violence.

Family constructs are important in the development of antisocial behaviour and delinquent (Petrosino, Derzon, & Lavenberg, 2009). Petrosino et al, (2009), found out that the presence of other conditions has a direct influence on how the family factors result to juvenile delinquency since family-based interventions within juveniles' families showed reduced rates of recidivism. They noted that the combined effect of multiple adverse factors may lead to the onset of delinquency.

Parks (2013), found out that, there are two main factors that may lead to delinquent behaviour and they include; the family structure a child is socialized in and the relationship an adolescent experiences with his/her parents. Apel & Kaukinen (2008), reported that children living in non-traditional households (blended, single parent and stepfamilies) are generally at a greater risk to exposure to negative outcomes, including delinquency. Further, they stated that different forms of monitoring, supervision, involvement, and attachments that children receive from their parents' plays a role in children developing delinquency.

A study done in Bahrain (Middle East) found out that, family warmth, quality of communications, discipline and other aspects of care related to a parent-child relationship was superior in non-delinquent families than in delinquent families (Alnasir and Al-Falaij, 2016). They attributed these occurrences to rapid modernization which has highly influenced family structure disintegration.

Family structure complexity may affect children well-being emotionally, psychologically and behaviour wise (Mostafa, Gambaro, & Joshi, 2018). They further found out that stepfamilies, half-siblings, blended families and single-parent families would predispose children to anti-social behaviour than families with both biological parents and full siblings.

A study done in South Africa showed that childhood violence has serious consequences that may affect people's health negatively and therefore affect their economic status. Childhood experiences like sexual, physical and emotional abuse and violence among family members, may be a predisposing factor to juvenile delinquency (Hsiao et al., 2017).

A study conducted in Cameroon found out that there are 5 big factors in a family structure that may lead to juvenile delinquency. They include family disintegration, conflicts, permissive parenting, financial burden, overcrowding in a home and lack of parental quality time with their children, (Ngale, 2009).

A study done in Nairobi slums (Korogocho and Viwandani by Kabiru et al (2014), revealed that parental monitoring whether in high or low levels of adversity lowers the level of delinquency in children. Parental closeness facilitates support to the children enhancing free communication, self-expression and helping children adapt easily as they negotiate different stages in their lives and other life stressors.

Family dysfunction and disintegration such as broken homes, separated families, conflict and violence between parents or with children was found to be a predisposing factor to juvenile delinquency (Rwengo, 2017). In her study which was conducted in Eldoret Juvenile remand home, 80% of the parents had poor parenting style ranging from neglect, physical and verbal abuse, substance abuse, absenteeism, and ignorance. These findings also concur with those of Mugo, Musembi & Kangethe (2006) who observed that there was an association between social background and the complex of the crimes committed by juvenile delinquents; majority were from poor and dysfunctional families. Children experiencing psychosocial difficulties may develop delinquency behaviour to the extent of committing serious crimes (Ndaita, 2017).

1.2 Statement of the problem

According to Bocar (2014), there are many factors that may lead to juvenile delinquency, and family is one of them. Bocar further explained that many studies have failed to demonstrate how the family may lead to juvenile delinquency. This has led to many cases of juvenile delinquents being reported.

During rehabilitation of juvenile delinquent children, the tradition has been in focusing on the crime the child has committed (Raia & Hirschfield, 2014). They found out that the rehabilitation programme was not fully addressing the family and communities where the delinquent children come from.

In Kenya there is a growing concern with the growth and prevalence of Juvenile delinquents (JD) in rehabilitation centres (Nguku et al., 2017). In 2013 there were 2070 juvenile offenders in rehabilitation centres across the country, in 2014 they were 3455 (Kenya National Bureau of Statistics, 2015). By March 2017, gender affairs permanent secretary estimated that 12,000 children were in the juvenile justice system in Kenya (Kiberia, 2017). Nguku et al (2017), indicated that these increasing numbers are a clear indication of missing information on how to curb the problem.

This study therefore sought to establish the roles family structure and functions may have in juvenile delinquency.

1.3 Justification of the study

There is a research gap in this area since most of the studies done especially in Kenya have been focusing on different aspects of the rehabilitation process. Welsh & Farrington (2012), found out that few studies on preventive and protective factors on young offenders has been done. They recommended more studies to be done to explore on this issue.

Odera (2013) explained that a few studies so far have been done on antecedent factors associated with juvenile delinquency most studies focus on curative measures of the 'criminal' behaviour and how to reform the child in isolation. The most challenging aspect of juvenile delinquency has been to establish what exactly makes children engage in criminal behaviour (Kavita, 2013).

This study helped in understanding the circumstances and problems faced by the offenders before being committed to the rehabilitation centres. The complexity of delinquent behaviour was understood from the family perspective which will assist in the planning of the care and handling of these children/adolescents. Ideas on policies review with the aim of involving the family in the care and rehabilitation of the delinquents, to avoid recidivism and further criminal behaviour was validated. The study gave insight on Juvenile delinquency preventive factors.

1.4 Significance of the study

This study helped in exploring new approach while dealing with issues of juvenile delinquency with great emphasize on the type of family the child is from and the internal family environment. Caregivers in the rehabilitation centres were able to understand family dynamics in relation to juvenile delinquency. They realized the importance of involving the children's families actively in the rehabilitation process instead of playing a passive role, in order to curb this problem of juvenile delinquency.

1.5 Objectives of the study

The study set to find out the prevalent family structures and functions that may be associated with offending among juvenile delinquent children in Nairobi and Kiambu counties.

1.5.1 Specific objectives of the study

- 1) To identify the prevalent family structure among the juvenile delinquent children in rehabilitation centres in Nairobi and Kiambu counties.
- 2) To identify the prevalent family functions among juvenile delinquent children in rehabilitation centres in Nairobi and Kiambu counties.
- 3) To determine the association between family structure and functions among juvenile delinquent children in rehabilitation schools in Nairobi and Kiambu counties.

1.6 Scope of the study

The study was carried out in Kirigiti girls and Getathuru boys' rehabilitation centres in Kiambu and Nairobi counties respectively. These 2 sites are the reception and assessment centres for young offenders after they have completed the judicial process from different parts of the country. They are admitted here temporally and after risk assessment they are placed in the other nine rehabilitation centres across the country which was not included in the study. The 2 centres created provision of inclusivity of both genders.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Family structure facilitates the provision of economic, social and emotional support to its members (Garfield, 2009). Garfield (2009), stated that successful families communicate with each other, spend time together, share similar religious beliefs and deal with crises effectively.

Family functions and structures are diverse and important in the lives of all children. Any form of family dysfunction may destabilize the lives of children emotionally, physically, socially and psychologically (Rwengo, 2017).

2.1.1 Family functions and juvenile delinquency

Family functionality is a multi-dimensional constraint that demonstrates activity and interaction in a family in carrying out critical tasks, keeping family development and well-being as well as maintaining its integrity. Family functionality is associated with behaviour related to family members both normal and abnormal behaviours and it is a process (Bt et al., 2017).

Factors like poor parenting, family violence, and divorce, parental psychopathology, familial antisocial behaviours, teenage parenthood, family structure, and size may lead to children committing crimes (Loeber & Farrington, 2012). Further, change of caretakers before age of ten, physical punishment, poor supervision, and poor communication with in the family were also identified as risk factors for juvenile delinquency (Boakye, Farrington & Loeber, 2008).

Sanni et al. (2010), found out that family factors like stability, cohesiveness, and adaptability play a crucial role in juvenile delinquency. Family structure and functions are influenced by social, economic, spiritual and cultural conditions which vary all over the world.

Siegel and Welsh (2008), found out family conflict as another cause of juvenile delinquency, and that interfamily conflict is a common feature in the American families today. They reported that the child's perspective of his/her parents' marital happiness or discord is a predictor of a delinquent. Modern researchers have supported the view that children who are brought to homes where they witness violence and discord later exhibit emotional and behaviour disturbances (Siegel and Welsh, 2008, p254).

A study was done in Arusha by Gudadi (2014), about the dynamics of juvenile delinquency and crimes, reported that many parents are not vigilant about their children's physical, emotional, social and spiritual needs. Gudadi (2014), noted that most parents work tirelessly for long hours to acquire economic stability. Lack of parental supervision, family disruption and lack of information on the importance of family cohesion on raising up children has led to many children being delinquent (Gudadi, 2014). Mwanjala (2015), conducted a study in Taita Taveta County on determinants of juvenile involvement in criminal behaviour. The quality of parenting was highly rated as a cause of juvenile delinquency. This was because of poor and/or lack of parental supervision, rejection by a mother and lack of parental involvement with their children. Other factors included; low intelligent, erratic/harsh discipline at home and school, negative peer pressure and poverty (Mwanjala, 2015).

According to the Kenyan children's bill (2017), parental responsibility towards their children means all the duties, rights, powers, responsibilities and authority which by law a parent of a child has in relation to the child's property in a manner consistent with the evolving capacities of the child. These duties include but not limited to; maintenance of the child by providing sufficient dietary needs, shelter, clothing, medical care, basic education and guidance; protection of the child from wilful neglect, abuse and discrimination; provision of parental guidance in religious, moral, social, cultural and other values, determine name of a child, birth registration, recover, receive and deal with the property of the child for the benefit and in the best interest of the child and finally ensuring that during temporally absence of parent(s) or guardian the child should be under the care of a fit and proper person (Children council, 2017).

2.1.2 Family structure and its influence on juvenile delinquency

Family structure, transitions, and stepparents may be associated with increased rates of juvenile delinquency (Vanassche et al., 2014). Moving from a one-parent family to a two-parent family (with a stepparent) is associated with increased levels of delinquent and school dropout (Aufseeser, Jekielek, & Brown, 2006). It would be perceived that two-parent family would be protective of delinquent behaviour. They explained that the reason for the increase in delinquency is because the custodial parent may redirect all his/her time and attention to the new partner (stepparent) which in turn decreases the amount of time which is meant for interaction and supervision of the children. Another reason for the increase as found out by Schroeder, Osgood and Oghia, (2010), is that remarriage may impair the bond between the children and their custodial parent. The children engage in antisocial behaviour in an attempt to cover up the emotional void they might be experiencing.

Fry (2010), observed behavioural changes in children between 1980 and 2006 in relation to family structure and delinquency. Divorce causes disruption of families leading to failure in effective monitoring and disciplining of the children and disrupted attachment, which in turn leads to lack of self- control in a child and increase the rates of juvenile delinquency (Fry, 2010).

Poor parenting skills has been linked with delinquent behaviour, alongside alcoholism and violence in a family (Siegel & Welsh, 2014). The duo stated that parents who lack self-efficacy are poor role models to their children and this may lead to the development of antisocial behaviours in children.

The family is considered as the primary socialization institution for children and some family structure may predispose children to delinquent behaviour (Nourollah et al., 2015). Further grandparents led families had a high risk for children to develop delinquent behaviour (Nourollah et al., 2015).

Parental absence has been linked to a child's susceptibility toward juvenile delinquency. A study done by Kimani (2010), in Nakuru remand home found out that most of the children admitted in rehabilitation institutions were from broken homes and some did not even know who or where their parents were.

As explained by Odera, (2013) in her study on the effectiveness of rehabilitation programmes on in Kabete, Dagoretti and Getathuru rehabilitation schools, 44% of arrests were facilitated by family members and 22% of parents were alerted by police of their children's arrests. 50% of the respondents reported that they had never been visited by any family members/guardians since arrival at the rehabilitation schools (2-3 years). This illustrated poor family functioning, discordance, neglect and conflict (Odera, 2013). Broken families may influence antisocial behaviour in children

(Ndirangu, 2010). Ndirangu (2010), found out that 40% of children in Othaya rehabilitation centre were living with their grandparents, aunts or uncles following the death of their parents or separation. In a study done in Kabete and Wamumu rehabilitation schools, 51.4% of the offenders came from families where a parent was widowed and mostly before the child was 5 years old (James, 2017).

2.1.3 Other factors contributing to juvenile delinquency

Williams, et al. (2010) reported that there is a strong relationship between child maltreatment and delinquency among children. In their study in America involving African American adolescent males, they identified that over 37% of those in the juvenile system had some form of maltreatment ranging from emotional, physical and sexual abuse among others. Compared to youths who had no criminal offence record, youths who had committed offences were more likely to have been exposed to adverse childhood experiences (Salzinger, Rosario & Feldman, 2007).

Many researchers have agreed that delinquency is rampant among children living in difficult social and economic conditions. They view the problem as mainly originating from the family as the first socializing agent. They identified the following as the stressors of the children, which are likely to expose them to juvenile delinquency/ anti-social behaviour: Parent criminality, lack of education, low socio-economic status, substance abuse, parent death and children under child protection among others, (Finley, 2006). Violence may also lead to inconsistency in the style of parenting. Children may imitate their abusive parents as a conflict resolution strategy either verbal or physical; “sons who have witnessed their father’s violence are 100 percent likely to mirror this abusive behaviour towards their spouse in adulthood”.

Gang affiliation is a common phenomenon among juvenile delinquent children and youths, especially those who lack parental monitoring or have experienced negative life events. Gang affiliation was least common among youth who had confidence in their coping skills, peer support, parental positive reinforcement, parental monitoring, family support, adult support at school and school connectedness (Mcdaniel, 2012).

According to Finley (2008), alcohol and substance abuse among the parents and the environment within the larger community is another cause of juvenile delinquency. Parents are role model to their children, hence when they observe their parents and close relatives abusing drugs and alcohol, they copy them. In the process of trying to escape the reality, they fail to contain the effects of the drugs and end up committing crimes under the influence of these drugs.

Burfeind and Bartusch (2010) explained that the level of the family income may, directly and indirectly, lead to juvenile delinquency through parental upbringing and formation of attitudes. Parents experiencing low socio-economic status are unable to provide for the needs of their children adequately, making them prone to stress and depression leading to maladaptive behaviours (Burfiend & Bartusch, 2010). They further argued that parents from poor families may not have time to supervise their children's behaviours, and they may instead use severe physical violence and verbal abuse. This is likely to lead to aggressive behaviour in these children with the last resort being involvement with aggressive peers and violent behaviours.

Wright and Cullen (2001) pointed out that most studies on juvenile delinquency concentrated on the crimes committed but not on the circumstances that lead to the offenses. Hence it is important to investigate the causes which can help in mitigating juvenile delinquent behaviours.

The ongoing economic meltdown globally is an important factor that may be giving rise to increased rates of child maltreatment and neglect as well as juvenile delinquency and youth-related crimes (Atilola, 2012). Family background in Nigeria, for example, parental separation, family transitions like a change of babysitters, parental absenteeism in child development, plays a role in juvenile delinquency. In the context of poor socio-economic circumstances, family instability is one of the major root cause of delinquency and other socially deviant behaviours in children (Atilola, 2012).

It is reported that children who are exposed to several episodes of violence in the community or within the family are likely to become offenders in their childhood through to their adulthood and hence an increase in Juvenile delinquency (Ndaita, 2017).

In conclusion, based on the above discussion, it has been noted that the family structure and functions have a significant impact on the juvenile delinquency. The family has in one way or another contributed to the cases of children delinquencies. Therefore, for us to be able to obtain successful results on juvenile delinquency control, we should pay attention to the structure and functions of the family that these children come from.

2.2 Theoretical framework/Conceptual framework

There are many theories that have evolved over time that have tried to explain the different causes of juvenile delinquency. The attachment theory by Bowlby is one of them. There are 3 main patterns of attachment and they include; secure, anxious-ambivalent and avoidant. Secure attachment leads to trust, confidence and quality relationship between children and their parents. The children feel supported,

comforted and safe. This type of attachment creates a bond between the family members. There is a meaningful level of interaction which includes; touching, hugging, holding, listening and talking to the child, taking care of the child's need for safety, love, and security. All these convey important messages to children. Attachment starts in the womb and it is important in the foundation of a child's life. In anxious-ambivalent attachment, there is low support by parents and a child is uncertain if his/her needs will be met. They experience a lot of instability in their life. In the avoidant type of attachment, the child security and support needs are never met. There is an avoidance of intimacy, cold responses, rejection by the parent (s) or separation from parents. The child may develop excessive self-reliance, fragile emotions due to poor social support. The avoidant and anxious-ambivalent attachments where parental support is poor or low produces cold and callous children, who tend to commit delinquents' acts (Sogar, 2017). In the family structure is where attachment is experienced as parents/caregivers bring up their children. The type of attachment may influence the level of functioning in a family and this may have positive or negative outcome on children (Sogar, 2017).

Conceptual framework

Independent variables

Dependent variable

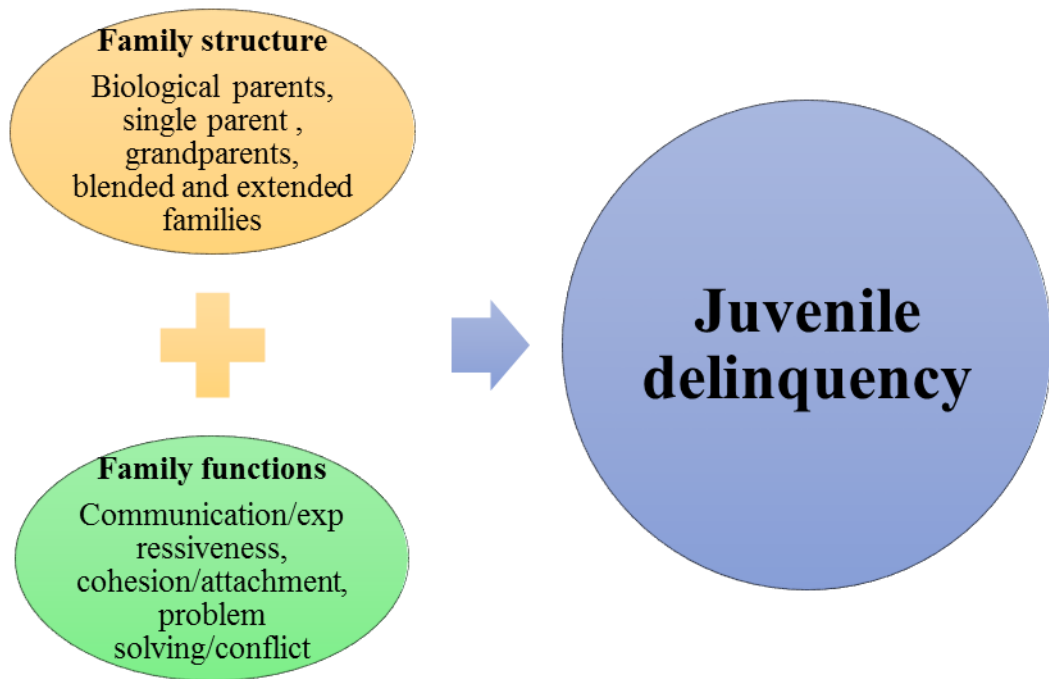


Figure 2.1: Conceptual framework

Therefore, the type of a family in which a child is born or brought up in plays a crucial role on the child's physical, social, psychological and spiritual development. The attachment and security provided by the parents or guardians within the family environment determines how they interact and relate with each other concerning the daily matters that may affect the family positively or negatively. How family members communicate with one another, their level of expression, boundaries, cohesion and how they resolve conflicts or solve arising problem internally or externally may affect the behaviour of the children.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Research design

The researcher used a cross-sectional descriptive design, incorporating quantitative study.

3.2 Study site

Rehabilitation schools (RS) are schools which were established under the children's Act, 2011, to cater for the rehabilitation of children who are in conflict with the law (UNICEF Report, 2011). These schools are government institutions which are established under section 47 of the Act and admits children from ages 10 to 17 years who conflict with the law. These schools receive and rehabilitate these young offenders, training and equipping them with necessary skills with the aim of reintegrating them back to the society and becoming responsible citizens. Some of the training include masonry, cookery, farming, and tailoring. Formal education from class 1-8 is offered though inconsistent in some of the schools. They provide a safe and secure environment protecting the children from any form of abuse. Medical services are provided and counselling services for those with substance abuse and mental disturbances.

There are 11 rehabilitation schools/ centres in Kenya. They admit children between ages 10 and 17 years. These schools include; Nairobi children's home, Gitathuru, Dagoretti, Kirigiti, Kabete, Wamumu, Othaya, Likoni, Kericho and Kakamega rehabilitation schools. Among the 9 schools, 2 are for girls; Kirigiti and Getathuru being the reception and assessment centres for girls and boys respectively (Randazzo, 2016). The researcher targeted offenders who were admitted to these 2 reception

centres, after completing the justice process in juvenile courts across the country. By March 2017, gender affairs permanent secretary estimated 12,000 children were in the juvenile justice system in Kenya (Kiberia, 2017).

The study was carried out in Kirigiti girls' rehabilitation centre and Gitathiru boys' rehabilitation centre in Kiambu and Nairobi counties respectively. The two centres served as the reception centres after the young offenders went through the judicial system from different parts of the country. Assessment and evaluation of their problematic behaviour was done here. This helped in rating the offenses as high, medium or low risk which determined where each offender was committed to for rehabilitation of behaviour.

High-risk offenders have greater likely hood of reoffending in the near future if they do not receive appropriate services and supervision; low-risk offenders may not commit an offence (s) in the near future, while medium risk offenders require more monitoring than low-risk offenders (Vincent, Guy & Grisso, 2012).

The offenders are distributed to the other 9 rehabilitation centres across the country. For the high-risk cases for girls, they are retained in Kirigiti center since there are only 2 rehabilitation schools for girls; while, the low and medium risks are committed to Dagorreti centre. For the boys, they are placed in the other 8 rehabilitation centres throughout the country to serve their term. The placement is done every 3 months.

Kirigiti girls' rehabilitation center/school and Getathuru boys' rehabilitation centre are reception centres for all girls' and boys' offenders after they have passed through the judicial system from various parts of the country. Each of these centres can accommodate up to 150 offenders.

Kirigiti girls' rehabilitation school is located in Kiambu County, 2 kilometers from Kiambu town. It was started during the colonial era as a concentration camp for freedom fighters during the struggle for independence in the country. It was used as a transit point for freedom fighters from the central province after release from prisons. After independence, there was a need to rehabilitate prisoners of war who were either children or young offenders. This is how Kirigiti rehabilitation school was established in 1964. The first group of juvenile girls arrived in August 1964, (Manager Kirigiti, 2012).

Getathuru boys' rehabilitation centre is in Nairobi County, Westlands sub-county lower Kabete area, 12 kilometres from the central business district. It was established in 1959 by the colonial administration as a national reception and transitional centre for boys to all rehabilitation schools across the country (Kenya National Commission on Human Rights 2012/2013).

Both institutions are fully fledged government institution, under the ministry of gender, children and social development. They operate under section 47 (1) of the children Act 2001 No. 586. Types of cases committed to these centres are 2: Children offenders and children in need of care and protection.

These two sites allowed the researcher to have easy accessibility to the participants before they were transferred to other rehabilitation centres throughout the country to serve their commitment period.

3.3 Target population

The study targeted children in juvenile rehabilitation schools in Kenya.

Inclusion criteria

- ❖ All children/ adolescents aged between age 10-17 years
- ❖ All children/adolescent from all types of families.
- ❖ Those who completed and signed the assent form

Exclusion criteria

- ❖ Adolescent above 17 years,
- ❖ Children/adolescent who were coming for care and protection,
- ❖ Street children and those from children's homes
- ❖ Those without completed and signed assent form

3.4 Sample size

On average Kirigiti has 75 girls while Getathuru has about 85 boys. These numbers keep fluctuating as the centres receive new offenders and transfer others after assessment. The study adopted Fisher *et al.*, (2012) formula to compute the sample size. According to Fisher *et al.*, (2012) formula, at a permissible error of 5% and prevalence of 50% the sample size was:

$$n = \frac{Z^2 pq}{d^2}$$

Where

n = sample size

Z²= Standard error from mean corresponds to 95% confidence interval =1.96,

p = proportion of the population with the desired characteristics

q = 1-p =1-0.5=0.5

$d(0.05) =$ Permissible error in the estimate of P

Thus, with a permissible error of 5%, the sample size was:

$$n = \frac{(1.96)^2 \times 0.5 \times 0.5}{(0.05)^2}$$

$$n = 384.16$$

$$n \approx 384$$

Thus, the sample size was 384.

According to the two juvenile rehabilitation schools, the averages was 160. Since the targeted population was less than 10,000 (160), the Yamane's (2007) formula was used to determine the sample size for the study as below:

$$nf = \frac{n}{1 + \frac{n}{N}}$$

Where

nf= the desired sample size

n= Calculated sample size

N= the estimate of the population in the study which is 160

$$nf = \frac{384}{1 + \frac{384}{160}}$$

$$nf = 112.9$$

$$nf = 113$$

Therefore, a total of 113 subjects were interviewed.

Kirigiti rehabilitation centre: $75/160 \times 100 = 46.875/100 \times 113 = 52.968$

53 participants.

Getathuru rehabilitation centre: $85/160 \times 100 = 53.125/100 \times 113 = 60.031$

60 participants.

3.5 Sampling procedure

Purposive sampling technique was used for this study. It is a non-probability sampling method and the researcher chooses the participants using own judgement. This helps the researcher to achieve the research objectives and to answer the research questions, as well as saving time and money (Saunders, Lewis & Thornhill, 2012). All children coming to rehabilitation centres are not offenders, some are brought for protection because of various types of abuse or maltreatment by their parents or guardians. The researcher used the files that contained detailed information about all the children arriving at the rehabilitation centre, with the help of the probation officer. If the information indicated that a child was from any type of family, he/she was recruited for the study and the rest of inclusion criteria was also considered.

3.6 Data collection

The researcher used questionnaires to measure the variables. She conducted face to face interviews with the participants as she filled up the questionnaires. This helped in clarification and understanding of the information that was shared.

3.6.1 Instruments

The researcher used close-ended questionnaires to collect data. Section A contained socio-demographic data, which included, gender, age, education level, resident and whom the participant was living with before commitment (this helped in identifying the types of family structures). Section B had a structured questionnaire; Family Assessment Device-General functioning scale (FAD). It was authored by Epstein,

Baldwin, and Bishop in 1983. The FAD is a widely used and validated instrument and has the advantage over other tools that measure family functioning in that, it focuses on family functioning from a multidimensional stance. It has 12 items about family communication and support. It is recommended for all ages (Epstein, Baldwin, & Bishop, 1983). In the United Kingdom and Ontario, FAD was used to survey the level of family functioning in families with children suffering from mental disorders (mood or anxiety disorders, ADHD) (Wilson, 2011). (Bt et al., 2017), found that the reliability value of the FAD instrument for measuring family functionality was .971 exceeding the alpha value of 0.6. The reliability of less than 0.60 is considered low and unacceptable, an Alpha value between 0.60 and 0.80 is acceptable while the Alfa exceeding 0.80 is considered good.

Section C had the Brief Family Relationship Scale (BFRS) which assessed cohesion, expressiveness, and conflict within the participants' families. It has been used widely in western cultures, American Indians, East, and South Asian cultures among others. It has 12 items (Fok, Allen, Henry, & Team, 2014). BFRS was used in 284 Alaska Native youths (12to 17 years) to assess the level of their family functioning. From the results, BFRS was found suitable for use in other non-western cultures and mostly collectivist cultural groups (Ching Ting Fok, Allen, & Henry, 2011).

The FAD and BFRS had not been used in Kenya before. Most of the studies done in this field had used researcher tailored tools.

3.6.2 Validity and Reliability of the Instruments

Assumptions

The validity of the research tool had been confirmed since it had been used before in different setups and given credible results. It can measure all the constructs it is meant to.

It was expected that the participants were transparent with the information that they gave. This was achieved because the assurance of confidentiality and anonymity removed the fears of victimization.

3.7 Pilot study

The researcher conducted a pre-testing study at Kabete rehabilitation school in Kiambu County, which admits some of the boys from Getathuru rehabilitation centre after assessment is completed. Ten respondents were used to test the study tools, which were the socio-demographic data, FAD and BFRS questionnaires. Debriefing of the respondents was done and thanked for their participation. Any issue that arose during this exercise was addressed before data collection was commenced.

3.8 Recruitment and data collection procedure

Upon arrival in the rehabilitation centre the researcher reported to the manager's office, informing him/her of the activities of the day. Then the researcher liaised with the probation officer in charge of the files containing all the information about juvenile offenders arriving in Kirigiti and Getathuru assessment and reception centres. Any child who met the inclusion criteria was recruited for the study. Before meeting with those recruited, the researcher reported back to the manager's office and took him/her through the consent since he/she was the guardian of the children in the rehabilitation centre. After the consent was signed, the researcher requested the

probation officer to identify those recruited. The researcher established rapport with those who were recruited at individual level and then he/she was taken through the assent form individually in a private room. Simple and clear language was used to enhance understanding. If in agreement to participate in the study, the participants signed the assent form in the presence of a witness (researcher) and finally the researcher signed. Once the consent and assent were obtained, the participant was taken through the questionnaires step by step until all the information was recorded. The interview took about 30 minutes. The researcher debriefed and thanked participant for his/her time and helpful information, and then excused him/her to continue with other activities as per the centre's schedules. The recorded information was stored safely by the researcher for data analysis later. The signed consent forms by the manager was photocopied at the end of day and a copy given to him/her.

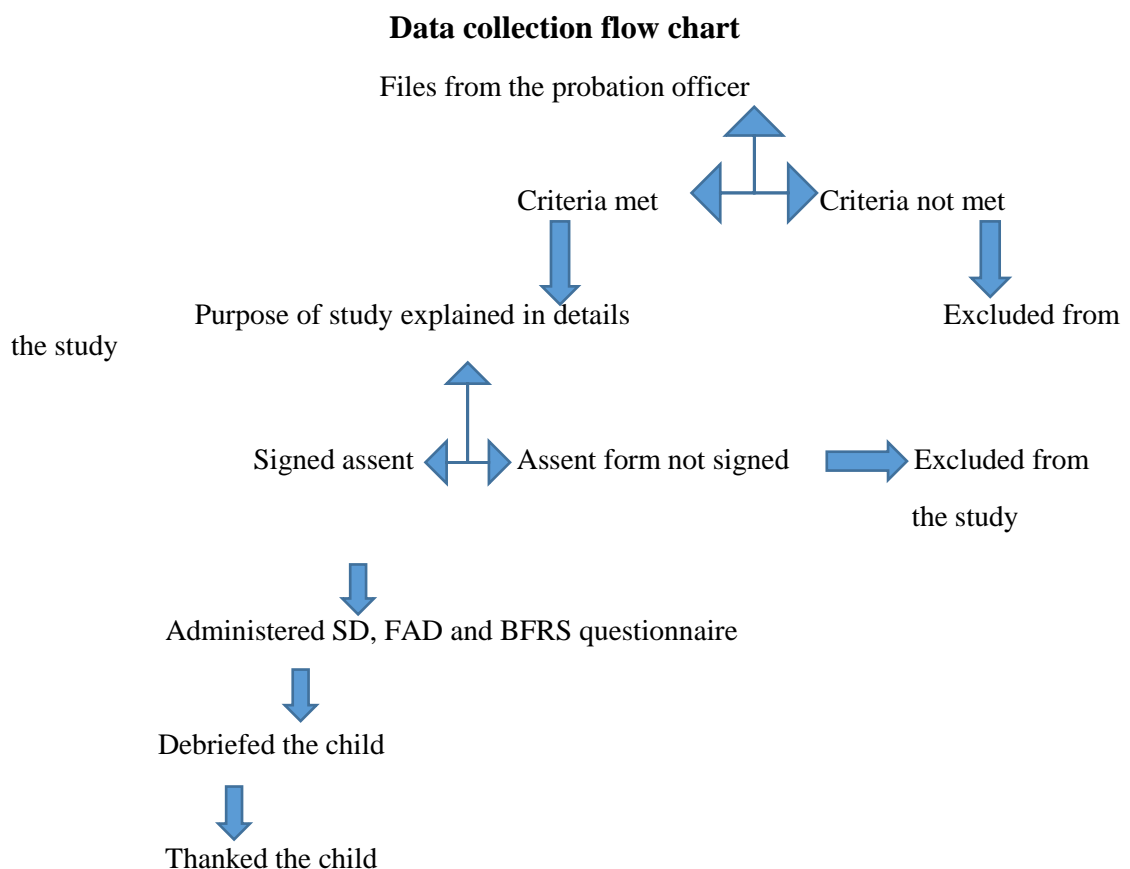


Figure 3.1: Data collection flow chart

3.9 Ethical consideration

This study involved children/minors, therefore the issue of consent and assent and involvement in the research process was of great importance. According to Article 31 of the Constitution of Kenya 2010, every citizen has a right to privacy, which includes the privacy of their communications. The researcher presented her research project to the Kenyatta National Hospital and University of Nairobi research committee for review. Once the project was approved the researcher forwarded it to the National Commission for Science, Technology, and Innovation (NACOSTI). From NACOSTI the researcher obtained a permit to carry out the research in Kirigiti and Getathuru rehabilitation centres.

A consent from the manager was important since the parents/guardians of the participants were not present. An assent form was used by the researcher which was explained to the participant in details. Explanation of the reasons for the study was done and the age of each individual child was considered to enhance understanding. No coercion was used, and the participants who opted out were allowed to do so freely. Confidentiality of the information gathered was maintained, unless in circumstances of any danger to self or other persons. The documents were securely stored, and the final report was anonymous and not bearing any names of the participants.

Benefits of the study: This study created awareness of the aspects that are often ignored when dealing with child offenders and revealed why the rehabilitation process is sometimes ineffective, leading to recidivism.

3.10 Data management and analysis

All data collected was stored in a secured box under the custody of the researcher and analysis was done daily to avoid accumulation and minimize errors. Before analysis all data collected was checked in case of double entry, then cleaned and analysed.

Quantitative Data was analyzed using statistical package for social sciences SPSS v25.

Descriptive statistics will use frequency and proportions to define variables and chi-square for inferential statistics. Findings was presented in the form of tables and narrative.

CHAPTER FOUR

RESULTS

4.1 Introduction

This section presents results collected from the two rehabilitation centers, Kirigiti and Getathuru. A total of 113 juveniles participated (interviewed) in the study and the responses were presented below objectively.

4.2 Response rate

A total of 113 juveniles (respondents) participated in the study and this made a response rate of 100%. This was attributed to researcher interviewing the respondents from two rehabilitation centres, Kirigiti and Getathuru.

4.3 Socio-demographic characteristics

Table 4.1: Socio-demographic characteristics

		Institution		Total	%
		Kirigiti	Getathuru		
age brackets	Between 10-12 years	3	9	12	10.6
	Between 13-15 years	33	39	72	63.7
	Between 16-17 years	17	12	29	25.7
gender	Male	0	60	60	53.1
	Female	53	0	53	46.9
Education placement	Lower primary	1	8	9	8.0
	Upper primary	49	51	100	88.5
	Secondary	3	1	4	3.5

As presented in the Table 4.1, those juveniles between age brackets of 13-15 years formed the majority (63.7%) and those between 16-17 years were 25.7%. On the respondents' gender, the study established that males were majority (53.1%) and females constituted 46.9% and their education placement at the time of arrest indicated that the majority were in the upper primary (88.5%) and a mere 3.5% were in secondary school.

4.4 Family structure

Table 4.2: Family structure

		N=113 [%]
Person living with at time of arrest	Both mother and father (biological)	22 [19.5]
	Mother only	38 [33.6]
	Father only	5 [4.4]
	Live with a grandparent	16 [14.2]
	Live with uncle/aunt/older sibling	13 [11.5]
	Biological mother and stepfather	19 [16.8]
Reasons for living with non- biological parent[s]	Parents death	35 [39.9]
	Parents separation	45 [50.0]
	Parents abandonment	10 [11.1]
Living environment	Urban setting: Slums, Estate or town	24 [21.2]
	Rural settings	89 [78.8]
Family Size	Small family	31 [27.4]
	Medium family	55 [48.7]
	Large family	27 [23.9]
Number of siblings	Less than 3 children	40 [35.4]
	Between 4-6 children	57 [50.4]
	Between 7-10 children	15 [13.3]

The study established that majority (33.6%) of the respondents were living with their mothers only at time of arrest compared to 19.5% who were living with their biological parents, and 16.8% with their biological mother and stepfather.

Assessing their living environment, the study pointed that majority (78.8%) resided in the rural settings, while those living in the urban setting (slums, Estate) constituted 21.2%. On the family size, slightly less than half (48.7%) were in medium family, while 27.4% and 23.9% indicated they had small and large family respectively. On assessing their number of siblings, the study found that half (50.4%) of the respondents had 4-6 siblings while those with less than 3 siblings were 35.4%, and those with more than 7 siblings were mere 13.3% as presented.

4.5 Prevalent family functions among juvenile delinquent children

Table 4.3: Family Assessment Device - General Functioning Scale

		N=113	Percent
Functionality	Functional	5	[4.4]
	Dysfunctional	108	[95.6]

Table 4.3 presents the functionality scores of the various statements assessing types of functions among the Juvenile Delinquent Children. The study established that among the respondents in the study, majority (95.6%) were dysfunctional compared to mere 4.4% who had functional families.

4.6 Brief family relationship scale

Table 4.4: Cohesion in the family

	Not at all		Yes [A lot]		Somewhat	
	Fr	%	Fr	%	Fr	%
In our family, we really help and support each other	82	72.6	1	.9	30	26.5
In our family, we spend a lot of time doing things together at home	109	96.5			4	3.5
In our family, we work hard at what we do in our home	72	63.7	9	8.0	32	28.3
In our family, there is a feeling of togetherness	83	73.5	1	.9	29	25.7
My family members really support each other	81	71.7	1	.9	31	27.4
I am proud to be a part of our family	64	56.6	12	10.6	37	32.7
In our family, we really get along well with each other	81	71.7	1	.9	31	27.4

From the responses, the study noted that most of the respondents' family (72.6%) lacked cohesion as they rarely helped and supported each other; while 96.5% did not spend time doing things together, 63.7% did not work hard at what they did at home, 73.5% rarely had feeling of togetherness and 71.7% family members did not at all really support each other. Assessing if they were proud to be a part of their family, most (56.6%) indicated not at all and 71.7% rarely got along well with each other in their families.

Table 4.5: Expressiveness in the family

	Not at all		Yes [A lot]		Somewhat	
	Fr	%	Fr	%	Fr	%
In our family, we can talk openly in our home	90	79.6	1	.9	22	19.5
In our family, we sometimes tell each other about our personal problems	94	83.2	1	.9	18	15.9
In our family, we begin discussions easily	85	75.2	3	2.7	25	22.1

Table 4.6 presents the responses on the expressiveness in the family. Majority (79.6%) cited that they did not at all talk openly in their home, 83.2% did not express their personal problems and 75.2% did not start discussions easily.

Table 4.6: Conflicts in the family

	Not at all		Yes [A lot]		Somewhat	
	Fr	%	Fr	%	Fr	%
In our family, we argue a lot	19	16.8	72	63.7	22	19.5
In our family, we are really mad at each other a lot	32	28.3	41	36.3	40	35.4
In our family, we lose our tempers a lot	22	19.5	72	63.7	19	16.8
In our family, we often put down each other.	25	22.1	58	51.3	30	26.5
My family members sometimes are violent	7	6.2	60	53.1	46	40.7
In our family, we really help and support each other	75	66.4	9	8.0	29	25.7

Assessing presence of conflicts in their families, the study noted that 63.7% argued a lot, 36.3% were mad with other family members a lot; and 63.7% lost tempers a lot, and 51.3% in often put down each other a lot. Probing if the family members sometimes are violent, majority (53.1%) indicated a lot of violence and 40.7% somewhat violent. Further, 66.4% indicated that they did not at all help or support each other in their families.

4.7 Association between family structure and function

Table 4.7: Association between family structure and function

		Functionality type	
		Functional	Dysfunctional
People Living with	Both parents	0 [0%]	22 [20.4%]
	Mother only	2 [40%]	36 [33.3%]
	Father only	3 [60%]	2 [1.9%]
	Other relatives	0 [0%]	48 [44.4%]

The Table above presents the cross tabulation between the type of parent at the time of arrest and the functionality and was based on the scored done on the FAD. The mother only structure had high dysfunctionality at 33.6%, compared to both parents which was at 20.4 % and other relatives combined. The other relatives combined was at 44.4% and included the grandparents, uncle/aunts and biological mother and step father type of families.

Table 4.8: Analysis of risk factors for juvenile delinquency in relation to socio-demographic data and family structure and function

		Functionality Score			χ^2	P value
		Functional	Dysfunctional	Total		
age brackets	Between 10-12 years	1	11	12	.510	.775
	Between 13-15 years	3	69	72		
	Between 16-17 years	1	28	29		
Family size	Small family	2	29	31	1.689	.430
	Medium family	3	52	55		
	Large family	0	27	27		
Number of Siblings	Less than 3 children	0	40	40	5.140	.162
	Between 4-6 children	5	52	57		
	Between 7-10 children	0	15	15		
Education placement	Lower primary	0	9	9	.680	.712
	Upper primary	5	95	100		
	Secondary	0	4	4		
People Living At the time of arrest)	Both mother and father (biological)	0	22	22	39.821	.001
	Mother only	2	36	38		
	Father only	3	2	5		
	Live with a grandparent	0	16	16		
	Live with uncle/aunt/older sibling	0	13	13		
	Biological mother and stepfather	0	19	19		
	Urban setting: Slums, Estate or town	1	23	24		
Rural settings	4	85	89			
birth order	First born	0	32	32	11.718	.110
	2nd born	0	33	33		
	3rd born	3	19	22		
	4th born	2	11	13		
	5th born	0	5	5		
	6th born	0	5	5		
	7th born	0	2	2		
	10.00	0	1	1		

Table 4.8 presents analysis on risks for juvenile delinquency. It was established that age of the respondents was not a risk factor to juvenile delinquency [$p=0.775>0.05$] as well as other family characteristics such as size [$p=.430>0.05$], number of siblings [$p=.162>0.05$], level of education [$p=.712>0.05$], living environment [$p=.945>0.05$] as well as birth order [$p=.110>0.05$]. Those that lived with the respondents at the time of arrest highly predicted functionality type [$p=0.001<0.05$] and among those were dysfunctional, majority resided with their mothers only (33.6%).

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter discusses the study findings and compares them with findings from other studies, and makes conclusion and suggestions.

5.2 Discussions

Family structure

The study established that majority (33.6%) of the respondents indicated that they were living with their mothers only at the time of arrest. This is associated with high level of juvenile delinquency acts. Similar findings were posited by Parks (2013): Howell (2015), who found out that single parenthood (mothers only) had an impact on children, a tendency of reducing their well-being, socially and psychologically and is associated with high criminal activity; inadequate parenting was cited as major area of concern.

A study done in Ghana found out that 30% of the juvenile delinquent children lived with their mothers only at the time of arrest (Baffour & Abass, 2016). This slightly disagrees with the findings of the current study, which found out that 33.6% were living with their mothers only. This difference could be associated with the sample size. Vataniel (2015), in his study in ZFM-Region in South Africa established that 80% of the juvenile offenders were from single parents' households (mothers only). This disagrees overwhelmingly with the current study, though both studies indicate the highest percentage of the people living with the offenders were mothers only.

The other respondents at the time of arrest were living with their biological mother and stepfather, grandparents, uncle/aunt/older sibling and father only. As indicated by Schroeder, Osgood, & Oghia, (2010), remarriage may impair the bond between the children and their custodial parent as was shown that some of the children lived with their step fathers and mothers during their time of arrest. Nourollah et al., (2015), argued that grandparents led families was a risk for children to develop delinquent behaviour.

A study by Ndirangu (2010), found out that 40% of children in Othaya rehabilitation centre were living with their grandparents, aunts or uncles following the death of their parents or separation. It disagrees with the current study which found out that 26.7 % of the respondents lived with their grandparents and uncles/aunts/older sibling.

This study found that, 50 % of the respondents had experienced divorce/separation of their parents. Fry (2010), found out that divorce causes disruption of families leading to failure in effective monitoring and disciplining of the children and disrupted attachment, which in turn leads to lack of self- control in a child and increase the rates of juvenile delinquency. These findings concur with a study by Kimani (2010), which found out that most of juvenile delinquent children from Nakuru remand home were from broken families.

This study established that, 39.9% had experienced death of a parent, 50.0% separation/divorce of their parents and 11.1% abandonment by one or both parents. A study by Sogar (2017), stated that poor or low parental support produces cold and callous children, who tend to commit delinquents' acts. In addition, the instability, unmet needs and insecurity due to the disruption, may cause over self-reliant, fragile emotions and poor social support.

Family function

On family function, the study established that among the respondents in the study, majority (95.6%) were dysfunctional. These findings agrees with Rwengo (2017), in her study in Eldoret rehabilitation centre, which established that family dysfunction was a major cause of juvenile delinquency since it may destabilize the lives of children emotionally, physically, socially and psychologically.

This study established that majority of the respondents' families experienced high level of conflicts, poor level of expressiveness and lacked cohesion, which concurs with a study by Boakye, Farrington & Loeber (2008), which found out that, physical punishment, poor supervision, and poor communication within the family were risk factors for juvenile delinquency. Siegel and Welsh (2008), found out that, family conflict was another cause of juvenile delinquency, and that interfamily conflict was a common feature in the American/African families, which was a similar finding with the current study.

As found out by Sanni et al, (2010): Ndaita (2017) family factors like stability, cohesiveness, and adaptability play a crucial role in juvenile delinquency; and that children who are exposed to several episodes of violence within the family are likely to become offenders in their childhood through to their adulthood and hence an increase in Juvenile delinquency. This finding agrees with the current study which established that most families experienced conflict, violence and lacked a sense of togetherness.

Relationship of family structure and function

On the association between family structure and function, this study found out that, the mother only family structure was associated with high dysfunction. This agrees with a study done in Arusha by Gudadi (2014), found out about the dynamics of juvenile delinquency and crimes, that many single parents are not vigilant about their children's physical, emotional, social and spiritual needs. He also noted that, lack of parental supervision, family disruption and lack of information on the importance of family cohesion on raising up children has led to many children being delinquent.

Howell (2015), found out that single parenthood had an impact on children, a tendency of reducing their well-being, socially and psychologically and was associated with high criminal activity; single parents' high levels of stress, poor socio-economic status were cited as major areas of concern. The above findings are similar to those of the current study since most of the offenders were living with their mothers during the time of arrest. The economic burden of this parents makes them work for long hours to sustain their children. This may cause lack of supervision and guidance and also many unmet needs.

Overall the current study found that all the family structures the offenders were from at the time of arrest were dysfunctional. These findings concur with a study done by Mwanjala (2015), which stated that quality of parenting was highly rated as a cause of juvenile delinquency. This was because of poor and/or lack of parental supervision, rejection by a mother and lack of parental involvement with their children.

5.3 Conclusion

Most of the respondents were living with their mothers only at time of arrest compared to less than a quarter who were living with their biological parents, and the others with grandparents, uncle/aunt/older sibling, father only or biological mother and stepfather.

The respondents' families were disrupted by separation, divorce, death of a parent or abandonment.

The study also found that majority of the respondents were from dysfunctional families compared to mere few who had functional families.

Those that lived with the respondents at the time of arrest highly predicted functionality type and among those were dysfunctional, majority resided with their mothers only.

5.4 Recommendations

From the findings of this study it is important to explore on new strategies in order to curb the alarming rates of juvenile delinquency

Recommendation for policy

- Extensive involvement of counsellors and psychologist to carry out rehabilitation process instead of criminal justice personnel; Family therapy, community awareness forums on family dynamics and cognitive behavioural therapy.
- The rehabilitation of the juvenile delinquent children should involve commitment of parents and guardians to counselling sessions, by the juvenile court. This would help in dealing with the root cause of the delinquent behaviour instead of superficially addressing the problem by focusing on the child alone.
- There is need to psycho educate parents and guardians on parenting skills. This information should be disseminated in different public platforms to help

in sensitizing parents and guardians on importance of family functioning and its effect on children's behaviour.

- The primary and secondary schools' curriculums should be reviewed to provide information and life skills on communication, cohesion, problem solving and conflict resolution in families and communities. Empowerment of children is important.

5.5 Further studies

- Further studies should be conducted to continue in exploring on the dynamics of juvenile delinquency and measures to help curb it.

5.6 Limitations

There were interruptions on and off during the interviews because some of the respondents were involved in other activities, and the head count was done hourly. This resulted to data collection taking a longer period than expected.

5.7 Study results dissemination plan

Binding of the research document was done in a systematic manner. The results were presented to my research supervisors and then to the department of psychiatry fraternity. After approval by KNH-UoN ERC the results were shared with NACOSTI administration and also the two rehabilitation centers.

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APPENDICES

Appendix 1: Participant Information and Consent Form

PARENTAL/GUARDIAN CONSENT FORM

Title of Study: The association of family structure and functions among juvenile delinquent children in rehabilitation centres in Nairobi and Kiambu counties

Principal Investigator: Ruth Nyakanini Kioko

Institutional affiliation: University of Nairobi

Introduction:

I would like to tell you about a study being conducted by the above researcher. The purpose of this consent form is to give you the information you will need to help you decide whether or not a child under your custody should participate in the study. Feel free to ask any questions about the purpose of the research, what happens if the child participates in the study, the possible risks and benefits, the rights of the child as a volunteer, and anything else about the research or this form that is not clear. When I have answered all your questions to your satisfaction, you may decide if you want the child to be in the study or not. This process is called 'informed consent'. Once you understand and agree for the child to be in the study, I will request you to sign your name on this form. You should understand the general principles which apply to all participants in a psychological research: i) The child decision to participate is entirely voluntary ii) The child may withdraw from the study at any time without necessarily giving a reason for his/her withdrawal iii) Refusal to participate in the research will not affect the services the child is entitled to in this rehabilitation centre or other facilities.

May I continue? YES / NO

For children below 18 years of age, we give information about the study to parents or guardians. I will go over this information with you and you need to give permission in order for the child to participate in this study. I will give you a copy of this form for your records.

WHAT IS THE PURPOSE OF THE STUDY?

The researcher named above is interviewing individuals who are between the ages of 10-17 years. The purpose of the interview is to find out the association of family structure and functions among juvenile delinquent children in rehabilitation centres in Nairobi and Kiambu counties.

Participants in this research study was asked questions about how their family is, how they interact with one another and their family environment, and how all these may have led to the child being in this rehabilitation centre.

There will be approximately 113 participants in this study chosen specifically for this study. I am asking for your consent to consider the child to participate in this study.

WHAT WILL HAPPEN IF YOU DECIDE YOU WANT THE CHILD TO BE IN THIS RESEARCH STUDY?

If you agree for the child to participate in this study, the following things will happen:

The child will be interviewed in a private room where he/she will freely answer the questions. The interview will last approximately 30 minutes. The interview will cover issues about the type of family the child comes from, how they interact and relate in their family and the general family environment.

ARE THERE ANY RISKS, HARMS, DISCOMFORTS ASSOCIATED WITH THIS STUDY?

Psychological research has the potential to introduce emotional and physical risks. Effort should always be put in place to minimize the risks. One potential risk of being in the study is a loss of privacy. I will keep everything you tell me as confidential as possible. I will use a code number to identify the child in a password-protected computer database and will keep all of my paper records in a locked file cabinet. However, no system of protecting confidentiality can be absolutely secure so it is still possible that someone could find out the child was in this study and could find out information about the child.

Also, answering questions in the interview may be uncomfortable for the child. If there are any questions they do not want to answer, they can skip them. They have the right to refuse the interview or any questions asked during the interview.

ARE THERE ANY BENEFITS BEING IN THIS STUDY?

The information provided will help in understanding juvenile delinquency in relation to family structures and functions and how the family can be involved in rehabilitation process. Also, it will help in reviewing the current rehabilitation process which focuses on the child rather than his/her family and the environment. This information will be a major contribution to stability of children and their families.

WILL BEING IN THIS STUDY COST YOU ANYTHING?

Being in this study will not cost you any financial costs. _____

IS THERE REIMBURSEMENT FOR PARTICIPATING IN THIS STUDY?

There will be no reimbursement of any form. _____

WHAT IF YOU HAVE QUESTIONS IN FUTURE?

If you have further questions or concerns about the child participating in this study, please call or send a text message to the researcher at the number provided at the bottom of this page.

For more information about the child's rights as a research participant, you may contact the Secretary/Chairperson, Kenyatta National Hospital-University of Nairobi Ethics and Research Committee Telephone No. 2726300 Ext. 44102 email uonknh_erc@uonbi.ac.ke.

WHAT ARE YOUR OTHER CHOICES?

Your decision to have the child participate in this research is voluntary. You are free to decline or withdraw participation of the child in the study at any time without injustice or loss of benefits.

Just inform the study staff and the participation of your child in the study will be stopped. You do not have to give reasons for withdrawing the child if you do not wish to do so. Withdrawal of the child from the study will not affect the services the child is otherwise entitled to in this rehabilitation centre.

For more information, contact Ruth Nyakanini Kioko at 0734719881 from 8am to 5pm, Monday to Friday

CONSENT FORM (STATEMENT OF CONSENT)

The person being considered for this study is unable to consent for him/herself because he or she is a minor (a person less than 18 years of age). You are being asked to give your permission to include the child in this study.

Parent/guardian statement

I have read this consent form or had the information read to me. I have had the chance to discuss this research study with a study counsellor. I have had my questions answered by her in a language that I understand. The risks and benefits have been explained to me. I understand that I will be given a copy of this consent form after signing it. I understand that my participation and that of the child in this study is voluntary and that I may choose to withdraw at any time.

I understand that all efforts will be made to keep information regarding me and the child's personal identity confidential.

By signing this consent form, I have not given up the child's legal rights as a participant in this research study.

I voluntarily agree to the child's participation in this research study:

Yes No

I agree to have the child undergo the interview.

I agree to provide contact information for follow-up: Yes No

Parent/Guardian signature /Thumb stamp: _____ Date _____

Parent/Guardian printed name: _____

Researcher's statement

I, the undersigned, have fully explained the relevant details of this research study to the guardian named above and believe that he/she has understood and has knowingly given his/her consent.

Printed Name: _____ **Date:** _____

Signature: _____

Role in the study: _____

Appendix 2: Minor Assent Document

Project title: The association of family structure and functions among juvenile delinquent children in rehabilitation centres in Nairobi and Kiambu counties.

Principle Investigator: Ruth Nyakanini Kioko

I am doing a research study about children who have done a bad act (s) that is against the law.

Permission has been granted to undertake this study by the Kenyatta National Hospital-University of Nairobi Ethics and Research Committee (KNH-UoN ERC)

This research study is a way to learn more about how your family is, how you interact with one another and your family environment, and how all these may have led to you being in this rehabilitation centre. At least 113 children aged between 10-17 years between will be participating in this research study with you.

If you decide that you want to be part of this study, you will be asked questions about where you live, who you live with, how you interact and relate with your family members in your daily lives. The whole interview will take approximately 30 minutes. There will be no invasive procedures that will be carried out on you.

There are some things about this study you should know. These are; you may be asked questions that are likely to make you feel uncomfortable, sad or angry and the interview may take some of your time.

Not everyone who takes part in this study will benefit. A benefit means that something good happens to you. I think these benefits might be getting your family to understand how to deal with the problem you are in now and strengthening your family relationship.

If you do not want to be in this research study, you are allowed to drop out and nothing bad will happen to you.

When we are finished with this study, we will write a report about what was learned.

This report will not include your name or that you were in the study.

You do not have to be in this study if you do not want to be. If you decide to stop after we begin, that's okay too. The manager of this rehabilitation centre who is responsible for you since your parent (s)/guardians are not here, know about the study too.

If you decide you want to be in this study, please sign your name.

I, _____, want to be in this research study.

_____ (Signature/Thumb stamp)

Date.....

Witness name and signature _____

Date.....

Appendix 3: Instruments

Appendix 3a

Socio-demographic data

- 1) What is your gender?
 - a) Male
 - b) Female
- 2) How old are you.....years?
- 3) Education placement (At the time of arrest)
 - a) None
 - b) ECD
 - c) Lower primary
 - d) Upper primary
 - e) Secondary
- 4) Whom do you live with? (At the time of arrest)
 - a) Both mother and father (biological)
 - b) Mother only...../Father only.....
 - c) With a stepparent(s)
 - d) Live with a grandparent
 - e) Live uncle/aunt/older sibling
- 5) Living environment:
 - a) Urban setting: Slums, Estate or town
 - b) Rural setting.....
- 6) (a) How many people live in your home?
 - (b) How many siblings do you have?
 - (c) What is your birth order?
- 7) Which type of crime did you commit?

Appendix 3b

Family Assessment Device - General Functioning Scale

1. Planning family activities is difficult because we misunderstand each other. __SA
__A __D __SD
2. In times of crisis, we can turn to each other for support. __SA __A __D __SD __
3. We cannot talk to each other about the sadness we feel. __SA __A __D __SD __
4. Individuals are accepted for what they are. __SA __A __D __SD __
5. We avoid discussing our fears and concerns. __SA __A __D __SD __
6. We can express feelings to each other. __SA __A __D __SD __
7. There are lots of bad feelings in the family. __SA __A __D __SD __
8. We feel accepted for what we are. __SA __A __D __SD __
9. Making decisions is a problem for our family. __SA __A __D __SD __
10. We are able to make decisions about how to solve problems. __SA __A __D
__SD __
11. We don't get along well together. __SA __A __D __SD __
- 12.. __SA __A __D __SD __

Scoring

Positive items

SA- Strongly Agree-4

A -Agree-3

D- Disagree-2

SD- Strongly Disagree-1

Negative items (Reverse items)

SA-Strongly Agree-1

A-Agree-2

D-Disagree-3

SD-Strongly disagree-4

Appendix 3c

Brief Family Relationship Scale

Cohesion

1. In our family, we really help and support each other.
3. In our family, we spend a lot of time doing things together at home.
6. In our family, we work hard at what we do in our home.
7. In our family, there is a feeling of togetherness.
12. My family members really support each other.
14. I am proud to be a part of our family.
16. In our family, we really get along well with each other.

Expressiveness

4. In our family, we can talk openly in our home.
8. In our family, we sometimes tell each other about our personal problems.
18. In our family, we begin discussions easily.

Conflict

2. In our family, we argue a lot. (R)
5. In our family, we are really mad at each other a lot. (R)
9. In our family, we lose our tempers a lot. (R)
11. In our family, we often put down each other. (R)
13. My family members sometimes are violent. (R)
19. In our family, we raise our voice when we are mad. (R)