

Characterization of Juvenile Offenders in Rehabilitation Schools in Kenya

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ABSTRACT: A sample of 457 juvenile offenders aged 11 to 17 years comprising of 50.1% boys and 49.9% girls participated in the study. The adjudicated low-risk juvenile offences included truancy (12.9%), begging, loitering and child prostitution (16.1%), larceny (16.5%), drug and alcohol-related offences (18.0%). The high-risk juvenile offences included murder and manslaughter (4.5%), rape (6.9%), robbery (16.8%), assault (20.8%), burglary (19.3%), gang violence (11.4%) and drug and alcohol-related crime (20.3%). There were statistically significant differences among juvenile offenders in rehabilitation schools by age ($F = 22.44$; $df = 1$; $p = 0.04$), education ($F = 3247.517$; $df = 1$; $p = 0.000$) and exposure to low-risk offences ($F = 112.36$; $df = 1$; $p = 0.000$). However, males and females did not differ in their criminogenic disposition ($F = 0.0007$; $df = 1$; $p = 0.98$). It was recommended that Juvenile delinquency should be mitigated through effective school-based prevention programmes in Kenya.

KEYWORDS: Juvenile delinquency, Juvenile Offenders, Low-Risk offences, High-Risk Offences, Rehabilitation Schools.

I. INTRODUCTION

Juvenile offenders are persons under 18 years of age who are in conflict with the law. According to [1], the most common offences committed by children include aggressive acts, theft, vandalism, arson, truancy, running away, defying authority, drug abuse and other anti-social behaviour. On the other hand, children in need of care and protection (CNCP) are children whose parents or guardians find difficulty in parenting. CNSP also include children who have dropped out of school, who are truant, or are at risk of falling into bad company, and those found loitering and begging. Research indicate that children involved in juvenile offences may possibly lead to crime later in life [2]. This tendency of children to commit offences can be mitigated through effective rehabilitation programmes.

Rehabilitation schools in Kenya are statutory children's institutions, which provide reception, maintenance, training, and rehabilitation of children in conflict with the law through a court order (Republic of Kenya, 2022). Rehabilitation institutions admit both boys and girls under 17 years of age who are in conflict with the law or who may be in need of care and protection. Rehabilitation is a process meant to equip the child offenders and children in need of protection and discipline with knowledge and skills intended to address their behavioural problems. The children are required to undertake other programmes such as formal education, vocational training, and counselling for a maximum of three years after which they are reintegrated with their families and communities. According to the Children Act (Republic of Kenya, 2022), the Department of Children Services is responsible for managing and supervising statutory children's institutions which comprise of 14 children remand homes, two reception centres and 10 rehabilitation schools. Therefore, the Government of Kenya has formulated

measures to mitigate children from committing crimes in the first place and to prevent those who do commit crimes from becoming repeat offenders by focusing on their rehabilitation and reintegration into their communities.

According to the United Nations Rules for Protection of Juveniles (United Nations, 1990), every child of compulsory school age has the right to education suited to his or her needs and abilities and designed to prepare him or her for return to society. It also states that every child should have the right to receive vocational training in occupations likely to prepare him or her for future employment. Further, the Children Act (Republic of Kenya, 2022) states that the courses to be provided at the rehabilitation schools should include primary and secondary education, behaviour and attitude change, and vocational training. Furthermore, the rehabilitation schools are mandated to provide appropriate rehabilitation services according to the stage of child development and needs of the rehabilitees.

Juvenile delinquency is a global phenomenon and the rehabilitation of juvenile offenders is critical for optimum development of the young population. According to Ndikaru (2021), most studies on juvenile justice have been conducted in the developed countries where circumstances are different from the less developed countries. Correctional education experts and managers of rehabilitation schools are required to have up to date data regarding the characteristics of juvenile offenders so that they can plan for their effective rehabilitation. This would also enable the service providers to prepare appropriate and need-responsive programs. Rehabilitation schools should plan programs according to pupils' needs in order to accelerate the pace of reintegration in to society. To achieve this, pupils' characteristics must be well understood and documented. This means that teachers would be enabled to move from standard treatment packages and apply treatment in diverse approaches in terms of the learners' developmental, psychological needs and criminogenic characteristics. By establishing the characteristics of juveniles adjudicated to serve custodial sentences, programs can also be planned with more accurate predictions of boys' and girls' successful rehabilitation as well as how these services can be delivered. However, there is paucity of information on the characteristics of children who are in conflict with the law in Kenya. There are information gaps with regard to the type of adjudicated juvenile offences among children. This gap in knowledge led to the conceptualization of this research which aims to establish the characterization of child offenders in rehabilitation schools in Kenya.

Objectives of the Study

The specific objectives of the study were:

- 1) To determine the demographic characteristics of child offenders in rehabilitation institutions.
- 2) To establish the typology of juvenile offences by gender among children in rehabilitation institutions.
- 3) To establish whether there are statistically significant differences in the prevalence of juvenile offenders by gender, age, education, and rehabilitation risk category.

Null Hypotheses

The following null hypotheses were tested:

H₀-1: There is no statistically significant difference in the prevalence of juvenile offenders in rehabilitation schools by gender.

H₀-2: There is no statistically significant difference in the prevalence of juvenile offenders in rehabilitation schools by age.

H₀-3: There is no statistically significant difference in the prevalence of juvenile offenders in rehabilitation schools by level of education.

H₀-4: There is no statistically significant difference in the prevalence of juvenile offenders by rehabilitation risk category.

II. LITERATURE REVIEW

The causes of delinquency are correlated strongly with the child's development in the context of family, school, peers, and the community. These backgrounds can help improve the understanding of delinquency, violence, drug use and truancy among adolescents. According to Arco, (2015), no single case accounts for all delinquency and no single pathway leads to a life of crime. Other factors such as birth trauma, child abuse and neglect, ineffective parental discipline, family disruptions, conduct disorder and hyperactivity in children have a major contribution to make. This view is further supported by Cullen (2013) who asserted that school failure, learning disabilities and negative peer influences contribute to juvenile delinquency. Furthermore, inadequate housing and residence in high-crime neighbourhoods have been frequently cited as correlates of juvenile delinquency. According to Githui (2023), rapid urbanization and the breakdown of traditional methods of social control has contributed to problem behaviours and delinquency.

Socialization of children through electronic media has resulted in serious delinquency acts such as alcohol, drug, and substance abuse. The family, school and community interface system require to be investigated as social risk factors for juvenile delinquency. According to Lim, Lambie and Toledo (2019) delinquency, drug use and problem behaviours begin at earlier ages than earlier thought, indeed before their teenage years. Serious delinquents are likely to be involved in drug use, early sexual activity, school failure, gang violence and other problem behaviours. The critics of the Kenyan juvenile justice system are of the opinion that rehabilitation schools for the most part still play the role of holding juveniles rather than rehabilitating and preparing them for their future.

Wang'eri (2021) argued that the development of disruptive and delinquent behaviour in boys generally takes place in a progressive manner. Boys engage in less serious problem behaviours but later graduate into serious crimes. Some of the less serious problems cited are authority conflict, defiance, running away, lying, and stealing. This then progresses into aggressive and violent behaviour which then progress toward serious antisocial behaviour. Studies conducted by the University of Stanford, showed that childhood maltreatment is associated with increased problem behaviours among adolescents. These antisocial behaviours include violent delinquency, drug use, poor performance in school, mental illness, and teenage pregnancy (Cullen, 2013). Previous history of childhood maltreatment has the likelihood of increasing the risk of teenage delinquent behaviour. Correctional educational programmes that seek to reduce juvenile criminal behaviour should be based on best practices rather than applying crime control approaches. The role of rehabilitation programmes in Kenya is to reduce recidivism among children and to mitigate criminogenic behaviour later in adulthood.

According to Ouko (2017), children are committed to rehabilitation schools through a juvenile justice system known as a court order. Before child offenders are placed in rehabilitation schools, they undergo an assessment and classification programme. The children are then placed in specific institutions based on their risk category of the adjudicated offences such as low, medium and high-risk offences. According to the Children Act, (Republic of Kenya, 2022), the low-risk offences include truancy, begging, loitering, child prostitution, larceny, petty theft, drug, and alcohol-related offences. The high-risk juvenile offences include murder and manslaughter, rape, robbery, assault, burglary, gang violence, drug, and alcohol-related crime. The juvenile offenders are required to be admitted into institutions that match their risk level, that is, a high-risk offender should be committed to a high-risk institution, medium-risk offender to a medium-risk institution and low-risk offender to a low-risk institution. The purpose of separating children of different risks is to reduce the likelihood of bad influence of character among the different groups of rehabilitees.

Ouko (2017) reported that approved schools in Kenya were based on the British Borstal system which admitted children who were in conflict with the law. These institutions were expected to re-socialize the delinquent youth, build their self-esteem, and then reintegrate them back into society. The objectives of crime control among juvenile offenders in the approved schools were not achieved because of its punitive nature. However, the establishment of the convention on the rights of the child (United Nations, 1989) and the establishment of the Children Act (Republic of Kenya 2001, Revised 2022), the rehabilitation of juvenile delinquents was undertaken by rehabilitation schools. The functions of rehabilitation institutions, unlike approved schools include socialization, discipline, spiritual direction, religious instruction, moral training, and provision of academic training to the child offenders. Rehabilitation schools also equip the minors with vocational skills that would enable them to be economically self-reliant after completing the mandatory three years committal period. The intervention extends to after-care services for a period of two years of reintegration into their families and communities. The post-rehabilitation follow up facilitates the rehabilitees to obtain re-admission to mainstream school upon completion of the committal period. This also ensures that committal to the correctional institution does not adversely affect the children's right to education.

The study was guided by the cognitive behavioural theory by Beck (2005) which stipulates that there are complex interactions among human cognition, feelings and actions. Cognitive behaviour therapy is used to assist clients to identify destructive thinking and to learn how to replace those negative thoughts with constructive thinking. This theory is relevant to the current study because rehabilitation schools aim at modifying the negative thought processes in juvenile offenders and thereby change their deviant behaviour.

III. METHODOLOGY

The study adopted a cross-sectional survey research design whereby data was gathered at one specific time. This implies that the study did not take into consideration trends in juvenile delinquency in Kenya over time. The target population was all the 10 rehabilitation schools where juvenile offenders are incarcerated in Kenya. A stratified sampling technique was used to select four out of 10 rehabilitation schools which accounted for 40% of the target population. The four rehabilitation institutions had a total of 457 juvenile offenders and four managers who participated in the study. A pre-test was conducted among two rehabilitation schools which were not included in the main study. The split-half reliability technique was used to calculate the reliability of the test items which yielded a correlation coefficient of 0.76. This showed that the internal consistency of the items satisfied the recommended threshold of 0.70 as prescribed by Ndikaru (2021). Data was collected using in-depth interviews with institutional managers and document analysis of school records. Ethical and logistical considerations were taken into account. The necessary approvals were sought from Karatina University and NACOSTI prior to data collection. Permission was also granted by the rehabilitation school managers who facilitated data collection in their respective institutions.

IV. RESULTS AND DISCUSSION

Demographics Characteristics

The findings of the study are logically and systematically presented in accordance with the objectives that guided the study.

The first objective sought to determine the demographic characteristics of juvenile offenders in rehabilitation schools in Kenya. The frequency distribution of respondents' characteristics such as gender, age, education level and the rehabilitation school risk category are presented in *Table 1*.

Table 1: Distribution of Juvenile Offenders by Gender, Age, Education and Risk Category

Variables		f	%	
Gender of Respondents	Boys	229	50.1	
	Girls	228	49.9	
	Total	457	100.0	
Age of Younger adolescents 11-14 years Respondents	Boys 11-14 years	121	52.8	
	Girls 11-14 years	126	55.3	
	Older adolescents 15-17 years	Boys 15-17 years	108	47.2
		Girls 15-17 years	102	44.7
	Total	457	100.0	
Level of Education	Partial Primary (1-7 years)	440	96.3	
	Completed Primary (8 years)	17	3.7	
	Secondary Education	0	0.0	
	Total	457	100.0	
Rehabilitation School Risk Category	Low-Risk Boys	126	49.4	
	Low-Risk Girls	129	50.6	
	Total	255	100.0	
	High-Risk Boys	103	51.0	
	High-Risk Girls	99	49.0	
	Total	202	100.0	

The findings on gender distribution as shown in Table 1 indicated that 50.1% were boys and 49.9% were girls. The gender distribution in this sample of juvenile delinquents was fairly equitable. This showed that girls manifested the same criminogenic behaviour as boys. This implies that both genders were engaged in anti-social behaviour and placed in rehabilitation schools for purposes of behavioural correction as they pursued their education. The research revealed that the ages of the rehabilitees ranged from 11 to 17 years. These ages correspond to the stage of human development known as adolescence which is divided into early adolescence covering ages 11-14 years and middle adolescence covering ages 15-17 years. The findings indicated that there were slightly more female adolescents aged 11-14 years (55.3%) compared to their male counterparts of the same age who accounted for (52.8%). Conversely, there were slightly more older males (47.2%) in their middle adolescence between ages 15-17 years than females (44.7%) of the same age committed to rehabilitation schools. This implies that both adolescent males and females had similar disposition of being involved in anti-social behaviour and criminogenic tendencies from an early age.

In terms of educational achievement, 96.3% had obtained partial primary education and only 3.7% had completed eight years of primary education cycle and none (0.0%) was enrolled for secondary education in the correctional institution. This implies that majority of rehabilitees had not completed primary education, and were likely to slide back into illiteracy after exiting the correctional institutions. It was also observed that none of the rehabilitation schools was offering secondary education. School managers disclosed that rehabilitees who had previously dropped out of secondary school before admission into the rehabilitation schools were not offered an opportunity to complete the secondary school cycle. This may have a negative impact on their future academic performance and on employment opportunities once they exit the rehabilitation school.

Comparison of Juvenile Offenders by Risk Category

In terms of classification of juvenile offences, there were slightly more girls adjudicated for low-risk offences such as begging and loitering (50.6%) compared to boys (49.4%), while the converse was affirmed for high-risk

offences such as gang violence where there were slightly more boys (51%) than girls (49.0%). This implies that majority of girls were involved in less risky antisocial behaviour, while majority of boys were engaged in more risky criminogenic behaviour. However, the gender gap by school risk category was small for both low-risk and high-risk offences by boys and girls.

Typology of Low-Risk Juvenile Offences by Gender

The second objective was to establish the typology of low-risk juvenile offences by gender. The results are presented on *Table 2*.

Table 2: Distribution of Low-Risk Juvenile Offences by Gender

Typology of Low-Risk Offences	Gender				Total	
	Boys		Girls		n	%
	n	%	n	%		
Care & Protection	26	20.6	24	18.6	50	19.6
Truancy	17	13.5	16	12.4	33	12.9
Begging, Loitering & Prostitution	18	14.3	23	17.8	41	16.1
Larceny/Petty theft	18	14.3	24	18.6	42	16.5
Drug & alcohol offences	23	18.3	23	17.8	46	18.0
Protection & Discipline	24	19.0	19	14.7	43	16.9
Total	126	49.4	129	50.6	255	100.0

The findings revealed that there were 49.4% of the boys involved in low-risk offences compared to 50.6% of the girls. The types of adjudicated juvenile offences included low-risk offences such as truancy (12.9%), begging, loitering and child prostitution (16.1%), larceny (16.5%), drug and alcohol-related offences (18.0%). It was observed that 20.6% of the boys and 18.6% of the girls categorized as children in need of care and protection (CNCP) were also placed in the low-risk rehabilitation institutions. This means that children in need of care and protection who were not in conflict with the law were also placed in the same rehabilitation institutions with juvenile offenders. This implies that mixed placement of child offenders with non-offenders may cause a negative influence on the children in need of care and protection by their counterparts who were in conflict with the law.

Legally, CNCP should be placed in separate children's institutions rather than in rehabilitation schools. This would diminish the level of negative modelling by juvenile offenders on the non-criminogenic category of children in need of care and protection. This means that children who were not in conflict with the law were likely to be influenced negatively by adjudicated child offenders with criminogenic tendencies. According to the Children's Act, (Republic of Kenya, 2001), a rehabilitation school should have separate sections for different sexes, and age categories, and separate sections for child offenders and children in need of care and protection. Ouko (2017), who reported that children committed to rehabilitation schools through a court order are supposed to be classified before they are transferred to various categories of rehabilitation schools according to their level of risk and to their individual needs, further supports this legislation.

Types of High-Risk Juvenile Offences by Gender

The fourth objective sought to establish the typology of high-risk offences committed by adjudicated juveniles by gender. The frequency distribution of high-risk offences are presented on *Table 3*.

Table 3: Distribution of High-Risk Juvenile Offences by Gender

Typology of high-risk offences	Gender				Total	
	Boys		Girls		(Both Gender)	
	n	%	n	%	n	%
Murder/Manslaughter	5	4.9	4	4.0	9	4.5
Rape	8	7.8	6	6.1	14	6.0
Robbery	17	16.5	17	17.2	34	16.8
Assault	20	19.4	22	22.2	42	20.8
Burglary	21	20.4	18	18.2	39	19.3
Gang Violence	15	14.6	8	8.1	23	11.4
Drug & Alcohol Crimes	17	16.5	24	24.2	41	20.3
Total	103	51.0%	99	49.0%	202	100.0%

The findings revealed that a total of 202 children between 11-17 years of age were placed in high-risk schools due to the nature of the offences they had committed. There were slightly more boys accounting for 51% compared to 49% of the girls placed in high-risk rehabilitation schools. The high-risk offences included murder and manslaughter (4.5%), rape (6.9%), robbery (16.8%), assault (20.8%), burglary (19.3%), gang violence (11.4%), drug and alcohol-related crimes (20.3%). The lowest number of cases reported were murder/manslaughter accounting for 4.9% for boys and 4.0% for girls. The highest reported incidences were alcohol-related crimes among girls (24.2%) and burglary among boys (20.4%). These findings have established that children are capable of committing high-risk offences which if they were committed by an adult would result in conviction in a criminal court. If these children are not properly rehabilitated, there is a risk of engaging in unlawful behaviour later in life. The Government of Kenya has formulated measures to mitigate children from committing crimes in the first place and to prevent those who do commit crimes from becoming repeat offenders by focusing on their rehabilitation and reintegration into their communities (Republic of Kenya, 2022).

Hypotheses Test Results

H₀₋₁: There is no statistically significant difference in the prevalence of juvenile offenders in rehabilitation schools by gender.

The analysis of variance results for gender differences among juvenile offenders is indicated in *Table 4*.

Table 4: ANOVA results for juvenile offenders by gender

Summary						
Groups	Count	Sum	Average	Variance		
Boys	2	229	114.5	264.5		
Girls	2	228	114	450		
ANOVA						
Source of Variation	SS	df	MS	F	P-value	F crit
Between Groups	0.25	1	0.25	0.0007	0.981	18.512
Within Groups	714.5	2	357.25			
Total	714.75	3				

p = 0.98; not significant

The analysis of variance results showed that there was no statistically significant difference in juvenile offending by gender ($F = 0.0007$; $df = 1$; $p = 0.981$). The gender gap in juvenile delinquency was insignificant.

Girls manifested the same criminogenic behaviour as boys in the rehabilitation schools. This implies that adolescent males and females did not differ in their anti-social behaviour in this sample. Therefore, the null hypothesis was retained and the alternate accepted. However, this finding contradicts other research by Walsh (2020) who reported that adolescent males have significantly greater rates of juvenile delinquency than their female counterparts in USA. A similar study by Chan (2021) showed that Chinese male adolescents reported significantly higher levels of violent, nonviolent, and general delinquency than female adolescents. In a comparative study of juvenile delinquency, Chan found that males had significantly higher levels of pro-violence attitudes, deviant peer influence, alcohol, and drug use, and perceived neighbourhood disorganization compared to female adolescents. These studies show inconsistency in gender differences among juvenile delinquents which may be attributed to complex differences between developed and developing countries.

H₀-2: *There is no statistically significant difference in the prevalence of juvenile offenders in rehabilitation schools by age.*

The analysis of variance results for age differences among juvenile offenders is indicated in *Table 5*.

Table 5: ANOVA results for juvenile offenders by age

Summary						
Groups	Count	Sum	Average	Variance		
Early Adolescents: 11-14 years	2	247	123.5	12.5		
Middle Adolescence: 15-17 years	2	210	105	18		
ANOVA						
Source of Variation	SS	df	MS	F	P-value	F crit
Between Groups	342.25	1	342.25	22.44262	0.040*	18.512
Within Groups	30.5	2	15.25			
Total	372.75	3				

**p* = 0.04, significant

The analysis of variance results showed that there was a statistically significant difference in juvenile delinquency by age ($F = 22.44$; $df = 1$; $p = 0.040$). Therefore, the null hypothesis was rejected and the alternate accepted. The results indicated there were more cases of early adolescent children aged between 11-14 years being committed to rehabilitation schools than their older counterparts aged between 15-17 years. This implies that juvenile delinquency starts at an early age when children are in lower primary school. According to the revised Children's Act (2022), the age at which the child can be held liable for a criminal offence is 12 years, up from the previous eight (8) years. In addition, a child will be assumed not to have known right or wrong if they are under 14 years of age. However, this study established that child offenders aged 11-14 years were placed in rehabilitation schools where they were held for a maximum of three years.

According to Ndikaru (2022), the major cause of juvenile delinquency during adolescence is lack of parental monitoring and supervision of children. The family unit plays a critical role in socializing and preventing children from criminogenic behaviour. The purpose of placing a child in a rehabilitation school is to provide behaviour correction for a specified period of time and then to reintegrate the rehabilitees with their families and communities. If the children are not well reintegrated in society, there is a high possibility of recidivism to their previous delinquent behaviour. Therefore, educational programmes for prevention of antisocial behaviour should be implemented in the early childhood education level.

H₀-3: *There is no statistically significant difference in the prevalence of juvenile offenders in rehabilitation schools by level of education.*

The analysis of variance results for educational differences among juvenile offenders is indicated in *Table 6*.

Table 6: ANOVA results for prevalence of juvenile offenders by level of education

Summary						
Groups	Count	Sum	Average	Variance		
Partial Primary (Less than 8 years)	2	451	225.5	24.5		
Completed Primary (8 years)	2	17	8.5	4.5		
ANOVA						
Source of Variation	SS	df	MS	F	P-value	F crit
Between Groups	47089	1	47089	3247.517	0.000*	18.512
Within Groups	29	2	14.5			
Total	47118	3				

* $p = 0.000$, significant at $p < 0.05$

The analysis of variance results showed that there was a statistically significant difference in the prevalence of juvenile delinquency by level of education ($F = 3247.517$; $df = 1$; $p = 0.000$). The results indicated that children who had not completed eight years of primary education were significantly more than their counterparts who had completed eight years of primary education. This implies that education is a mitigating factor to juvenile delinquency. Therefore, it is critical to ensure that children are not only enrolled in school, but that they are retained and complete basic education. The UN convention on the rights of the child (UN, 1989) declared that every child of compulsory school age has the right to education suited to his or her needs and abilities and designed to prepare him or her for return to society. It also states that every child should have the right to receive vocational training in occupations likely to prepare him or her for future employment.

Further, the Kenya National Standards and Regulations for Statutory Children's Institutions (Republic of Kenya, 2022) indicate that the courses to be provided at the rehabilitation schools should include formal education, both primary and secondary, behaviour and attitude change as well as vocational training. However, document analysis and interviews with school managers revealed that there was no secondary education being offered and as such child offenders and children in need of care and protection who were pursuing secondary education before their committal to rehabilitation schools were forced to repeat either class seven or eight. This contravenes the set standards by the Ministry of Education with regard to the right of children to formal education.

H₀₋₄: There is no statistically significant difference in the prevalence of juvenile offenders by rehabilitation school risk category.

The analysis of variance results for differences in juvenile offenders by risk category is indicated in *Table 7*.

Table 7: ANOVA results for juvenile offenders by rehabilitation risk category

Summary						
Groups	Count	Sum	Average	Variance		
Low-Risk offences	2	255	127.5	4.5		
High-Risk offences	2	202	101	8		
ANOVA						
Source of Variation	SS	Df	MS	F	P-value	F crit
Between Groups	702.25	1	702.25	112.36	0.000*	18.51282
Within Groups	12.5	2	6.25			

Total	714.75	3
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* $p = 0.000$; Significant

The analysis of variance results showed that there was a statistically significant difference in the prevalence of juvenile delinquency by the juvenile offence risk category ($F = 112.36$; $df = 1$; $p = 0.000$). Therefore, the null hypothesis was rejected and the alternate accepted. This implies that there was a higher prevalence of adjudicated cases of low-risk offences than that of high-risk offences among the adolescent boys and girls. Furthermore, more than half (54.0%) of child offenders who were committed to rehabilitation schools were younger adolescents aged 11-14 years and 96.3% had not completed eight years of primary education. This implies that affiliation with delinquent peers in primary school had a high likelihood of perpetrating juvenile offences. This finding is consistent with McGloin et al (2019) who reported that delinquent peers are a risk factor for delinquency among adolescents while socialization with non-delinquent peers was a protective factor. In support of this finding, Ndikaru (2022) documented that juvenile delinquency was associated with peer risk factors such as gang associations, drug, and substance abuse. The school risk factors included harsh punishment, bullying, violence, absenteeism, and high dropout rates among students.

V. CONCLUSION

This research has established that the risk factors for juvenile delinquency among child offenders in rehabilitation schools were stage of adolescence, level of education and offence risk category. Participants who were in their early adolescence, with less than eight years of primary education and were adjudicated for low-risk offences were more prevalent than their counterparts who were in their middle adolescence, had completed eight years of primary education and were adjudicated for high-risk offences. However, males and females did not differ in their juvenile offending and therefore, it was concluded that female adolescents manifested the same criminogenic behaviour as their male counterparts placed in rehabilitation schools in Kenya.

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