



COLLEGE OF ARTS AND SOCIAL SCIENCES (CASS)

CENTER FOR CONFLICT MANAGEMENT (CCM)

MASTERS IN SECURITY STUDIES

**Implication of Rehabilitation Programs on Juvenile Delinquency in
Rwanda: Case Study of Iwawa Rehabilitation Centre**

By

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**Thesis submitted to the College of Arts and Social Sciences in partial fulfillment of the
requirement for the Award of a Masters' Degree in Security Studies**

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Musanze, May 2019

DECLARATION

To the best of my knowledge, I Gaston NSANZIMANA declares that this dissertation is my authentic work. It is being submitted at the University of Rwanda for the fulfillment of the requirement for the Award of a Masters' Degree in Security Studies. It has not been presented in any other Institution of Higher Learning for any degree or examination. Where other's works have been used, they have been acknowledged in the reference list.

Gaston NSANZIMANA

Signed

Date://2019

APPROVAL

I, undersigned, certify that “Implication of Rehabilitation Programs on Juvenile Delinquency in Rwanda: Case Study of Iwawa Rehabilitation Centre” is the genuine academic dissertation of Mr. Gaston NSANZIMANA and has been conducted under my supervision and submitted with my approval.

Prof Paul RUTAYISIRE

Signed

Date:/...../2019

DEDICATION

To my beloved wife MUREKATETE Diane

My sons HIRWA Landry and INEZA Nolan

To my favourite daughter IRAKOZE GAJU Milka

I dedicate this thesis.

ACKNOWLEDGEMENTS

I would like to mention some of the many people who, in one way or another, helped me to accomplish this research and to whom I am grateful. Because of lack of space, I will single out few of them here, but each and every one of them deserves my everlasting gratitude.

Firstly, I want to express my appreciation towards my supervisor Prof Paul RUTAYISIRE who, on top of his busy schedules as lecturer at University of Rwanda, accepted to supervise and guide this dissertation. His timely feedback has been very valuable to this thesis in many ways.

Great appreciation is expressed to my beloved wife MUREKATETE Dianne for her constant love and support towards the completion of this research.

I am also thankful to the Rwanda National Police and the Government of Rwanda for their outstanding support through my studies.

I am equally grateful to the Iwawa Rehabilitation Centre who gave me their time and probably used their financial resources in order to contribute to this study.

Lastly but certainly not least, I would like to thank all friends for their insightful comments and valuable suggestions for the effective completion of this research. Likewise, I welcome all further advices and comments improving this research given that the main task of the science in academic sphere remains and will forever be to root out errors and enrich the knowledge through criticisms.

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ABBREVIATIONS AND ACRONYMS

ANPPCAN:	African Network for the Prevention and Protection against Child Abuse and Neglect
CNCP:	Children in Need of Care and Protection
CRC:	Convention on the Rights of the Child
EAC:	East African Community
<i>Et al.:</i>	<i>Et alia</i> (and others)
Etc.:	Et cetera
IPC:	Indian Penal Code
IPAR:	Institute of Policy Analysis and Research
IRVSDC:	Vocational Skills Development <i>Centre</i>
JJAW:	Juvenile Justice Around the World
NCC:	National Commission for children
MAJ:	Ministry of Justice in charge of coordination and access to justice
MDGs:	Millennium Development Goals
MIGEPROF:	Ministry of Family and Gender Promotion
MINALOC:	Ministry of Local Government
MINEDUC:	Ministry of Education
MYICT:	Ministry of Youth and Information Technology
NCC:	National Commission for Children
NCRB:	National Crime Records Bureau
NISR:	National Institute of Statistics of Rwanda
NRS:	National Rehabilitation Service
RPHC:	Population Health Census in Rwanda
RCS:	Rwanda Correctional Service
SDGs:	Sustainable Development Goals

SPSS: Statistical Package for Social Sciences

TVET: Technical and Vocational Education and Training

UN: United Nations

UNODC: Nations Office on Drug and Crime

UNICEF: United Nations Children's Fund

WHO: World Health Program Organisation

WWW: World Wide Web

WYR: World Youth Report

ABSTRACT

This research investigated the Implication of Rehabilitation Programs on Juvenile Delinquency in Rwanda: Case Study of Iwawa Rehabilitation Centre. Generally, it focused on identifying the predominant risk factors to juvenile delinquency, the rehabilitation programs into force and put their subsequent effectiveness. Similarly, this study used a qualitative designs and was conducted on a sample of 45 respondents selected by using purposive and non-proportional stratified sampling methods from a population composed of 50 persons including 45 Juvenile delinquents and 5 staff from the National rehabilitation Service, Rwanda National Police, Iwawa rehabilitation Centre, Local Administration, and Kigali Transit Center.

The findings of this research have identified five predominant risk factors to juvenile delinquency in Rwanda. Three of them lower level of education; poverty and unemployment'; and dysfunctional families were rated 79.99%; followed by the substance abuse and violence marked 20.1% of respondents. Considering these risk factors, two categories of rehabilitation programs were adopted: Remedial cognitive rehabilitation programs (Civic Education, programs related to the values of Rwandan Culture.); and Technical and Vocational Education and Training (TVET) programs. Generally, the effectiveness of these programs to the rehabilitation of offender was reported to be positive.

However, the study findings found out some weak areas that need improvement. These are: the conduct of the training by adjusting the training methodology, review of training materials and schedules, adopt an effective screening system of rehabilitees based on rehabilitee needs, implementation of reintegration and aftercare programs to graduated rehabilitees, adjust the ratio of trainers of both trainers and rehabilitees

Considering the research findings, three main recommendations were suggested: to review the training programs and adapt to the needs of the rehabilitees, to adapt an effective selection system of rehabilitees, effectively enforce rehabilitees aftercare programs and put in place appropriate follow up system and training validation of the entire training process.

Key words: Rehabilitation; juvenile delinquency

CHAPTER ONE: GENERAL INTRODUCTION

1.1. Background of the study

The involvement of children and adolescents in serious crimes is a global concern, and juvenile delinquency is increasing day after day (Leewin and Louise, 1953:120, Faraja, 2014:78). Youngsters' delinquency is now wide spread and endemic to the whole world (Bosiakoh and Andoh, 2010:45). It begins with petty infraction of codes at family level, through breach of legal codes of state, leading to international crimes (e.g. terrorism) and breaching of international conventions and charters (Faraja, 2014). The media have frequently been reporting different acts done by young people causing problems to the society. Most of these acts are offences labeled as crime and /or delinquency. Delinquency stands for petty crimes whereas crime stands for more serious ones (Weijters, 2008:62). Different security studies (Herrenkohl, 2000:74, Farrington, 1991:89, Fischer, 1984, Omboto et al., 2012:62) conducted in two past decades classified juvenile delinquency among major security threats of 21st century. The causation of juvenile crime, dynamic nature, extent, genesis, forms of delinquency and patterns, intensity and gravity of juvenile delinquency vary across the world in terms of time, geographical location and societies.

Estimates on trends of Juvenile crimes suggest that tens of millions of children and youth live or work on the street and that the majority of them reside in the most populous cities of sub Saharan Africa, Latin America and India (UNICEF, 2012). The UN report (2003) indicates that in America youth and juvenile crimes increased and were very serious in 1990s whereas in Western Europe they accounted for 50% of all crimes in the mid-1980s and late 1990s. In commonwealth countries, juvenile crimes registered an increase of 30% in the same periods (World Youth Report, 2003:15, Home Office 1997:48, Pfeiffer 1998:22, Sunday Times 1998). Particularly in England and Wales, the statistics showed that the total number of proven offences committed by youth in 2010/11 was 176, 5117 (CIVITAS Institute, 2010-2012).

In Asian countries, juvenile crime and delinquency takes a great segment of population. Young people constitute the most criminally active segment of the population and the most noticeable trends in the region are the rise in the number of violent acts committed by young people, the increase in drug-related offences, and the marked growth in female juvenile delinquency (UN, 1993).

For example in India, the National Crime Records Bureau (NCRB) data indicates that there has been an increase in crimes committed by juveniles, especially by those in the 16-18 years' age group. Accordingly, the NCRB indicated that within a period of 10 years (2005 to 2015), the number of juvenile delinquent crimes has increased from 18939 to 31396 (in category of Against Juveniles in conflict with law) and from 1822602 to 2949499 (Under total cognizable Indian Penal Code: IPC Crimes). Within this period, the Rate of crime under cases of Juveniles in Conflict with law has increased from 1.7 to 2.5 (Deepshikha A, 2018: 1374).

In United States of America nationwide each year, police make 2.2 million juvenile arrests; 1.7 million cases are referred to juvenile courts; an estimated 400,000 youth cycle through juvenile detention centers; and nearly 100,000 youth are confined in juvenile facilities on any given night (Snyder and Sickmund, 2008:54).

In Africa, statistics portrayed that juvenile crime and delinquency have steadily increased in recent decades (UN, 1993), particularly in fastest growing cities of many parts of sub-Saharan Africa (UN-Habitats, 2004). In East African Community (EAC), the official statistics of juvenile delinquency are rarely published. However this limitation, few statistics from Kenya, Uganda and Rwanda shows also that juvenile delinquency is among major concerns to security. For example in Kenya, the African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN, 2001) postulates that, Children in Need of Care and Protection (CNCP) who include child offenders' account for over 40% of total children population in Kenya. Similarly, Department reported that the number of children in conflict with law has risen significantly since 2006. This was also confirmed by the media Sunday Nation 4th December 2005 which reported that youngsters barely out of primary school in Nairobi's Eastland's estates are dying in horrific shootings with police. In Kenya the number of juvenile delinquents that go to correctional facilities to serve time for the crimes they have committed has been on the rise. At the same time incarcerated youth return to the justice system at alarmingly high rates (Griffin, 2010:15).

In Uganda, 10,000 juvenile delinquents live on the streets of Kampala in 2007 (New vision, July, 28th 2007). Likewise in Rwanda, the official data of juvenile delinquents hosted in three rehabilitation centers (IWAWA Rehabilitation and Vocational Skills Development Centre, Gitagata and Nyamagabe) more than 4,000 youths between the ages of 17 and 18 every year. Some of whom are drug addicts, street children and petty criminals, except Gitagata hosting children under the age of 17 (KT PRESS, 2017).

Though the exact number of juvenile delinquent is unknown, government officials stated that a total number of 16,911 youth have graduated from Iwawa in 2017 and the government spent 2 billion Rwf on Rehabilitation Centers (National Rehabilitation Service: NRS, 2018). These figures do not indicate the number of juvenile delinquent received by year since when this rehabilitation center was established 2010.

Particularly in Kigali City, the report of MINALOC (2002) showed that the number of delinquency in Kigali was estimated at between 6,000 -7,000 in 2002. The number of juvenile delinquents in provincial transit centers was 4617 including, 2,792 hosted countrywide and 1825 in Gikondo transit center (Gikondo transit center Trimester report, 20th Aug 2018). If we can have average of one year we can count 18,468 juvenile in transit centers where later be taken in rehabilitation centers. The above figure majority is juvenile who are aged between 14 years and 19 years boys and girls.

Similarly, the research finding from study conducted by the National Commission for Children (NCC) on “the Situation of Street Children in Rwanda: Prevalence, Causes and Remedial Measures” disclosed that the issue of street children in Rwanda remains a problem of concern. On a sample of 1,087 street children interviewed in 11 districts, the majority of them (63.66%) were between the age group of 14 to18 years while by 26.40 % were in age group of 6 to13 years. This study also pointed out that 22 rehabilitation centers were assessed and accommodate about 1827 children (1445 boys and 382 girls). The majority of street children (53%) interviewed were ‘children of the street’ (living on the streets full time, and have no contact with their families). Other children (47%) were ‘children on the streets’ which means they spend most of their day time on the streets but return home at night. About three out of four the children living in streets were engaged in some job related activities, while the other quarter in collecting and selling different food items from garbage. The money earned was mainly used in buying clothes and food, watching movies and buying drugs. The most commonly abused drugs by street children were cannabis sativa (Ganja), glue, illicit spirits (kanyanga) and petrol (premium) (NCC, 2012).

Given the challenge of juvenile delinquency in Rwanda, the Government has put in place different measures to remediate this problem.

These include but not limited to the adoption and ratification of key international instruments on human and child rights such as the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child in 2001; the establishment of rehabilitation centers nationwide), adoption of Law N° 27/2001 of 28/04/2001 relating to rights and protection of the child against violence; Development of the National Program for Street Children in 2001; the development of the National Policy on Orphans and other vulnerable children in 2003; the Development of the Strategic Plan for Street Children in 2005; the establishing the street children reintegration guidelines in 2006; adoption of the Integrated Child Rights Policy (2011) ; setting up of the National Commission for Children in 2011.

Despite this strong governmental political will and commitment preventing street children and juvenile delinquency at large, the recurrence of juvenile delinquency is still observed and constitutes a major challenge to security where juveniles are always arrested by Rwanda National Police during operations by joint forces including military and police where others are arrested red-handed committing crimes for example drug abuse or excessive alcohol, pickpocket money. Again there are a percentage of recidivists juvenile who graduated in Rehabilitation centers (Iwawa) and continued to be found on the street committing crimes. Accordingly, the statistics recorded by Iwawa Rehabilitation and Vocational Skills Development Centre indicate that among 3933 juvenile delinquents received in 3 intakes of September 2017, February 2018 and May 2018 for rehabilitation, they received a total number of 751 juvenile delinquents already rehabilitated and reintegrated into the community. Indeed, the figures of juvenile delinquency are significant to establish the magnitude of the problem of juvenile delinquency in Rwanda. This may lead to question the effectiveness of rehabilitation policy and the motives behind this reoccurrence of juvenile delinquencies and their subsequent effect to the general current security and future of the country.

1.2. Problem Statement

Juvenile delinquents are in Rwanda taken to the Rehabilitation centers for character reformation. However deterrent and preventive measures envisioned against Juvenile delinquency it is still a complex problem facing government of Rwanda. The current status of juvenile delinquency evidently shows that preventive measures put in place seems to be ineffective on grounds on that some rehabilitated youth tends to go back on streets and engaged in criminal activities.

With this regard, the records from rehabilitation centers indicate that by Aug 2018, more than 751 recidivism cases of juvenile delinquents were recorded among 3933 persons received by rehabilitation centers.

Particularly in Kigali city, the NCEE study findings (2012) recorded the highest numbers of streets children (378) corresponding to 34.5% of respondents (1,087). These findings was also confirmed by the Ministry of Gender and Family Promotion report (2012) according to which over 90 per cent of the children hosted at Gitagata rehabilitation Center were from Kigali and most of them had parents.

Some of the delinquent behaviors in Rwanda that can prompt to criminal activities include the consumption of drugs. With this regards, the study findings from the research conducted by the Ministry of Youth and ICT in collaboration with Kigali Health Institute (2011) on a sample of 2479 youth aged between 14 and 35 years taken randomly from 20 districts showed that 52.5% of the respondents had consumed one or more substances at least once in their lifetime. Only 7.3% of them were able to stop substance use after the first experimentation and 92.7 % continued drug/substance use (National Youth Policy, 2015). Among these statistics 30% were reintegrated after passing in rehabilitation centers. Due to the drastic increase and consequences of juvenile delinquency worldwide and particularly in Rwanda, different studies (Pearson 1983, Davies and Pearson 1999, Pfeiffer 1998, Siegel, Welsh and Senna 2003), attempted to associate it to the social problems associated with the field of youth and deviant behavior that need attention to the agenda of different governments. In the same background, this study contends that the juvenile delinquency is a major threat to security that needs a thorough attention and investigation. Therefore, this study explored the implication of rehabilitation programs on juvenile delinquency in Rwanda: Case of IWAWA Rehabilitation Centre.

1.3. Research questions

Based on objectives above mentioned, the next questions will guide this study:

- (i) What are the factors influencing juvenile delinquency in Rwanda?
- (ii) What are rehabilitation programs offered by Iwawa Rehabilitation Centre to juvenile delinquents in Rwanda?

How those programs are effectiveness to rehabilitate juvenile delinquents underwent rehabilitation programs at Iwawa Rehabilitation Center?

1.4. Delimitation of the study

This thesis investigated the implication of rehabilitation programs on juvenile delinquency in Rwanda: Case of IWAWA Rehabilitation Centre from 2011-2018.

1.5. Objectives of the Study

This study was guided by the general and specific objectives.

1.5.1. General Objective

Previous discussion showed that however juvenile preventive mechanisms proliferate; juvenile delinquency is still a general complex phenomenon of concern worldwide. Particularly Rwanda, it was noted that the different juvenile delinquent preventive interventions were put in place including mainly the policies and establishment of rehabilitations.

Therefore, this study was meant to explore implication of rehabilitation programs on juvenile delinquency in Rwanda: Case of IWAWA Rehabilitation Centre from 2010-2018.

1.5.2. Specific objectives

This research will be guided by the following specific objectives:

- (i) To identify the factors influencing juvenile delinquency in Rwanda
- (ii) To identify the implication of rehabilitation programs offered by Iwawa Rehabilitation Center on Juvenile Delinquency in Rwanda
- (iii) To critically analyze the effectiveness of policy, rehabilitation centers and reintegration process in society.

1.6. Area of Study

This study was conducted at Iwawa rehabilitation and Vocational Skills Development *Centre* (IRVSDC). The IRVSDC is situated in Iwawa Island located in Lake Kivu, Rutsiro District, and western province (Presidential order n° 99/01 of 02/06/2018 establishing IWAWA Rehabilitation Center, article 3). However the law establishing this centre was promulgated in 2018, it was officially opened in 2010. This centre was based on the ground that it is the only Rehabilitation Centers which admits juvenile delinquent aged at least 18 years old (Presidential order n° 99/01 of 02/06/2018 establishing IWAWA Rehabilitation Center, article 5).

1.7. Time frame

This study covered a period of 8 years starting from 2010 (the official opening date of IRVSDC) to 2018 (Period when this study was conducted) (MINEYOUTH, 2010).

1.8. Significance of the study

The Fourth Rwanda Population and Housing Census: RPHC4 (2012) indicated that youth in Rwanda constituted 40% of the resident population (NISR, 2012). The largest proportion of crime in Rwanda is committed by youth making it imperative to address youth crime as a special focus of crime prevention efforts and transformation of this group both as victims and offenders.

As it was indicated by the different juvenile delinquent cases all over the world, persons who are most likely to offend are also at greatest risk of being victims themselves. Effective intervention therefore plays an essential role in any strategy designed to diminish the rates of juvenile delinquency. Therefore, it is expected that the findings of this study will help all actors concerned with juvenile delinquency, security organs to improve rehabilitation services and environmental conditions in fight against crimes in Rwanda.

1.7. Organization of the study

The research was sprinted into five chapters. The chapter one describes the general introduction and consists of background to the subject under investigation, problem statement, general objective and specific objectives of the study, research questions, the scope, the significance and structure of the study.

The chapter two squeezes the review of academic literatures relevant to the theme under study with a look at glance on local and international perspective on different types of juvenile delinquency, current trends and possible factors influencing juvenile delinquency in Rwanda. The chapter three embraces the methodology that will guide the study in order to reach the pre-set objectives. It comprises the research design, the target population, sampling strategies and sample size, data collection methods and data analysis methods.

The fourth Chapter dealt with the research findings and interpretation. Finally, the Chapter will present the conclusion and recommendations.

CHAPTER TWO: LITERATURE REVIEW

2.1. Introduction

This chapter gives an overview of the literatures that related to of rehabilitation on juvenile delinquency. It also addresses the concepts, theories on factors underling juvenile delinquency, rehabilitation programs, policies and strategic framework into force and effectiveness in deterring juvenile delinquency in Rwanda.

2.2. Conceptual and theoretical framework

This section consists of the definition of different key concepts and theories helped in the development o this study.

2.2.1. Definition of key concepts

De Beer, (1999:5) argued that the definition of key concepts in any study concretize the intended meaning of a concept in relation to a particular study. In this regard, a particular and close attention must be paid to details, nuances, and conceptual clarity (Patti H. C., et al., 2003: 28). In context of this study, “juvenile delinquency” and “rehabilitation” were two main concepts defined.

2.2.1.1. Juvenile delinquency

While a variety of definitions of the term juvenile delinquency have been suggested, this study will use the definition first suggested by Ndichu, (2008) who saw it as the law breaking by young people. However, one of the limitations with this definition is its broadness in fact that it does not explain clearly who are a young people. With this regard, David R. S. and Richard A. W., (2013:8) underlined that the age of criminal liability fluctuates greatly from one country to another and generally depend on majority age. In contention of the articles 3 and 58 of the Convention on the Rights of the Child (CRC), the majority age for criminal liability is set at 18 years old. Below 18 years old, a person is considered as child. In Rwanda, the minority age is below 14 years (Rwandan Code of Criminal Procedure, article 198, paragraph 2; article 100 of the Organic Law n° 01/2012/OL of 02/05/2012 instituting the Penal Code) ; while the majority age for criminal liability is 18 years old. However, Rwanda National Youth policy, (2015:5) revised broadly this majority age of juvenile delinquents between 16-30 years old.

Based on the arguments above and the sake of giving a harmonized operational definition, the term “juvenile delinquency” was used throughout this study to mean any conduct discordant with social and/or legal norms of the society displayed by any person between 14 and 30 years old.

2.2.1.2. Rehabilitation

A considerable amount of recent literature published in fields of criminology criminal justice and law attributed to the term “rehabilitation” several definitions. Regardless of differences in vocabulary used by different scholars and policy makers, all the definitions given to rehabilitation converged commonly to the main objective of modern penal or correctional service policy centered on redressing the offenders and prevention of criminal recidivism. In context of Rwanda legislation, the concept “rehabilitation” was defined as a process of reforming any person exhibiting deviant acts or behaviors (Law n°17/2017 of 28/04/2017 establishing the National Rehabilitation Service and determining its mission, organization and functioning art.3, paragr.1). Alike, the terms rehabilitation in contention of this study was simply conceptualized to mean a range of activities and/or programs delivered to juvenile delinquent with a view to change their behavioral mindsets and prepare them to become good citizens abide by the law within in society and productive citizens contributing to the development of the country.

2.2. Theoretical framework

This subsection describes briefly the different theories supported the discussion and development of this study. These are: the Rehabilitation theory, Merton’s Strain theory, Social disorganization theory, and the Social learning theory.

2.2.1. Rehabilitation theory

The rehabilitation is based on premise that people are not natively criminal and that it is possible to restore a criminal to a useful life in which they contribute positively to the development of themselves and the society (Gwen R., Iain D C., 2009:5-8), This theory of punishment is based on the notion that punishment is inflicted on an offender so as to reform him/her, or rehabilitate them so as to make their re-integration into the society easier (Siegel, 2005). In addition, Siegel (2005:371) affirmed that rehabilitation embraces the notion that given the proper care and treatment, criminals can be changed into productive, law-abiding citizens.

Alike, the hallmark of this theory is the retraining of convict so that he/she can live an independent and lawful life on release. The application of this, to the study is hinged on the rehabilitative perspective by Siegel (2005:371).

Indeed, rehabilitation aims at replacing the offender's motivation to commit crime with a need to positively adjust within the community. The assumption on which is based are that behavior can be modified to such an extent that attitude, values, skills and certain personality character traits (e.g. impulsiveness, irresponsibility and the absence of guilt feelings) could lead to commit crime, will be neutralized. Rehabilitation is based on the medical model that implies that the right treatment can be prescribed for specific illness. This implies that techniques such as giving occupational training (welding, masonry and hairdressing), psychotherapy and providing medical care (methadone for those depended on heroine) will promote rehabilitation. Since the introduction of rehabilitation programs it was accepted that such programs will diminish crime and prevent recidivism. Thus rehabilitation theory assumptions will help to assess if the different rehabilitation programs delivered in transit centers and rehabilitation centers are effective to prevent the juvenile delinquency recidivism cases in Rwanda.

2.2.2. Merton's Strain theory

Merton's strain theory was developed by an American Criminologist Robert K. Merton in 1938. This theory is based on the societal goals and means to achieve to them. Merton in this theory suggested that all social and cultural structures are characterized by two elements that are not always separable but that may be categorized separately for analysis (David B., et al., 2008: 124). First are the goals, which are the aspirations of all individuals in the society. He contends that these goals are those things that individuals believe worth striving for. Second are the means by which those goals may be obtained (Reid, 2000:120). Means are socially approved methods and thus involve norms, which are defined culturally. A society's norms define goals and methods by which those goals may be obtained (Lilly and Cullen, 1995:53). Because legal and socially acceptable means do not exist, individuals may either use deviant methods to achieve their goals or rejected socially accepted goals and substitute deviant ones (Siegel and Sanna, 2000:144).

2.2.3. Social disorganization theory

The social disorganization theory is a theory that grew out of the research conducted in Chicago School by Shaw and McKay in 1942. This theory refers to the inability of a community to realize the common values of its members and maintain effective social controls (Gennaro F. V., et al., 2007:148). The social disorganization theory contends that the absence of organization among social institutions (family, school, and church) is among the risk factors that can contribute to juvenile delinquency. With this regard, this theory attributes the juvenile delinquency on the breakdown of relationships in institutions which traditionally encouraged cooperation among the people and the society at large (Jensen, 2003).

In contention of this study, the social disorganization theory was helpful in identifying the different factors influencing juvenile delinquency and the implication of appropriate rehabilitation programs to counteract it.

2.2.4. Social Learning Theory

The social learning theory was invented and developed by a Canadian psychologist Albert Bandura in 1977. This theory posits that people learn from one another, via observation, imitation, and modeling. In other words, the social learning theory expresses that the learning process takes place through people's interactions with others in a social context. Separately, by observing the behaviors of others, people develop similar behaviors. After observing the behavior of others, people assimilate and imitate that behavior, especially if their observational experiences are positive ones or include rewards related to the observed behavior (Ronald L. A., Gary F. J., 2007:3-39). This theory was relevant in describing the process through which the criminal and/or antisocial behavior can be learnt through interactions with associates. In this context, this study was of the view that in simple terms, juveniles learn new behaviors, values, and attitudes by direct experience and observing other people's behavior through positive or negative stimuli.

2.3. Background and dynamic evolution in trends of juvenile delinquency

This section reviews briefly the background of juvenile delinquency and the dynamicity of juvenile delinquency trends worldwide and particularly in Rwanda.

2.3.1. Juvenile delinquency background

The history of juvenile delinquency shows that it has seriously risen since the mid-twentieth century. It was mainly caused by wars between countries which made a lot of victims, orphans and miserable families. It was also increased by the first and second World Wars and racism like the case of the black American people who lived in ghettos (Krisberg and Austin 1993:1). In Rwanda, the problem of street children rose from early 1970s. They were located in growing cities like Kigali and Butare (UNCEF, 1999:58). In this regard, the statistics from UNCEF indicate that in the 1974 the number of street children in Kigali and Butare urban areas was estimated to 300 and 5000 respectfully and the number increased approximately from 350 in 1970 to 700 street children in 1998 countrywide.

2.3.2. Trends of Juvenile delinquency in Rwanda

Juvenile delinquency is among the major security concern worldwide. The trends of Juvenile crimes vary across continents. Estimates suggest that tens of millions of children and youth live or work on the street and that the majority of them reside in the most populous cities of sub Saharan Africa, Latin America and India (UNICEF, 2012). In Europe, academics, media, politicians and the public underlines that the number of youths committing violent offences is increasing rapidly (James S., and Ali W., 2005). Due to the dynamic increase in juvenile delinquency which inconstantly fluctuates from one country to another, it is not easy to find an accurate and reliable number and/ or rate of juvenile delinquency, but rather different literature relies their arguments on arbitrary and fragmented estimations often collected from the government reports to show the gravity of this phenomenon. One major drawback of this approach is that to find updates statistics of juvenile delinquency worldwide is still a dilemma.

Taking into consideration this limitation, this study attempted to display a general picture of juvenile delinquency by looking at the trends contextually reported in current juvenile delinquents study reports published by different public and private institutions in Rwanda. These studies include the study conducted by the UNICEF on street children in 1999; MINALOC report on street children of 2002; MIGEPROF report on street children of 2005, and the recent report from the study conducted by the National Commission for children (NCC) on situation of street children in Rwanda of 2012.

However all the reports and studies conducted on juvenile delinquency were not exhausted in this study, the findings from them have brought about the similar conclusions and evidences portraying a steady and drastic increased rate of juvenile crime and delinquency in recent decades. By extrapolating the number of juvenile delinquents reported from study conducted by the UNICEF in 1974 (350 cases) to MIGEPROF reports of 2005 (8,000 cases) it is well established that the number of juvenile delinquents multiplied countrywide approximately 23 times in 2005. Equally, the current study conducted by the NCC on situation of street children in 11 Districts of Rwanda of 2012, reached to the same conclusion that the juvenile delinquency in Rwanda remains an issue of concern.

2.3.3. Juvenile delinquency as a threat to public security

Crime and delinquency are the major problems facing the world interested many researches within two last decades. Although global statistics on juvenile delinquency recidivism are not available, the United Nations Office on Drug and Crime: UNODC (2017) indicated that the data from individual countries confirm that the rate of reoffending is high, sometimes higher than 70 per cent. This argument can be also explained by a plethora of studies, different political discourse and population complaints claimed juvenile delinquency as serious global problem that troubles many societies in developed and developing country societies (Hoge, 2001:1; Du Preez & Luyt, 2011: 33; Ladokun, 2010: 1; Shoemaker, 2000: 3-5; Barberet *et al.*, 2004: 96-99; World Youth Report (WYR), 2003: 189; Juvenile Justice Around the World (JJAW) (2013: 329). At his point of view, the report of Geneva Convention for the Rights of The Child (2007: 15) qualified juvenile misconduct a global phenomenon. This view was also shared by European Parliament report on juvenile delinquency of 2007. According to this report, the problem juvenile delinquency in European union countries is serious and is escalating because many offences are committed by children younger than thirteen years old (European Parliament report,2007: 27). Based on various arguments above, some questions should be raised. Is juvenile delinquency a new phenomenon? Why is it a major emerging alarming threat to the public security?

In regard to these question, Goldson (2011: 34-35) in his work entitled "*Youth in Crisis*" asserted that the problem is "as old as 'problem families' and the paranoiac discovery of alcohol beverages", and it is widespread, albeit at variable levels.

The youth people engage in different criminal activities that pose a great threat to public safety (commit rape, engage in gang activity, terrorize neighborhoods, etc.). With a view to grasping the severity and scale of juvenile delinquency, this study looked at different insecurity case studies caused by juvenile delinquency worldwide. At this point of view, Schmalleger and Bartollas (2008: 26) in the Japanese Times mentioned the Japanese public reportedly supports of capital punishment for the growing number of juvenile criminals.

In the United Kingdom, the “knife carrying culture” of adolescent delinquents has caused more injuries and deaths than gunshot incidents (2008: 39). Likewise in South Korea, cigarette smoking, alcohol abuse, bullying and mostly cyber-crime are reportedly increasing among adolescents, and thus pose a serious challenge to the deeply conservative nation (Kim & Kim, 2008: 1-15). America is “alarmed and baffled” by the ferociousness with which juvenile delinquents carry out antisocial acts. They reportedly attack their teachers, shoot people, commit rape, engage in gang activity, terrorize neighborhoods and are remorseless when caught. Thus, today, the delinquent population in the USA “poses a great threat to public safety” as compared to the rest of the citizenry (Heilbrun, Goldstein & Redding, 2005: 6).

Indeed, all of these security challenges above are result of antisocial behavior developed by the juvenile. In this perspective, the Geneva Convention for the Rights of The Child (2007: 26) made recommendations to the United Nation’s member states to develop operational interventions to curb this scourge. Its recommendations support the historical social research findings which suggest that juvenile delinquency is a social problem that calls for collective effort if it is to be effectively addressed. Juvenile delinquency is a global problem for which its intensity and security threat may differ from one country to another. But, it is worthy to note that developing nations are reportedly most affected by the problem (The WYR, 2003:189-199).

2.4. Factors underlying juvenile delinquency

A series of previous studies in criminology and sociology (Shoemaker (2000: 4, Arthur *et al*, 2002: 576; Connors *et al*, 2004: 95; Shuja, 2008; World Youth Report, 2003) attempted to examine the factors contributing to antisocial-behavior of the youth or juvenile delinquency have identified generally a couples of factors behind the development of juvenile delinquency. Generally, these studies held the view that juvenile delinquency is caused by a single factor , but

rather an accumulative amalgam of juvenile exposure and risk factors (Shoemaker, 2000: 4; Arthur *et al.*, 2002: 576; Connors *et al.*, 2004: 95). Commonly these risk factors vary from one place to the other and they are mainly compounded by drugs abuse, poverty, political instability, urbanization, dysfunctional family, violence, peer influence, individual risk factors and limited income generating opportunities among others.

In Rwanda, the recent study on the situation of street children in Rwanda (2012) and the different government reports (National Rehabilitation Service, 2018) have summarized a list of 8 major causes often inducing the youth in antisocial behavior and/or juvenile delinquency. These are: Drug and substance abuse, Poverty, Unemployment, Low levels of education, Dysfunctional families, Violence and Peer influence (National Rehabilitation Service: NRS, 2019). In attempt to discuss deeply the different factors of juvenile delinquency in context of Rwanda, this study explored some of the different theories believed to be aligned to the factors likely to influence juvenile delinquency in Rwanda. The most important included the differential association theory, peer cluster theory, social disorganization theory, social control theory, desistance theory and Merton's strain theory. Based on different arguments from these theories, the factor underlying juvenile delinquency was in contention of this study classified into 5 mains groups: social factors, economic factors, cultural attributes, peer influence, urbanization and media.

2.4.1. Extent and Effect of juvenile risk factors to juvenile delinquency in Rwanda

2.4.1.1. Failure to education as a risk factor to Juvenile delinquency

As previously discussed, the stain theory of delinquency claimed the relationship between the status frustration experienced by lower class youths and poor performance at school. With this regard, Polk and Schafer (Jack E. B. and William E. H T, 2006:158) argued that poor school performance and the feeling of frustration due to blocked education opportunities of economically disadvantaged youths have been linked to juvenile delinquency. However significant achievements in terms of improving the education of the youth highlighted in Rwanda, according to which the UNDP (2014) reports that primary school attendance had reached 96.5% by 2012 compared to 72.6% in 2000 and the primary school completion rate also increased from 24.1% in 2000 to 72.7% in 2012; it was also reported that a significant number of street children are from poor families (lower-class) of rural areas who dropped out of schools and/ or did never have been attended the school.

At this point of view, the statistics from different institutions showed that the school dropout rate in Rwanda has persisted and in 2014, the primary school dropout increased to 14.3% from 11.4% in 2010. In 2013, the dropout rate was 14.7% in lower secondary (grades 8, 9, and 10) and 6.2% in upper secondary school (grades 11 and 12); both rates represent an increase from 2010 which stood at 7.4% overall dropout (Ministry of Education - MINEDUC, 2014). Similarly, the 2014 education report points out that “a high dropout rate of 28.3% is observed in Primary 5, followed by 13.8% for Primary 2, while the lowest dropout rate of 10.2% is observed in Primary 1” (Workforce Development Authority, 2016).

In the same point of view, the findings from the study conducted by the National Commission for children (NCC, 2012: 21) disclosed that among the children living in the street that had ever attended school, a majority (97.4%) of them dropped out of school in primary school. The findings of this study revealed that out of 1087 street children, only 13.2% are attending school compared to 86.8% who are not attending school. The rate of the dropout rate among street children was high as 92.7% of street children dropped out the school while 11.8% had never attended school (NCC, 2012: 21).

Indeed, this high rate of school dropout can challenge the importance of school in development of the children. At point of view, Drowns and Hess (1995) stated that if a child, no matter what his background, can succeed in school, he/she has an excellent chance for success in life. In contrast, when student fail to meet expectation teachers or parents, they may become involved in delinquents groups who share similar experience of abuse or failure (Drowns and Hess, 1995). Considering the school as the first social institution beyond the family to be entrusted as a major agent of socialization for children (Bynum and Thompson (1992), this schools drop out can in context of this study be one of the factors contributing to juvenile delinquency in Rwanda. In this contention, the study conducted by the Ministry of Youth and ICT(MYICT) on male youth delinquency revealed a direct correlation between delinquency and level of education where in total about 80 per cent of those enrolled for rehabilitation had no education and 14.9% were primary school dropouts.

2.4.1.2. Poverty and unemployment effect to juvenile delinquency

A depth literature recently published on factors influencing juvenile delinquency and possible prevention interventions (UN-Habitat, 2004; Siegel and Senna, 2000:129; MYICT, 2013) have shed light to economic risk factors particularly youth poverty and unemployment. With this regards, the UN-Habitat, (2004) stressed that poverty levels soars the world day after day bringing different problems in societies one of them being high number of homeless children in developing countries. In the same context poverty was classified among economic problem preventing parents to meet family needs such as education, healthy and food and thus poverty hit especially children. At this point of view, a series of studies (Siegel and Senna, 2000:129; Downs and Ermisch, J., F., M & Pevalin, D., 2001; 158) attempted to associate family poverty and children's health, achievement and delinquent. Generally, they came up to the conclude that Children grow up in low-income household families suffer many social problems and they are less likely to achieve to complete their schooling than children with more affluent parents while it is known that school education and professional training are essential factors of productivity.

In Rwanda, the findings from the different studies (MYICT, 2013) indicate that there are high rates of delinquency attributed to poverty and poor welfare. Children who engage in the most serious forms of delinquency in Rwanda are more likely to be members of poor families and those without parents, especially the orphans or those driven out of their homes by unbearable violence. An assessment conducted on the causes of female delinquency indicates that need for income to feed the family, pay school fees, buy clothes, feed children and pay household rent were the driving factors behind female involvement in activities considered criminal and anti-social such as prostitution (MYICT, 2013). Of the total interviewees, 72 percent of the sex workers interviewed were supporting children financially, whereas 80 percent of them were orphans, affirming the fact that the primary push for sex work was income generation.

Equally, this information was also confirmed by the National youth Policy (2010), according to which, however unemployment is not the only caused of poverty, many young people remain under the poverty line because of their underemployment, low productivity and insufficient income. From economic point of view, 42% of the youth aged between 14 and 35 are either unemployed or only work on seasonal small scale agriculture. Excessive needs in terms of land find expression in that on family owns less than one hector for its agriculture activities, which is the line below which one cannot meet their nutritional basic needs.

As a result, the statistics from the National Institute of Statistics of Rwanda (NISR) showed that in 2017 the unemployment rate stood at 16.7%. This rate was decreased to 16% in 2018 while the youth unemployment rate was estimated at 2.1% (NISR, 2017). Similarly, unemployment rate in Rwanda averaged 8.58 percent from 2001 until 2018, reaching an all time high of 16.70 percent in 2017 and a record low of 1 percent in 2001. However, the econometric projection shows that Rwanda unemployment rate tend to decline to trend around 13.90%.

Though the the EDPRS II thematic area on Productivity and youth employment suggests that 200,000 jobs would be generated per annum to reduce unemployment. It was however recorded according to EICV 4 that only 146,000 jobs were on average availed per year indicating a gap of 54000 jobs. Unemployment rate among the active youth (16-30) is at 3.3 percent at national level and reaches 12 percent in urban areas. (NISR, EICV 4, 2015/2016). Based on these statistics, it is shown that however the efforts put in fighting unemployment in Rwanda, the rate of unemployment particularly is still significant cohort of young people in Rwanda. Subsequently, this can lead to the failure of parents to meet the needs of their children.

Indeed, employment is the main source of income to support improved livelihood for everybody, whether employed by others or self -employed. As a result, the persistently unemployed youth tend resort to alternative and deviant means of survival such as sex trade, unofficial relationships (sugar mummies/daddies), theft and burglary among others to make ends meet. Either way, those that can't afford the above ridiculous activities might be pressured to resort to alcohol and drug abuse in search of tranquility of the mind to forget their socio-economic burdens. Again, the lack of opportunities for productive work is driving many young people to migrate to urban areas. Most of them who end up without jobs resort to living on the streets and may turn to petty crime to make a living. Such people are more vulnerable to engaging delinquency behaviors such as substance abuse, non-licensed street vending, and sex worker. Migration also may lead to cross border crimes such as drug trafficking, committed by the youth, who migrated from delinquency stricken communities (NRS, 2018).

In summing up the discussion above it is important to underline that the failure to reach children's material needs, children engage in all sorts of activities most of which are illegal (Bosiakoh and Andoh, 2010). Poverty brings about vulnerability which means defenselessness, insecurity and exposure to many risks, shock and stress.

Therefore, it is worth noting that, analysis on social ecology of poverty and unemployment are very important in understanding the precise nature and extent of juvenile offending in any locale (Weijters, 2008). In addition, poor people always live in areas with low quality social services like poor houses, poor education facilities resulting into poor education, and they experience declining quality in their healthy and social welfare at large. In such vulnerable lifestyle, unemployment is inevitable to youth leading to a problem cycle. The situation is so frustrating hence many young people substitute in criminal activities to achieve their goals to live a better life. However, low income has not being the only cause to juvenile crimes since high income also contributes in pushing up the crime rate in different communities. Types of crimes such as violent crimes, crimes done under the influence of substance use and crimes of using illegal drugs such as marijuana are also committed by juvenile from higher income families. Enough income to their pockets, freedom on how to spend the money has provided a loop holes to juvenile purchasing alcohol and drugs. In addition, juvenile from such class are able to purchase tools like guns enabling them to commit other offences (Anderson and Hughes, 2009).

2.4.1.3. Overview on drug and substance abuse influence of to juvenile delinquency

Different studies (Ford, 2005; WHO, 2014) aligned the drug and substance abuse among the main risk factors driving to juvenile delinquency. With this regard, Ford (2005: 642 – 643) argued that there is a relationship between alcohol abuse and juvenile delinquency, as the former tends to hamper an individual's psychological functioning. Accordingly, the World Health Organization: WHO (2014) estimated more than 200 million people worldwide abuse drugs at least once a year, of which 25 million are declared addicted. Each year, 2.5 million people die globally from drug abuse-related illnesses.

In Rwanda, the study conducted by NCC, (2012:26) on situation of street children in Rwanda disclosed that 28.6% of the money earned by street children are spent in buying drugs. As a result, this study showed that 63.2% of the street children reported to have ever abused drugs including 63.2% of male and 21.6% of female street children. Furthermore, this study disclosed that among the street children who have ever abused drugs, 46.3% were children age 6-13; while 68.3% of street children age 14-18 were also drug abusers. The highest consumer age group is that of nineteen to twenty one which was using drug at a percentage of 72.5%.

The most commonly abused drug was cannabis sativa (Ganja) which was abused by 82% of street children, followed by glue abused by 43.1%. Others mostly abused drugs included the illicit spirits (kanyanga) which was abused by 29.8% and petrol (premium) which was abused by 13.2%.

Indeed, the United Nations Office on Drug and Crime: UNODC (2018:6) pointed out that many street children are exposed to physical and sexual abuse, and substance use is part of their coping mechanism in the harsh environment they are exposed to on the streets. The substances they use are frequently selected for their low price, legal and widespread availability and ability to rapidly induce a sense of euphoria. However, drug abuse independent risk factor influencing juvenile delinquency, the UNODC (2018) highlighted that the path from initiation to harmful use of substances among young people can be also coupled with other separate factors at the personal level, the micro and macro levels which are often out of juveniles' control. Factors at the personal level (including behavioral and mental health, neurological developments and gene variations resulting from social influences), the micro level (parental and family functioning, schools and peer influences) and the macro level (socioeconomic and physical environment) can render adolescents vulnerable to substance use.

Based on the discussion above, it is important to note that young people who persistently use and abuse substances often undergo an array of legal, social, health and personality related problems that may culminate into delinquency. Excessive use of alcohol and other drugs distorts one's mental capacity to restrain themselves from acts considered illegal and or against the socially approved norms. Alike, the recent study findings conducted by WHO, (2014) have linked the drug abuse to recent criminal activity committed in Rwanda including; theft, drunk driving, rape, involvement in fights, among others.

2.4.1.4. Dysfunctional families and violence influence to juvenile delinquency

The recent developments in sociology and criminology have heightened the need for the family in socialization process of the child from the childhood to adulthood. The most famous scholars who debated in favor of this argument include Desforges, C. and Abouchaar A., 2003, Harris, A. and Goodall J. , 2008, Holborn and

Harambos; 2009; Ngale, 2009. Generally, these authors contended that the family in the nucleus foundation of human society.

At this point of view, Dawn (1995) stated that the most powerful teaching tool for children is their parents, while Holborn and Harambos (2009) believed that the family has often been regarded as the cornerstone of society and it has been seen as the most basic unit of social organization and one which carries out vital tasks such as socializing children.

In the same context the proponents of the social disorganization theory (Jensen, 2003; Richard M. L. and Laurence S., 2009: 474; Kennedy and Pursuit, 1979; Black, 1993; Dawn and Hess, 1995; Siegel and Sanna, 2000; Carter, 2002; Ngale, 2009; Holborn and Harambos, 200) went further and aligned the absence of organization among social institutions among the risk factor that can contribute to juvenile delinquency. With this regard, this theory attributes the juvenile delinquency on culture whereby a crime and delinquency can be committed due to the breakdown of communal institutions (e.g. Family, schools, church and social groups) which traditionally encouraged cooperation and communal relationships among people and the society at large (McKay, 1942; Richard M. L. and Laurence S., 2009: 474).

Indeed, a family is often perceived as the basic source of material and moral support to its members, old and young, weak and strong, most especially protecting and nurturing its young and more vulnerable members (UNCDP, 1995). Thus, the breakdown of the structure and the functioning of the family is by far the leading cause of delinquent behaviors especially among the children and even youth. Undoubtedly, it is evident that in dysfunctional families and or families living in consistent violence children are careless. Therefore, the personality of the child is affected by poor or defective relationship with and between parents and being subject to frequent humiliations. The lack of emotional involvement of parents into a child's early life, the failure to set limits to the degree of deviance tolerable among the children and use of authoritarian type of child rearing among others could also give rise to delinquency among the youth.

In addition, the NCC report (2017: 7) added also parental/extended family irresponsibility and family conflicts among numerous factors and circumstances to be considered as the driving factors of children's street life. This assessment confirmed also the fact that street children live in appalling conditions which not only deprive them of their childhood, dignity and potential, but also are harmful to their physical, social and emotional development. They include lack of

protection and education, inadequate food and medical care, poor hygiene, loss of positive social and moral values, subjection to abuse, and premature sexual activity (NCC, 2017: 7).

However this key role of family in socialization process of children it was noted that particularly in Rwanda a significant number of children do not have their parents due to different factors including the 1994 Genocide against Tutsi, family divorces, deaths caused by pandemic diseases such as HIV Aids, among others. Equally, the study conducted by the NCC (2012:19) in 2012 on the *Situation of Street Children in Rwanda: Prevalence, Causes and Remedial Measures* pointed out that among 1087 street children surveyed, 42.1% street children declared their father dead and 25.5% declared mother dead, while about 3% did not know if their parents were alive or dead. However the slight differences, the NCC survey (2017:25) reported about 650 (or 23%) street children explained that their fathers were dead while 374 (or 13%) indicated that their mothers were deceased. This report indicated further that about 3 in 4 (78%) street children interviewed, their parents do not live together.

Indeed, the statistics above shows briefly a picture of street children vulnerability to juvenile delinquency. In the same line, Ngale (2009) quoting Wright and Wright stated that Children who are rejected by their parents, who grow up in homes with considerable conflict, or who are inadequately supervised are at the greatest risk of becoming delinquent. When quoting Thornberry et al., this author asserted that it is assumed that children who live in homes with only one parent or in which marital relationships have been disrupted by divorce or separation are more likely to display a range of behavioral problems including delinquency, than children who are from two parent family. At this point of view, William E. T., Jack E. B., (2017:158) argued that delinquency rate are high among children from broken homes and the ideas of fragile families reflect the more common way in which families and crime are linked. In this context, the sequence of family breakdown leads to lack of parental authority and affection which leads to juvenile delinquency. While, the UN report of 2003 on juvenile delinquency illustrated that children who receive adequate parental supervision are less likely to engage in criminal activities, the 4th Rwanda Population and Housing Census (2012) provided glaring percentage of the youth aged between 26 who have no parents to look after them, where 64.67% lost their mothers and fathers; 22.80% lost their mother (National Youth Policy, 2010:10). All most all those young people either witnessed or experienced violence in their direct environment.

Given the discussion thereof, it evidently contended that the dysfunctional families and violence are among the risk factors contributing to juvenile delinquency in Rwanda.

2.4.1.5. Influence of peer group to juvenile delinquency

The peer influence on juvenile delinquency can be in context of this study described in contention of the Peer Cluster theory and the Social learning theory. Similarly, the proponents of peer cluster theory (Oetting and Beauvais 1986; John J., 2009: 36; Uchenna E., 2014:7; Ron D. H. and Joseph P. R. 1990:191) defined a peer group as a group of people who have similar interests, i.e. age, background, and social status. The members of this group are likely to influence the person's beliefs and behavior (John J., 2009: 36). The peer cluster theory considers the role of peers as socializing influence on deviant behavior such as drug use. According to the peer cluster theory, peer cluster can transmit either pro-social or deviant norms, but major source of deviant norms is usually peer clusters, especially when the family bonds are weak (John J., 2009:36; Uchenna E., 2014:7).

Similarly, the social learning theory suggests that continuous reciprocal interaction between the individual and the environment (i.e., children and parents, children and the media ...) provides the basis by which the consequences of behavior are learned, and this, the behavior is performed (Bandura, 1972 in Witt, 1987:294). At this point of view an adolescent peer drug association is an example illustrating this theory whereby it has a direct effect on drug use. In return, peer drug associations are influenced by familiar factors (sanctions and strength) and individual variables (religious identification, schools adjustment) (James B. Dawn Jeglum B., 2016: 416).

Indeed, children usually engage in delinquency acts with others and typically, delinquent activities are carried out in groups. Paul Lerman quoted by Regoli and Hewitt (2000:230) published a study of boys aged ten to nineteen living in low-income neighborhoods in New York City. He determined that fewer than ten percent of those boys who engage in delinquency belonged to a named group. Lerman, thus, sees delinquency as an activity typically done in pairs or trios. Maynard and Gary (1977:417) administered a self-report questionnaire to 17,000 high school students from three small towns and three urban schools in Arizona. The findings suggested that the youths generally engaged in delinquency behavior when they were with friends.

In Rwanda, most of the literature conducted in relation to juvenile delinquency did not have discussed the contribution of peer group in development of juvenile delinquency. However, the survey conducted by the Ministry of Youth and ICT (2012) conducted in 20 districts that 52.5 per cent of the youth in Rwanda have at least once taken drugs, and 92.7 per cent of that population group kept on consuming them. The biggest age group of drug users is between 18 and 35years, most of them are in schools and they learned these behaviors from their peer schoolmates who consumed drugs (RNP, Police Anti Narcotics Unit, 2012). Police highlighted further that, the majority the recorded interviews from the juvenile delinquents arrested and/or transferred to Kigali Transit Centers over committing petit offences and other anti-social behaviors such as snatching the bags, pick pocketing, or prostitutions reported that they were interested and recruited by their peers belonging in gang groups

Indeed, it is widely accepted that one's peer group is a powerful and influencing force during adolescence, as a point of reference through which they gain an understanding of the world outside their families. The influence of peer groups however may be detrimental to one's line of choices including joining undertaking illegal and anti-social behaviors like pre-marital sex, petty theft, alcohol and drug abuse, idleness and disorderly, among others. This is because; the peer group is an adolescent's main source of social interaction (Thomas F. Tate, 2006). According to the WHO report (2014) on preventing youth violence, the lack of social ties and involvement with antisocial peers are both strongly associated with youth violence. Based on the discussion above, it is clear that peer group influence is among the main risk factors influencing juvenile delinquency in Rwanda.

Apart from the risk factors of juvenile delinquency suggested by the NRC (2018 discussed above which are commonly observed in Rwanda, the different literature also disclosed other risk factors influencing juvenile delinquency not appeared on the list. These include cultural attributes, individual risk factors, urbanization and media.

2.4.1.6. Cultural attributes

Delinquency behavior occurs where social and cultural norms are ignored. Many rules which prohibit people to commit unacceptable acts are found irrelevant. Instead in such societies some members turn to modernized lifestyle lead by applicability of new technologies.

This affects labour organization, social characteristics, lifestyles and living arrangements leading to gradual change of perception of reality (World Youth Report, 2003). Social disorganization is one of the catalysts to high crime rate in most African societies.

Social disorganization is referred as inability of community members to achieve shared values or to solve jointly experienced. Any community with strong network and the members are on good terms with one another work together in solving different difficulties they face also have higher chances of influencing young people to adhere to values and norms of the society (Osgood and Anderson, 2004). In addition evolution of family tradition plays a major role in occurrence of juvenile crimes. Half a century ago new mode of family started developing moving away from patriarchal economic unit strongly related to extended families to nuclear family based on affectionate relationships which separate sexuality and reproduction. Due to this multiple forms of family like single-parent families, families of divorced or separated parents and homosexual couples came into being. Such varieties it is difficult to impose a policy which fits all forms hence causing hardships in raising children to avoid delinquency behavior (Vanderscheren, 2000). Moreover, moral breakdown contribute the increase of teen pregnancies. Parents' incapability to execute parental obligations such as imposing moral values to their children leads to moral deficient cycle. The modern age technology independency is preached in every sphere of life in which children are encouraged to be one by being educated. This resulted to young people to be rebellious in the way of thinking and practices of life leaving behind moral and norms of the society (Osgood and Anderson, 2004).

Indeed, the family as a social institution is currently undergoing substantial change; its form is diversifying with for example the increase in one parent families and non-marital unions. The absence of fathers in many low income families can lead boys to seek patterns of masculinity in delinquent groups of peers. These groups in many respects substitute for the family define male roles and contribute to the acquisition of such attributes as cruelty, strength, excitability and anxiety (Siegel and Sanna 1999: 280, Mackey 2002: 69).

Indeed, this literature should look strange and subjectively judged to be the problem of developed countries. However, little or even non-existing written evidences, non can doubt about the delinquent behavior developed by some children sent by their families abroad for studies. Due to the lack of parental control, they came back in the country with different adopted lifestyles contradicting Rwandan culture.

These culture attributes are often kept and applied in their families which result into inconstant environments leading to juvenile delinquency. Generally, these parents or youth revolt to the societal standardized cultural names and decide to impose in their families and or influence other people in this delinquent subculture.

2.4.1.7. Individual risk factors

According to Lawson et al (2010: 205), certain factors within the individual predispose him/her to act antisocially. When an individual rebels against pro-social norms and values or is involved in delinquent acts at an early age, he/she may be incarcerated. Physiological and psychological factors cause some individuals to offend. In this regard, Hill et al (2001: 12) recognise the interface between biological, psychological and social factors in the etiology of antisocial conduct. Stephens (2010: 1) cites psychological risk factors such as angry outbursts, disciplinary problems, cruelty to animals and pre-occupation with weapons as important in the study of problem behavior. Ford (2005: 642 – 643) postulates that there is a relationship between alcohol abuse and juvenile delinquency, as the former tends to hamper an individual's psychological functioning. Swanston et al (2003: 746) attest to the latter view and add that sexual abuse is an independent risk factor for delinquent behavior. Upchurch et al (1999: 920) indicate that the family and neighborhood contexts are implicated in the adolescent's early involvement in sexual activity, which is a risk factor for delinquency.

Levy (2001: 343) found that youth with a negative self-concept also tend to engage in delinquency. Steyn (2008: 211) provides additional examples of individual risk factors, for example, aggressiveness, disobedience, lying, stealing, deviance, destructiveness and poor self-control.

2.4.1.8. Urbanization and media

Different studies (Weinberg, 1964, Shelley, 1981, Wireko-Brobby, 2008, Cox et al., 2013) investigated the effect of urbanization and media in development of juvenile delinquency. Though the urbanization and media trigger the development, the findings from these studies concluded that urbanization also play a key role in increase of juvenile delinquency and crime at large. Similarly, the UNCHS, (1996) stated that generally urbanization process involves different

procedures with good effects to society. The process is associated with economic, political and social progress, the promoting literacy and education, improving social services and brings about civilization. Furthermore, it facilitates evolution of knowledge on industry and commerce (UNCHS, 1996). Seeking for such services and entertainments provided in urban areas, rural to urban migration is inevitable. Overcrowding and congestion of urban areas have been the result of migration giving birth to low quality life of residents which culminated different threats such as growing of insecurity and rising of crime rates are ones of them (UNCHS, 1998).

At this point of view, Cox *et al.*, (2013) argued that the one single common variable that tends to emerge among all countries that report a serious increase in delinquency is urbanization. It is not surprising to find that, as conditions become more congested and as family systems around the world become fragmented due to modern work demands and economic circumstances, delinquency among youth begin to emerge regardless of the cultural and/or national background they may have. This point of view was also highlighted by Weinberg (1964) who stated that the disorganization which results from urbanization is the backbone of juvenile delinquency. Weinberg (1964) explained that this disorganization leading to juvenile delinquency is due to weakening of the extended family controls and less effective urban nuclear families control which leads children to become attracted to deviant peers networks in the urban centers for direction.

Wireko-Brobby (2008) added that unlike in the past where the care of an adolescent was a communal responsibility of the extended family and by extension the entire community, this function has now been relegated to only the nuclear family with the inception of urbanization. At this point of view, Haskell and Yablonsky (1974) concluded that industrialization and urbanization, with their accompanying changes in family structure and function leads to the juvenile crimes.

In addition to urbanization, media was also discussed by many scholars as major factor which has widely amplified the juvenile delinquency. Accordingly, the World Youth Report (2003) revealed that culture in many societies have been changing periodically due to modernization caused by development of technologies. Equally, the United Nations (2003) explored that the ongoing process of urbanization in developing countries is contributing to juvenile involvement in criminal behavior.

The basic features of the urban environment foster the development of anti-social behavior deriving mainly from the weakening of primary social relations and control, increasing reliance on the media at the expense of informal communication, and negative use of modern technology. In fact, the exposure to different modern attributes such as television and internet expose juvenile to access unpleasant 'dossiers' leading many changes in the society one of them being turn juveniles into bad behavior hence delinquents. Many media have no parental guidance putting the juvenile into a potential risk of becoming delinquent (World Youth Report, 2003). Similarly, Shelley (1981) described that the general rise in the adolescent's crime rate and its concentration in the urban environment are explained by the greater availability of goods, the increased feasibility of crime commission, anonymity and increased feelings of relative deprivation because of a greater gap between rich and poor or a greater awareness of deprivation due to advertising through the media. At this point of view, Chaisatien (2003) observed that contributing factors to teen deviance include the media, peer pressure, and biological disorders. Looking at the family, the researcher suggests that parents of delinquents are often struggling to reach higher living standards and ignore their relationship with their children. Ultimately, due to the lack of supervision of children by parents, easy access to illegal means, excessive use of media and delinquent peers lead children towards delinquency. Urbanization has increased adolescents exposure to media. Ybarra *et al.* (2008) conducted a study to examine the association between violence in the media and the expression of seriously violent behavior among older children and teenagers. The findings from this study suggested that video games and films for instance, have exposed children to violence at a tender age. Exposures to violence in the media, both online and off-line, were significantly associated with seriously violent behavior. Indeed, urbanization and media are undoubtedly among the main factors contributing significantly to the widespread of juvenile delinquency. In Rwanda, some of the cases of drug abuse, youth violence, killing parents or other persons and other violence and other criminality are illustrative examples of the influence of urbanization and Media. Furthermore, Police reported also some cases of juveniles arrested over child pornography and other sexual immoralities particularly in bars and night clubs known as *Ibisope*. Most of these crimes were reportedly mentioned in towns particularly in Kigali City. This is presumably due to ineffective parental socio-control over their children.

2.5. Rehabilitation programs to juvenile delinquency

This subsection reviews the different programs employed in rehabilitation of juvenile delinquency, categories of juvenile delinquents targeted, principles of effective rehabilitation and the capability of rehabilitators. Generally, the main programs focused on are: counseling and psychotherapy, vocational and educational training, recreational programs and religious counseling.

2.5.1. Counseling and psychotherapy

The counseling and psychotherapy consists of the deep understanding of the problems of the person and extensive analysis of the individual's past childhood experience (Emmy V. D. , 2002: 18) with a view to help individuals understand and solve their current adjustment problems (Siegel and Senna, 2000:643). Through counseling and psychotherapy program, an effective skilled therapist attempts to help the individual solve conflicts and make a more positive adjustment to society by altering negative behavior patterns learned in childhood.

Scholars (Siegel and Senna, 2000:644) suggested using counseling and psychotherapy individually or by group. Siegel and Senna, 2000:644) argue that a group therapy is more economic than individual therapy and the support of the group is often highly valuable to the individuals in the group, and individuals derive hope from other members of the group who have survived similar experience. A group is also used to facilitate expression of feelings, to solve problems, and to teach members to empathize within one another. However, Siegel and Senna, 2000:644) reiterated that one disadvantage of group therapy is that it provides less individualized attention while everyone is different, and some group members may need more highly individualized treatment. Others may be shy and afraid to speak in group and thus, fail to receive the benefits of the group experience.

2.5.2. Educational programs

The different studies (Larry J. S., and Brandon C. W., 2012:492), Peter J. B., Alida V. M., 2009:5), concur that educational approaches to prevent or treat delinquency can rehabilitate juvenile delinquents.

Youths who experience academic success are less likely to be delinquent (Call, 1965; Jensen, 1976; Polk and Hafferty, 1966). In the same perspective, education has been advocated as a promising strategy for delinquency prevention and treatment (Hawkins and Wall, 1979). Indeed, educational programs provide juvenile delinquent with a feeling of hope, as well as a path to success. Siegel and Senna, 1997: 633) further argued that educational programs are important part of social development and have therapeutic, as well as institutional value; they are essential part of most treatment programs. Therefore, delinquent recognize that there are other options out there rather than a life of crime. Thus, education is a fundamental tenant of any juvenile rehabilitation program (Siegel and Senna, 2000: 645).

However, Bakal and Polsky (1979) claim that traditional educational programs have been ineffective with youthful offenders. They advocate individually tailored programs, with successful performance measured in terms of individual achievement, firmly set limits, intensive supervision, and participation by the student in establishing goals and monitoring progress as more effective programs to juvenile delinquents on premise that individually tailored programs can generate successful educational experiences, and forestall failure and delinquency.

2.5.3. Vocational Training programs

As previously discussed poverty and unemployment are among the main risk factors influencing juvenile delinquency. Similarly, vocational training was suggested by different studies as treatment techniques for juvenile often employed by the governments as part of rehabilitation and additional component to formal education (Siegel and Senna, 2000: 646). The vocational training programs in institutions vary and the most offered include masonry, carpentry, hairdressing, sewing, woodworking, auto repair, etc. Indeed, the vocational training programs equip the juveniles with the skills and knowledge that will give them the capacity to create jobs and restore hope for advancement at large.

In Rwanda, the rehabilitation programs were classified into two categories. The rehabilitation programs designed for short period and those designed for a long period. The short rehabilitation program courses are delivered in transit centers. This rehabilitation is for a short period that will be decided by the Screening Committee (art. 14, paragr.6).

This rehabilitation period cannot exceed two (2) months in the center, a period calculated from the time when the decision was taken to select and admit the delinquent (art.9) into a transit center which cannot also exceed seventy two (72) hours counted from the time he/she was admitted into the center (Ministerial Orders n°001/07.01 of 19/04/2018 determining the mission, organization and functioning of transit centers). This short course focus on: (1) the national programs; (2) the dangers and effects of being involved in deviant acts or behaviors; (3) the values and taboos of Rwandan culture; (4) the strategies for creating small-scale jobs and joining cooperatives; (5) to educate a rehabilitee on the benefits of using his/her own strength and skills for self-development; (6) the role of a citizen in maintaining security; (7) any other programs useful to the person under rehabilitation (Ministerial Order n°001/07.01 of 19/04/2018 determining mission, organization and functioning of transit centers, article 17)

The rehabilitation program courses for long period are delivered in rehabilitation centers. With regard to the duration of rehabilitation, the law (Ministerial Order n°001/10 of 17/03/2010 establishing the organization and functioning of rehabilitation centers for minors) provided limits this period to two (2) years maximum (art.12, paragr.1). However, this period shall be extended to one (1) month in case of recidivism of the behavior stated in above in two categories (art.2.) regardless of the period the minor previously spent in rehabilitation center. The rehabilitation programs for the long period focus on counseling and psychotherapy, education; the Technical and Vocational Education and Training (TVET) curriculum (the Presidential Order N° 99/01 of 02/06/2018 establishing Iwawa rehabilitation center, art.11.). The TVET comprises of all fields of initial and continuing Technical and Vocational Education and Training and it is briefly concerned with the acquisition of knowledge and skills for the world of work (TVET Policy in Rwanda, 2008:2). These programs include carpentry, masonry/Construction, plumbing, electrical, Automobile mechanics, tailoring, welding, agriculture, driving etc.

2.5.4. Recreation programs

Recreation programs focus on engaging the juveniles in different sports, games and other hobbies. Scholars (Siegel and Senna, 1997: 635) argued that recreational activity is an important way to help relieve adolescence aggressions, as evidenced by many diversionary and delinquency prevention programs that focus on recreation as the primary treatment technique.

At this point of view, the findings from different studies conducted in United States and United Kingdom supported came to similar conclusions. Equally, the researcher at Columbia University in New York City found that having boys' or girls' club in a public housing project reduced the level of crime by an average of 13 per cent. In Stevenage, a town in the United Kingdom where a large youth center and playground were built and several youth clubs organized, youth people have largely avoided delinquent activities (UN, 2003).

2.5.5. Religious programs

The religious rehabilitation programs are aligned among the cognitive rehabilitative programs and they were grounded from the Hellfire theory published by Hirschi and Stack in 1969 in their seminal article "Hellfire and Delinquency" which questioned the link between "hellfire" and crime.

The hellfire theory relies on premise that religion deters individual-level criminal behavior through the threat of supernatural sanctions and promotes normative behavior through the promise of supernatural rewards. Hellfire theory measures the extent to which individuals who condemn an act on religiously based moral grounds are unlikely to contemplate engaging in delinquent behavior (Heaton, 2006). Belief in hellfire is typically measured using one or more of a number of indicators: by beliefs regarding whether or not a certain act is a sin or considered morally wrong, by the frequency of church attendance, and by religious salience (i.e., how important religion is in an individual's daily life) (Sloane and Potvin, 1986; Cochran, 1988; Cochran, 1989; Burkett and Ward, 1993; Evans, et al, 1995).

Indeed, the proponents of religious rehabilitation programs believe that delinquents' souls should be healed, too, after their dark past. Though having a positive perspective in their lives, juvenile delinquents have hope for better life. They also tend not to abuse the chance given to them (Byron et al., 1997).

Therefore, the religious rehabilitation programs designed for juvenile delinquent focus on activities targeting the psychological behavioral change of the juvenile delinquent through teaching different religious beliefs to the delinquents (Mears et al., 2006). The beliefs to be taught in most of juvenile rehabilitation centers depend usually on the country's major religion (Christianity, Islam, Judaism, etc.) .

2.6. FEATURES OF EFFECTIVE REHABILITATION

This section chronicles the features and/ or characteristics of effective rehabilitation. It focuses generally on basic principles and characteristics for effective rehabilitation program, capability of the rehabilitation personnel, aftercare and socio-reintegration of juveniles.

2.6.1. Principles and characteristics of effective rehabilitation programs

After a long debate among scholars (Robert Martinson, 1974, Thornton, 1987; Lipton et al., 1997; Lipsey and Wilson, 1998) on effectiveness of rehabilitation interventions, they came up with two main conclusions useful to establish the characteristics to be relied on when determining effective rehabilitation programs (). The first conclusion confirmed a positive impact of rehabilitation programs in reducing the reoffending. The second conclusion was that some interventions have significantly higher impacts than others in reducing recidivism. These are interventions focusing on family functioning, behavioral treatment programs, interpersonal skills, and community integration (Lipton et al., 1997; Lipsey and Wilson, 1998:338). They added further that there is also evidence that intervention programs delivered in the community are more effective, and that focusing on systemic risk and protective factors (within families, peers and schools) increases the chances of positive outcomes (Lipsey and Wilson, 1998:338).

Thus, a pertinent question in context of this study was raised in relation to criteria to be based on when selecting an effective rehabilitation program. In attempt to answer this question, this study relied on five principles for offender rehabilitation suggested by Andrews and Bonta, (1998): risk, need, responsivity, professional discretion and program integrity. These principles can be developed into basic guidelines for matching offenders to programs (Bonta, 1997), with the most effective programs matching the intervention to the needs, circumstances, and learning styles of individuals (Hoge and Andrews, 1995; Andrews 1996).

The principles have been reviewed by different scholars (Cullen and Gendreau, 2000; Dunne, 2000; Day and Howells, 2002) and in context of this study they were summarized in next subsections

2.6.1.1. The Risk Principle

The risk principle is centered on assessment of offenders in order to identify appropriate targets for intervention. In fact this principle is based on premise that when assessing individuals to identify appropriate targets for intervention, a starting point might be to look at those factors that appear to be associated with offending and identify which are possible to change through intervention. These are commonly referred to as risk factors. The Risk Principle states that offenders identified as medium to high-risk should be selected for intensive treatment programs than low-risk offenders (Andrews and Bonta, (1998). Similarly, Homel et al. (1999) identified a series of risk factors that are relevant to the development of delinquency. As previously discussed these risk factors vary and include many factors located within the young person, family and community, and also related to life events, ineffective use of leisure time, delinquent peers, conduct problems, and non-severe pathology such as stress, anxiety (Homel et al., 1999, Cottle, Lee, and Heilbrun, 2001).

2.6.1.2. The Needs Principle

The Needs Principle claims that rehabilitation programs should meet individual offender needs. However, many of the most robust predictors of juvenile offending and/or recidivism can be considered as static risk factors. Static factors are those factors that are relatively stable and resistant to change. They might include things like family structure, physical factors, or social and community factors. Due to the fact that static predictors are, by definition, stable over time, scholars argued that they have little utility in assessing changes in risk as a consequence of intervention. Subsequently, the focus of rehabilitation efforts should be, therefore, on dynamic risk factors, the most important of which have been termed criminogenic needs, those risk factors that are dynamic or amenable to change through intervention (Andrews, Bonta, and Hoge, 1990). In fact, the dynamic factors are those that can be changed at the individual level and can be best understood as individual needs that require intervention, and therefore they constitute a central and integral part of the Need principle.

Indeed, the Needs Principle suggests that interventions should target these types of needs, as they are most directly related to juvenile delinquency or crime recidivism. Young people in Juvenile Justice have a diverse range of needs, both social and emotional, to be addressed.

Assessment of needs to identify the extent, to which they are criminogenic, is an important task in determining the type of intervention that is most likely to reduce the risk of reoffending. In connection to that, a meta-analysis by Gendreau, Goggin, and Little (1996) investigating the relationship between criminogenic needs and recidivism in adult offenders reported that criminogenic needs predicted recidivism, equally as well as static predictors.

Some background literature of the main areas of criminogenic need that might form targets for intervention include family problems, educational needs, mental health needs, substance abuse (drug and alcohol), anger and aggression, and peer-group needs, and beliefs or attitudes that support offending. Young people in Juvenile Justice have a diverse range of needs, both social and emotional, to be addressed. At this point of view, various researches conducted in this domain, has consistently shown that young people have multiple problems and experience high levels of need: physically, socially and psychologically. One of these scholars Nicol et al. (2000) who conducted mental health assessments on 116 young people in penal, social services, special education and health agencies in the UK. The findings from his studies suggested that huge needs were found in all area: in basic social adjustment, in mental health, and in education. They suggested that for the vast majority of their sample these needs were not being met.

2.6.1.3. The Responsivity Principle

This principle focuses attention on client and program characteristics that influence the offender's ability to learn within a therapeutic situation. Generally, these principles postulate that the programs should be as responsive as possible to the characteristics of individual offenders. Accordingly, the treatment is a learning experience and individual factors that interfere with, or facilitate, learning can be termed responsivity factors. Responsivity factors can be understood as contextual variables that may have an influence on treatment outcome. These contexts make a difference to the skills, strategies or identities that individuals develop, and to the support that is available when transitions are made. Factors such as age, ethnicity, gender, disability, and socio-economic status, can be considered key responsivity factors. For the most part, these factors might be considered as non-criminogenic factors, in that they are not directly related to recidivism. Whereas some responsivity factors (e.g., gender, ethnicity) can be found in the general population, some responsivity factors are more common in offender populations (e.g., concrete thinking styles, poor verbal skills) (Bonta, 1995).. Examination of these factors makes it clear why some treatment approaches appear to produce better outcomes than others.

At this point of view, an important area of responsivity that has until recently received little attention in the literature is that of the cultural appropriateness of programs. Cultural inappropriateness may lie either in the total conceptualisation of an intervention program or in the everyday routines that accompany its implementation. Some case studies from Australia and the United States of America are good examples to highlight the conceptualization of rehabilitation programs based on cultural diversity of offenders. For example in Australia, different studies showed that a large proportion of imprisoned offenders are from Indigenous communities, and programs are frequently conducted with populations in which minority cultural groups are over-represented. Similarly, It is well established in the USA, however, that intervention programs related to activities such as substance abuse need to be altered for various cultural groups (Wallace, 1999).

Other area of responsivity that has received most attention in the academic literature has been that of offender motivation to change their behaviour. Drawing on models developed primarily in the drug and alcohol field, it has been suggested that, in the course of resolving a problem, people pass through identifiable stages of change (Prochaska & DiClemente, 1996). For example, a person may start off being unmotivated and unaware of a problem, before beginning to contemplate making changes and actually doing something to bring about change. Although the model has been criticised by some (e.g., Whitelaw et al., 2000), the approach has been used for assessing motivation in offenders with drug and alcohol problems (e.g. Bubner, 1999), with anger problems (Williamson, Day, Howells, Bubner & Jauncey, 2002), and in offenders generally (McMurran et al., 1998). It has also been influential in the development of the intervention technique of motivational interviewing (Miller & Rollnick, 1991), which is a method of working collaboratively with offenders to identify problems and increase motivation.

2.6.1.4. The Program Integrity Principle

In contrast to the demands made by the responsivity principle to individualise interventions, an important component of quality assurance has been to emphasize program integrity issues. Program Integrity refers to the extent to which an intervention program is delivered in practice as intended in theory and design (Hollin, 1995). With this regard, Waltz et al. (1993) suggest that assessing integrity involves two components: therapist adherence to the treatment protocol, and therapist competence in delivering the treatment.

In fact, attempting to increase the integrity of intervention programs has, in part, been behind the move towards standardised treatment manuals and protocols. These can be easily translated into checklists of treatment adherence for completion by a program facilitator and/or client in each program (Moncher & Prinz, 1991). Program integrity is of paramount importance in program evaluations, which aggregate data collected from programs delivered across different sites by different therapists. For such evaluations to be meaningful, it is important that the programs being evaluated are broadly consistent.

Gendreau and Goggin (1997) suggest that therapeutic integrity is essential for prison programs to produce reasonably large effects on recidivism). They argue that intervention programs with therapeutic integrity designed and evaluated by well-qualified individuals helps profession, provide ongoing training and development to program staff, and offer a very intensive service (Gendreau and Goggin (1997: 272). Despite the need for intervention programs to be delivered both consistently and with therapeutic integrity, these scholars suggested that intervention programs with young people should also have sufficient flexibility to deal with crises as they arise. For some, this is a prerequisite of successful work with troubled young people (Hagell, 2002).

2.6.1.5. The Professional Discretion Principle

The principle of professional discretion allows for professionals to make decisions on the basis of other characteristics and situations not covered by the preceding principles. It makes sense to build scope for professional judgment into any rehabilitation system, rather than rely upon the rigid administration of static principles. At this point of view, this principle gives to rehabilitators a room of appreciation towards the different cases based on urgent state and severity of the cases in hand. For example, in working with a child sex offender - who in other respects may not be identified as high priority for treatment (low risk, low need, low responsivity) - a professional may have access to knowledge (e.g., the offender is entering high-risk situations such as babysitting) that would be of concern and indicate further intervention.

In addition to the principles discussed above, Andrews and Bonta (1998) have described also a number of other principles. These include: the principle of social support for the delivery of quality treatment services, and the principle of structured follow-up.

These principles reveal the imperative for effective case management to ensure a holistic approach to program delivery. Particularly important is encouraging motivation to engage with programs. Training in motivational interviewing and in an understanding of progress through stages of change would be helpful for case managers in this regard. This principle recognises the essential role of follow-up and aftercare following participation in a rehabilitation program.

Indeed, it is well established that all the principles briefly discussed above are mainly centered to the focus group or clients who in context of this study involve juvenile delinquents. Thus, underpinning any co-ordinated system of intervention program delivery is the accurate identification of offender needs at the point of entry to the system, a needs-focussed case management system, and a mechanism for determining whether targeted needs are showing evidence of change in the desired direction. In this case, a vital task in establishing an effective rehabilitation framework is to ensure that the distinctive needs of particular client groups are determined and addressed in proper case setting (a successful rehabilitation depends not only on the type of treatment offered, but also upon the conditions under which treatment is delivered).

2. 6.2. Capability and skills of rehabilitation personnel

Criminological studies showed that from 1930s a new version of crime emerged: A version suggesting that crime, like other behavior, was a social product rather than only individual's biological make up (Lilly, 1995:36). A crime became a social phenomenon coming at the top of governments' security agenda. This has put more pressure, on academia and governments to establish rehabilitation centers and determine the required capability of rehabilitation personnel. With this regard, Schmallegger and Smykala (2007:708) argued that to become a good rehabilitator officer, requires much more knowledge and experience than is generally supposed. They further mentioned that it is not like man's driving a herd of oxen or working a piece of machinery, but it is controlling minds of men. As education constitutes an important program in rehabilitation of delinquent, some scholars such as Kass (2009) suggested to rehabilitators to acquire knowledge of principles and methods for curriculum and training design, teaching and instruction for individuals and groups, and the measurement of training effects.

In addition to formal education Choueiri (2004) argued further that a rehabilitator should also be skilled to play a major and significant role in getting the juvenile ready for successful reentry into the community, to make sure that no juvenile is harassed or belittled in rehabilitation setting and focus on helping juveniles realize they can make changes in their lifestyles and avoid delinquency. Nevertheless, the different studies on juvenile delinquent rehabilitation ranked the lack of skilled rehabilitation personnel at the fore front of challenges contributing to the failure of the rehabilitation program process.

2. 6.3. Juvenile aftercare service and graduates reintegration in community

Different scholars (Abbot, 1932, Manella, 1958, Sinaar, 1992, Drowns & Hess, 1995, Siegel & Senna, 2000, Bohm & Haley, 2005, UNODC, 2018) discussed on challenges faced offenders after the release from the rehabilitation centers and the importance of offender aftercare and reintegration in community. Generally, the literature underlined that even though the reintegration and aftercare plays a greater role in effectiveness of offender rehabilitation, most offenders face significant social adaptation issues, which can include family and community stigmatization and ostracism, and the ensuing negative impact on their ability to find jobs or housing, return to formal education or build (or rebuild) individual and social capital (UNODC, 2018:3). Subsequently, it was suggested that unless offenders receive help to face these issues, they risk getting caught up in a vicious cycle of failed social integration, reoffending, reconviction and social rejection (UNODC, 2018:3).

In fact, aftercare involves the provision of services to assist youth in successfully making the transition from juvenile institution to life back in the community (Bohm & Haley, 2005:508). It mainly focuses on supervision given to youths for a limited time after they are released or graduated from a correctional facility. The aftercare is under the control of the said correctional facility (Hess, 1995:84). Indeed, the aftercare is the most important step in the rehabilitative process of a juvenile who have been labeled delinquent and has committed to the rehabilitation center. At this point of view, Manella (1958:74) argued that most of his [delinquent] problems can be traced to his home and the neighborhood in which he/she lives, therefore, his successful rehabilitation will depend to a greater extent on what happens to the juvenile delinquent when he/she returns to environment from which he/she was taken.

Therefore, during this transition period the need for supervision and assistance by a trained person is paramount; the absence or weakness of an aftercare program may be contributing factor to recidivism. Indeed, UNODC, (2018:3) indicated that incarcerated offenders face very real challenges at the time of their release, and communities become unsafe when offenders are released without adequate preparation, supervision or support. Undoubtedly, this situation is evidently similar to juvenile delinquents graduated from rehabilitation centers and sent back in community without aftercare programs prepared to them. In fact, when juveniles are released from a rehabilitative institution, they may be placed in an aftercare program of some kind and beliefs are that youths who have been institutionalized should not be returned to the community without some forms of assistance. In this cases, Siegel and Senna (2000: 656) compared aftercare to a transitional assistance delivered to juvenile equivalent to adult parole that help youths adjust to community life. The role of aftercare programs in rehabilitation of juvenile delinquents can be clearly highlighted based on the findings from survey conducted by the Pennsylvania Training School. Accordingly the Pennsylvania Training School Survey (1954:3) revealed that aftercare programs throughout rehabilitation centre (should be) integrated with the training programs at the institution to ensure successful readjustment by the child in the community. The release [graduation] and aftercare process must concentrate on the child, family and the community. Thus, the importance of aftercare period in the rehabilitation of children should be geared to problems of adjustment facing the child on his/her return to the community.

2. 6.3.1. Standards for effective aftercare programs

Travis, A. L. et al (2001: 25) argued that all rehabilitative interventions are best delivered as part of an integrated program designed to address an individual offender's specific issues and challenges. Positive reintegration outcomes are more likely to be generated when factors predisposing offenders to criminal behavior are confronted and their physical and social needs are addressed in a continuous and holistic manner both during and after imprisonment. For that reason, it is important to emphasize comprehensive interventions, based on a continuity of care, and to provide consistent assistance to offenders within and beyond the rehabilitative center environment. Preparation for re-entry into society should obviously commence before juvenile delinquent is released.

After release, interventions should facilitate a smooth transition from the rehabilitation center to the community, reinforce the gains achieved in rehabilitation center through treatment and educational programs, and continue until reintegration is successfully completed (Fox A., 2002:120–129).

At this point of view, Abbot (1932:75) suggested three standards for considering the return of a child to this/her community from a state training schools. Firstly, the decision to return a child to the community should be based on the progress made by the child in the institution and of the strengths and limitations of the community situation in which the child will live. Secondly, aftercare program should be maintained for the guidance of children from the institution until in the community. Thirdly, persons employed in the aftercare should be graduates of the recognized school of social work and lastly, there should be at least one aftercare worker for every thirty children graduated per year.

In addition, Sinaar (1995:425) quoted in Drowns and Hess (1995:423) highlighted other types of aftercare that can help youths make the transition back into community including home visits prior to graduation, living arrangement for the youth upon graduation, a continuation of the treatment program and services within the community and identification of community support systems to include the family and social worker. However, it was noticed that throughcare” approach (i.e. a system-wide mode of interventions) is rarely available to the majority of offenders (Borzycki, M. (2005: 49). In low- and middle-income countries, in particular, the offender’s situation may be aggravated by poverty, stigma and social exclusion, as well as only sporadic access to any form of health care, education or assistance (UNODC, 2018:6).

At this point of view, the UNODC (2008:6) urges the institutions in charge of offender and/ or juvenile delinquents rehabilitation to not investing only in training programs and training facilities, but rather it is better to diversify and expend their investment in aftercare service as without complementary investments in post-release services, are often insufficient to address this situation and to produce a significant reduction in recidivism. Failure to do this, graduates from rehabilitation centers will not attain the social goals conventional means and thus, return in delinquency. At this point of view, scholars pointed the finger on an increasing rate of criminal recidivism among certain groups of offenders. Although global statistics are not available, data from individual countries confirm that the rate of reoffending is high, sometimes higher than 70 per cent.

Many offenders, even after graduating from the rehabilitation centers, fail to desist from crime and to reintegrate into the community. With this regard, the findings from the study conducted by the Institute of Policy Analysis and Research (IPAR) in 2011 disclosed that poor aftercare and graduate integration of juvenile delinquents from Iwawa Rehabilitation and Vocational Skill Development Center leads graduates to return in delinquency even though they have received vocational training. In order to overcome these limitations, the UNODC suggested that the rehabilitation of offenders and their successful social reintegration into society should therefore be among the basic objectives of criminal justice systems. Rehabilitation centers are criticized of being incapable of addressing the offenders' social integration issues. Even when effective rehabilitative programs have helped offenders to achieve progress during the rehabilitation period, that progress is often lost because due to different limitations for which among the chief include the unskilled rehabilitation center employees, the lack of follow-up supervision and assistance after release, and so forth. Though the rehabilitation programs must be contextualized from one county to another, an effective crime prevention strategies at the local and national levels must pay special attention to the integration (and reintegration) of offenders into the community. Indeed, the proponents of rehabilitation hope to see lower recidivism rate for those have been in rehabilitation programs (Alder et al., 2000: 78). Rehabilitation remains of greater significance in storing a juvenile delinquent into a productive life. Therefore, adopting corresponding measures is arguably one of the best and most cost-effective ways of preventing their reoffending (UNODC, 2008:7).

CHAPTER THREE: RESEARCH METHODOLOGY

This chapter illustrates the procedures that used for this thesis, in regard of the research method and data collections. Ghauri et al. (2005) mentioned that research methodology can be expressed as a system of roles and procedures. Saunders et al. (2007) stated that research methodology is a theory of how research should be undertaken, including the theoretical and philosophical assumptions upon which the research is based and implications of these for the methods or methods adopted. Thus this chapter presents the sample selected and set out the method used for data collection along with the process of data analysis, ethical issues and limitations associated with the study.

3.1. Research design and approach

A quite number of studies apply the qualitative, quantitative or a triangulation of both qualitative and quantitative research methods (McMillan and Weyers, 2007:109; Silverman, 2000:1-7). The choice of appropriate research design depends on problem and questions to be addressed throughout the study. Alike, this study has maintained the qualitative research design (Hoepfl, (1997) and Platten, 1990). The qualitative research method encompasses the investigative approaches that result in descriptive textual information (McMillan and Weyers 2007:123).

This approach helped the researcher to thoroughly explore at maximum, the implication of rehabilitation programs on juvenile delinquency in Rwanda: Case Study of Iwawa Rehabilitation Center.

The researcher consider the qualitative research methods as important research approaches, helping to collect enough data as well they can be used to obtain the intricate details about phenomena such as feelings, thought processes, and emotions that are difficult to extract or learn about through more conventional research methods (Strauss A. L. and Corbin J. M., 1998:11). The population often experienced with the dialogue and prefers it as easier way of communication. Equally, the more valid reason for choosing qualitative methods depends on the nature of the research problem (Strauss A. L. and Corbin J. M., 1998:11).

In fact, Lincoln and Guba, (1985:120) explain that if you want people to understand better than they otherwise might, provide them information in the form in which they usually experience it.

Likewise, Stern, (1980) suggested that qualitative method can be used to explore substantive areas about which little is known or about which much is known to gain novel understandings.

As well, qualitative research can be used, “to gain new perspective on things about which much is already known, or to gain more in-depth information that may be difficult to convey quantitatively. Alike, this study is classified among security studies, a field which is ostensibly in its recent development. Similarly, qualitative design was selected on grounds that it is flexible and accepts the complex and dynamic quality of the social world. In addition, the qualitative design helped the researcher to analyse the different opinions and perceptions of street children or juveniles on the causes motivating them to engage in anti-social behaviour and criminality, and effectiveness of rehabilitation programs designed to them in addressing the juvenile delinquent behaviour. In other word, qualitative research helps to progress in the developing theories on rehabilitation programs and juvenile delinquency in Rwandan contextual perspective.

3.2. Target Population and sampling strategies

A population refers to the sum total of all the units of analysis (Bluman 2004:5). Alike, population refers to a totality of any precisely defined set of people or collection of persons or objects with which the study is concerned (Grinnell and William, 1990; Bailey, 1989:81).The ideal targeted population in this study is 750 respondents. This population include 45 recidivist juvenile delinquents and 5 staff from the National rehabilitation Service (1), Rwanda National Police (1), Iwawa rehabilitation Centre (1), Local Administration (1), Kigali Transit Center (1).

Similarly, the non-probability sampling based on judgmental or purposive method was used in determining the sample. This approach uses the researcher own discretion to select “representative” units from the population (or) to infer that a sample is “representative” of the population (Amin, 2005:243, Jothikumar, 2005:16). As discussed earlier, the technique of selecting a sample depends upon the nature of investigation (Jothikumar, 2005:15). Though the salient advantages of qualitative methods in research; they have, however, the difficulties related to the selection of sample size. In this regard, there are no strict criteria for sample size (Patton cited in Hoepfl, 1997:50). Therefore, the judgments about usefulness and credibility are indeed left to the researcher and the reader (Hoepfl 1997:50). As previously mentioned, the targeted population was 750 people.

Therefore, in order to ensure the accuracy of the answers from respondents, the entire population was maintained as a sample. This sample include this population include 45 recidivist juvenile delinquents. The researchers preferred to work with juvenile delinquency recidivism because they are familiar with the rehabilitation programs, and because the juvenile recidivism was considered as the main criteria based on to determine the effectiveness of rehabilitation programs on Juvenile delinquency. In addition, this 5 staff from the National Rehabilitation Service (1), Rwanda National Police (1), Iwawa rehabilitation Centre (1), Local Administration (1), Kigali Transit Center (1) were purposively selected as respondents based on grounds that they deal on most of the time with juvenile delinquency, particularly in screening committees and delivaling the rehabilitation Training program.

3.3. Research Methods

The research methods in this study were classified e into categories: Data collection methods and data analysis methods. Generally, this study used mainly a desk research and qualitative methods. Data collection technique involves interview or data analysis (Saunders et al., 2007), where data used to complete this case study were mainly interviews, participant observations, government and media reports, internet sources and articles. It is a mixture of the rational, explorative and intuitive analysis of data (Ghauri et al., 2005).

3.3.1. Data collection methods

There is an array of methods of data collection in field of research. The appropriate methods and techniques are those methods and techniques that should help the researcher to honestly reach to the objective and purposes of study. In the same line, Welman and Kruger (2001:127) suggest that one has to consider which data collection method is the most appropriate in the particular population in question. In the same line, the selection of suitable methods of data collection used in this research has depended on type of data collected (primary or secondary data).

❖ Primary data collection

Blaikie (2003) defined primary data as new data generated from the primary resources through questionnaire, interviews or observations to find answers related to specific research project.

Bluman (2004:111) concurred also with this definition and states that primary data are “those collected from the grounds being afresh”. Jothikumar (2005:30) added further that primary data is the one, which is collected by the investigator himself for the purpose of a specific inquiry or study. In this study, interview was used as appropriate technique to collect primary data. According to Welman and Kruger (2001:9), an interview is a purposeful discussion between two or more people or two way method which permits an exchange of ideas and information.

In fact, an interview is suggested by different scholars in method for qualitative study such as this one establishing the implication of rehabilitation programs on juvenile delinquency in Rwanda. Eisner (1991) describes qualitative research reports as descriptive, incorporating expressive language and the presence of voice in the text. The purpose of interview is to find out what is in and on someone else’s mind. We interview people to find out from them those things we cannot directly observe (Patton 1990 cited by Ghee and Barr 2003, section 3, para.6). Qualitative research interviews helped to understand the world from the respondents’ point of view, to unfold the meaning of their experiences, to uncover their lived world prior to scientific explanations” (Hopfl, 1997:49, Kvale, 1996:29).

For the purpose of this study, the data collecting techniques was interviewing using semi-structured standardized open-ended interviews in which each participant was asked the same questions. Probing and clarifying questions were also utilized at appropriate times. Interviews were conducted in order to discover the implication of rehabilitation programs on juvenile delinquency in Rwanda; and a tape recorder was used, with permission, to ensure accurate recollection of the discussions. Indeed, based on the knowledge and experience in their respective fields, the researcher conducted a structured interview with the 5 staff Iwawa rehabilitation centers, the National Rehabilitation Service, the local administration authorities and Rwanda National Police. This category of respondents was selected because of their experience in handling the juvenile delinquent on daily basis.

Structured interviews are collection of questions from a previously compiled questionnaire, known as interview schedule (Welman and Krung, 2010:160).

❖ **Secondary data collection**

The secondary data refer to the data which have already been collected and analysed by someone else and was used at the data collection process (Bluman 2004:111), either for some general information purpose such as government census or another official purpose or for a specific research project, data from the national police, the Iwawa rehabilitation center, and local administration...Accordingly, an in-depth research must be conducted in order to understand all issues surrounding the subject (Clarke, 1999:67). As far as this study is concerned, the national and international sources in the field of security and rehabilitation studies, criminology, history, mass media and law were consulted in order to obtain real information related to the subject under study in investigation. Among the sources consulted in include internet, books, articles, thesis, laws, reports, and other publications from different public and private institutions.

3.4. Data analysis methods

Data analysis is a body of methods that help to describe facts, detect patterns, develop explanations, and test hypotheses (Levine, 1996:1). The Data analysis sequence followed the next steps suggested Leedy and Ormrod (2005:150):

Step1: The researcher formulated the different thematic foci based on the respondents' answers and the literature.

Step 2: After grouping the themes, the researcher started the respondents' answers interpretation of data.

Step 3: The respondents opinions were grouped in sub themes and discussed in comparison with the literature

Step 4: Finally, the researcher integrated and summarised the data by forming suggestions that explain relationships among the categories.

A part from this data analysis spiral of Creswell (1998) described above, investigator has took also advantage of using historical and comparative.

The historical method helped the researcher to analyse the historical background off juvenile and the dynamic delinquency in Rwanda (Calvert, 1985:12). The comparative methods helped to

analyze the findings obtained basing on qualitative method from diverse materials relating to the subject matter of this research (Zigama, 2009:22).

3.5. Methods taken to ensure validity and reliability

Validity concerns the accuracy of the question asked, the data collected and the explanation offered. Generally, it relates to the data and analysis used in the research (Denscombe, 2002:100). Equally, the data and information were obtained from specific reliable and valid literature, interviews and questionnaires were used in a combined fashion to establish patterns and trends to ensure trustworthiness and validity of data and information that would be intended to measure as accurately as possible.

Furthermore, the reliability generally relates to methods and techniques used to collect the data (Denscombe, 2002:100). The researcher described how data were gathered and analysed and how the sampling was done. Subsequently, the researcher followed a discipline approach, as described by Bouma (1993:14), to accurately report the findings of the research. The researcher therefore interviewed respondents who specialised in unity and reconciliation; and as well mass media related fields and who are among the most experienced people.

3.6. Ethical considerations

In this research, all the ethical implications (population's protection from harm, informed consent, right to privacy, and honest with professional colleagues) were closely taken into consideration (Leedy and Ormrod 2005:101-102). The participants were informed about the nature of the research and had got the choice of participation. or not without expecting any rewards. The interview questions were answered in safe environment, the anonymity of respondent and confidentiality of information were observed except the findings made public. The researcher strove to maintain objectivity and honesty in reports without intentionally misrepresent or mislead others about research (Merriam, 1991:178). Furthermore, the researcher kept attention at the confidentiality and anonymity towards respondents. All literature sources used throughout this research report were acknowledged and this ensured a particular richness of data in this research.

CHAPTER 4: DATA PRESENTATION, ANALYSIS AND INTERPRETATION

This chapter presents the study finds and recommendations on implication of juvenile delinquency rehabilitation programs in Rwanda. Generally, it focused on describing the factors influencing juvenile delinquency; identifying the rehabilitation programs their effectiveness to juvenile delinquency.

4.1. Study findings

The study findings presented in this chapter organized into grouped into two main parts. The first part embraced respondents profile and /or background while the second part was centered on the different respondent perceptions reported in form of narrated story in connection to the different themes formed according to the pre-set research objectives. Similarly, these themes were formulated as follow:

- (1) Factors influencing juvenile delinquency in Rwanda
- (2) Types of rehabilitation programs delivered at Iwawa Rehabilitation Centre
- (3) Effectiveness of rehabilitation programs to juvenile

Based on respondent point of views and attempt to maintain the integrity in reporting, an effective comparison of data collected was maintained. Similarly, each theme was thoroughly discussed at minimum by two up to four direct focus group interviewees and completed by the study findings collected through questionnaires. The respondents' views were systematically enriched by the theoretical, literature and researcher insightful comments.

4.1.1. Profile of respondents

This section describes the information on respondents' background. This background information focused mainly on the respondent age group, education and family status particularly for the juveniles (having parents or guardians).

4.1.1.1. Distribution of respondents by age group

The next table presents the respondents background information by age group.

Table 4.1: Distribution of respondents by age group

Age group	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 18-25	30	66.7	66.7	66.7
26-35	13	28.9	28.9	95.6
36-40	5	4.4	4.4	93.4
Total	45	100.0	100.0	

Source: Primary data

Based on the information in table 4.1 above, the majority of respondents (95.6% of juvenile delinquents) fall in the age group between 18 and 35 years old, while 4.4% of respondents belong in the age group between 36 and 40 years old.

4.1.1.2. Distribution of respondents by education background

The next table illustrates the respondents' education background.

Table 4.2: Distribution of respondents by education background

Level of Education	Frequency	Percent	Valid Percent	Cumulative Percent
Secondary	2	4.44	4.44	4.44
Dropped out of school	43	95.56	95.56	100
Total	45	100	100	

Source: Primary data

The respondents' answers indicated in above table suggest that 95.56% of enumerated juvenile delinquents dropped out of school before street life, while only 4.44% attended the secondary school.

4.2. Factors influencing juvenile delinquency in Rwanda

As previously reviewed in the literature, there are various risk factors driving to juvenile delinquency.

Similarly, this study sought to identify the predominant risk factors influencing juvenile delinquent rehabilitated at Iwawa rehabilitation center. In this regard, a list of 8 risk factors predicted to influence juvenile delinquency (substance use (drug and alcohol use), poverty and unemployment, political instability; urbanization and media; dysfunctional family; violence; peer influence, individual risk factors; low levels of education) was suggested to the respondents and they were requested to link them to the motives they perceive to have been pushed them in juvenile delinquency. The selected factors were succinctly summarized and presented in next table 4.4.

Table 4.3: Factors influenced juveniles to delinquent behavior

Level of Education	Frequency	Percent	Valid Percent	Cumulative Percent
Lower Level of education	17	37.78	37.78	37.78
Poverty and Unemployment	12	26.66	26.66	64.44
Dysfunctional families	7	15.55	15.55	79.99
Substance use (Drugs, Alcohol),	5	11.11	11.11	91.1
Violence	4	8.9	8.9	100.0
Total	45	100.0	100.0	

Source: Primary data

The findings in table above indicate that the major causes influenced significantly the juveniles to involve in delinquent behavior are respectively the lower level of education (37.78%), poverty and unemployment (26.66), dysfunctional families (15.55%). These three first risk factors were marked by the majority of respondents with a rate of (79.99% of respondents. Yet, the substance abuse (11.11%) and violence (8.9%) were rated at 20.1% and thus came at the second rank.

Furthermore, these predominant factors influencing juveniles to delinquency were reportedly also widespread in all interviews recorded. At this point of view, the respondents reported the failure and poor attachment to school, of deviant peer group influence, divorce or break-up, death of a family member or guardians, family poverty, parental/extended family irresponsibility and family conflicts, long-term youth unemployment. Other factors reported by respondent interviews include the drug and alcohol use by streets children due to the influence of their peers at schools and /or in their respective gang groups.

Generally, the most striking result to emerge from the findings above is that the information provided by the respondents is apparently comparative to the findings from previous latest studies conducted in Rwanda and the developed literature on juvenile delinquency risk factors.

With this regard, the Commission for children (2012) in study entitled “*Situation of street children in Rwanda*” and the Ministry of Youth and ICT (MIYICT) reports on juvenile use of drugs (2013) listed the substance use (drug and alcohol abuse) among the risk factors of juvenile delinquents with a rate of 63.2% and 52.5% respectively. These data were also confirmed in the report of the Criminal Investigation Department (CID) crime statistics (2012-2013) which indicated that among a total of 7348 suspects arrested in 2013 over selling and consuming drugs and illegal alcohol 35% (equivalent to 2571) were juvenile transferred to juvenile correction centers for rehabilitation including Gikondo Transit center (CID annual report 2012-2013). With regard to the dysfunctional families, poverty and unemployment, the majority of interviewed respondents stated that they have learnt the delinquent behavior after going on street escaping unfavorable life lived in their families due to poverty and lack of family support due to various reasons including divorce and family break-up; and death of a family members and/or guardians. With this regard, 10% of interviewed juvenile delinquents reported of being orphans on both parents (mother and father), 20% juveniles delinquent reported of coming from disrupted/divorced families, while 12% of interviewed juvenile delinquents were cared for by volunteer guardians and/or extended family. This information is closely related to the findings from the 4th Population and Housing Census (RPHC, 2012) conducted by the National Institute of Statistics Rwanda (NISR) countrywide. This census provides a glaring percentages of the youth aged below 26 years old who have no parents to look after them, whereas 64.67% lost their mothers and fathers; 22.80% lost their fathers; 4.84% lost their mothers. According to the National Youth Policy, (2010:10), almost all those young people either witnessed and/or experienced the violence in their direct environment and the socio-economic environment of these orphans is characterized by poverty and deprivation. The National Youth Policy (2010) sated further that many young people remain under the poverty line because of underemployment, low productivity and insufficient income. From economic point of view, 42% of the youth aged between 14 and 35 are either unemployed or only work on seasonal small scale agriculture. Excessive needs in terms of land find expression in that on family owns less than one hector for its agriculture activities, which is the line below which one cannot meet their nutritional basic needs.

In connection to the lower level of school, the interviewed respondents in four focus discussion groups (FDG1, FDG 3, FDG 5, FDG 8) disclosed a significant number of juveniles delinquents arrested by Rwanda National Police and transferred to Iwawa Rehabilitation and Vocational Skills Development Centre at least twice and more times while the government of Rwanda has guaranteed to all children the right to education by introducing different policies (12Year Basic Education), the school dropout is still a problem. With this regard, 95.56% of interviewed juvenile delinquency dropped out the primary schools. Among these figures 78% of juvenile delinquents left the school when they were in primary 4, while the rest were in primary school lower classes (P1-P4).

Only 5% of interviewees reached the secondly school, and unfortunately stopped their studies completing the senior 3 class. While the government of Rwanda has guaranteed to all children the right to education by introducing different policies (12Year Basic Education), the school dropout is still a problem.

In addition, the of the respondents from the FGD 7 reported on false statistics observed in juvenile delinquent recidivism rate often attributed to rehabilitated juveniles based on number of re-arrested juveniles merely performed on grounds of past misconduct records kept by the police.

At this point of view, one of the respondents from the FGD 7 reported:

“This is the 3rd time we were arrested and transferred to Iwawa Rehabilitation Center. Absolutely, we are victims of the police Modus operandi using informants graduated from Iwawa Rehabilitation Center who in most of the case give to the Police the biased information targeting us”.

This information was also echoed by one of the respondents in FGD 5 who stated:

“I lastly graduated from Iwawa Rehabilitation Centre on 5th January 2018. One week later, I was again rearrested by the police when I was in the road coming back home. Really I m innocent, but I realized that I was arrested because of one of the graduates from Iwawa rehabilitation center who saw me in my neighborhood and reported false information to the Police that I came back on street. Police didn't verify this information but labeled me a juvenile delinquent. That's why you meet me here.”

This statement was also partly confirmed in the statement extracted from the interview held with police officers. In this statement they agreed that they arrest some one based on information given by any informant including those graduated from rehabilitation Centers whose bad behavioral, delinquent or criminal records changed. But they don't arrest any person on simple fact of being graduated from any transit center. Based on labeling theory, it is critical to note that it happens that a juvenile with previous bad record however he/she has been graduated from rehabilitation center and displayed a behavioral change, the community should continue to see and assess him/her in old clothes and image of misconduct or delinquent behavior he had before being rehabilitative.

In fact, the labeling theory assumes that the phenomenon of Juvenile delinquency is, in part, the result of a complex and dynamic process of labeling on the part of officials in the Juvenile Justice system (Howard B., 1965). With this regard, Jerome S. (1966) pointed out that as with other occupational groups, the police develop a working personality. Part of this personality is a suspiciousness of anything abnormal. This leads to certain groups and individuals being defined as suspicious or dangerous by the police. The values of the police influence who they will watch as potential criminals, and who they will label as criminals. These values may or may not have anything to do with the values represented by the laws they are enforcing.

Their decision to label an individual or behavior as criminal will be given a certain degree of credibility by others because of their position as official labelers. Indeed, the previous juvenile delinquent records follow his new journey in community even though he/she has changed. Often, there are unbroken suspicions in minds of the citizens resulting from the label the delinquent has been given which troubles the existing relationships between the juvenile delinquent and the community. Accordingly, Goldman (1965) undertook a study that is of direct relevance to this point. His study indicated that only a portion of juvenile offenders known to the police are referred to juvenile court. The differential selection of offenders for court by the police is determined by the attitudes of the police toward the offender, the offender's family, the juvenile court, and his own role as a policeman, and the attitudes of the community toward delinquency. Goldman made the point that the concept of juvenile delinquency is to some extent determined by the policemen in selecting and reporting juvenile offenders to the court. Undoubtedly, this is similar to the respondents' reports in case the police arrest a juvenile on simple fact of having

previous delinquent behavioral records instead of performing an arrest based reasonably on new facts of delinquency.

It would be in this case to soften the police work which can be an illusory and demystified preventive approach jeopardizing the modern policing principles. Undeniably, this tunnel vision is dangerous and critical as it can influence the juvenile delinquent to feel insecure and henceforth shift from the delinquency to career criminals believing that the society rejected him/her.

Indeed, the different theories and literatures have arguably established an unquestionable effect of the socialization institutions (family, schools, and churches). With this regard, Merton strain theory and the disorganization theory identified the different risk factors likely to influence juvenile delinquent behaviors which include mainly the socio-economic. With a view to prevent juvenile delinquency risk factors, the socialization theory, social learning theory (Bandura, 1977) and peer cluster theory (John J., 2009:36) undertook the key role of socialization process enforcement through the different institutions in prevention of the juvenile delinquency from the childhood to adulthood and suggested generally that a well coordinated and organized institutional web can be an effective strategy in prevention of juvenile delinquency.

4.3. Effectiveness of rehabilitation programs to juvenile delinquency

The respondents interviewed in all Focus Group Discussions appreciated generally the rehabilitation policy and the government commitment to establish rehabilitation centers countrywide. They mentioned that 12,127 youth have graduated from Iwawa rehabilitation centre. However, this achievement, they identified some key areas that need improvement for effective rehabilitation programs delivered at Iwawa rehabilitation center. These areas include the failure in training methodological approaches; inaccurate training schedules, insufficient number of staff, problems associated with the selection of juvenile delinquent and allocation of classes that does not involve juvenile delinquent participation and follow-up graduated rehabilitees in their Districts.

In addition, the interview held with the officials from different institutions (Police, National Rehabilitation Centre and Iwawa Rehabilitation Center) reported also the lack of coordination and communication among different institution involved in rehabilitation programs due to its crosscutting nature. Based on these respondents' answers on effectiveness of juvenile

rehabilitation programs above, the discussion of the study findings in this subsection was arranged into two main subheadings: the conduct of rehabilitation training programs and personnel capabilities and the juvenile social reintegration and aftercare programs.

4.4.1. Conduct of rehabilitation training programs and personnel capabilities

This subsection describes the respondents' answers on the training methodological approaches; training schedules, trainers' capability, problems in selection of juvenile delinquent and allocation of classes. In fact, the rehabilitation theory is one that focuses on personal change in the offender so that they discontinue their criminal activities once and for all upon their return to society (Sherman, 2002) and enable them to have a more constructive role (Elrod & Ryder, 2005) via receipt of psychiatric therapy, counseling, vocational training, better education, drug-rehabilitation programs and any other techniques based on scientific methods that can reduce recidivism (Cragg, 1992). Subsequently, different the literature (Lilly, 1995:36; Schmalleger and Smykala, 2007:708; Kass, 2009) revealed that the effectiveness of the juvenile rehabilitation depends on various factors. These include the contents of programs, methodological approaches used in delivering these programs, the capability of rehabilitators (skills and knowledge) as well as the motivation of the rehabilitees who are the beneficiaries of the programs. However, the respondents' answers were remorse by the ways these requirements were not met in their rehabilitation training.

With this regard, the respondents interviewed in FGD 2 and FGD 6 reported spent too much time in psychomotor activities that learning TVET programs which they appreciate to be important in their lives after graduation. Accordingly they stated that:

Within 8 months allocated to the entirely rehabilitation program, we spend 6 first moths in psychomotor military exercises. The TVET programs we believe to be important in job creation after our graduation are less valued. Furthermore, some of us do not pay too much attention on the TVET programs they learn due to the fact that they are not satisfied with the type of field (option) they were given. Generally, we don't choose the option (either carpentry, masonry,...) to learn, but rather we learn what the Centre Leadership imposed to us. If we should get the opportunity to select the craft to learn it should be better."

Based on the respondents report above, it would be critical to turn this discussion on juvenile delinquents selection and admission criteria as well as the principles of effective rehabilitation.

With this regard, different studies on the value of education in the rehabilitation of juvenile offenders (Similarly, Bakal and Polsky, 1979; Hawkins and Wall, 1979) suggested that effective programs for rehabilitation of juvenile delinquent include programs that motivate youths, programs that reinforce youths for skill acquisition, programs that promote successful experiences, individualized programs, and programs that teach useful skills to offenders. The most successful programs not only teach skills that are of practical use to the offender (e.g., social skills), but also provide programming that attempts to involve the youth in the learning process (via motivation techniques or the inclusion of successful experiences for students).

These respondents answers complaints and the requirements for effective rehabilitation programs was analyzed in context of the current policy on rehabilitation of juvenile delinquency in Rwanda. In fact, the article 1 of the Ministerial order n°001/10 of 17/03/2010 establishment of the Transits Centers for minors has identified two categories of minors admitted to the rehabilitation centers. The first category includes the minor vagrant or street children, begging and misconducting minors below the age of 18 who are punishable under the Law. The second category includes minors who are provisionally released or who have served their respective court sentences and have not yet joined ordinary schools. This provision is applied also to juvenile delinquents transferred to Iwawa rehabilitation Center without any distinction.

This ministerial order establishes also screening committees at the district level and the level of the city of Kigali (articles 6-7). These committees were created with the mission to analyze and examine the problems of persons hosted in a transit center, the selection and categorization of people characterized by deviant acts or behaviors and the follow-up of their temporary rehabilitation (art.5). Particularly, the Screening Committee is specifically responsible to determine whether the person admitted into a transit center has done acts or exhibits deviants behaviors that can serve as a basis for transferring him or her to a rehabilitation center.

After analyzing the shortcomings of a person admitted into a transit center, the Screening Committee may take the different decisions including to return the person to his/her parents or his/her family of origin through his/her District of origin; to hand over the person to the investigation service; to transfer the person in a rehabilitation center; and take the person to a

medical facility for needed treatment (Art. 14). Furthermore, this ministerial order requires the center to examine upon arrival at the Center the person to be rehabilitated and ensure that that person has no particular illness (art.7).

If an admitted person has a specific disease in which case such a person is immediately transferred to a medical facility for preliminary treatment (Ministerial order n°001/07.01 of 19/04/2018 on Establishment of the Transit Centre, article, 13, Presidential Order n° 99/01 of 02/06/2018 Establishing Iwawa Rehabilitation Center, article 7).

Evidently, it is noticeable that this was not clearly identified how the selection and participation of juveniles in training should be conducted. In fact,, the diagnosis of and screening procedures detailed in the policy above is specific to the sickness of persons admitted into a transit center and overlook to consider an important step of identifying the risk factors to juvenile delinquency and assessing the juvenile delinquents needs.

Indeed, these steps should not be taken for granted for the successfulness of the juvenile rehabilitation programs. The concerned authority should keep in mind that as a physician before administering a medicine to a sick person starts by diagnosing the causes behind the sickness and not basing on mere symptoms of the illness, it would also be critical for the transit center and rehabilitation centre screening team to focus on analyzing the juvenile delinquent risks factors and needs. Accordingly, the risk factor principle for effective rehabilitation programs suggests an assessment of juvenile delinquents in order to identify appropriate targets for intervention. By doing so, the offenders identified as medium to high-risk should be selected for intensive treatment programs than low-risk offenders (Andrews and Bonta, (1998).

Furthermore, the statement presenting the respondents answers above disclosed also that some the juvenile delinquents under rehabilitation programs at Iwawa lack the interest in following some TVET programs due to the fact that they were imposed to them without any personal participation in program selection. Equally, the respondents reported also that the selection criteria based on when determining the juvenile to be transferred from the Transit Centers to Iwawa Rehabilitation Centre are not clear. Correspondingly, one of the respondents interviewed in FGD 7 expressed this opinion as follow:

“Before coming here I was in Kigali City Transit Center, I remember it was around 1000 Am, 25 May 2018 that I saw a team of 3 police officers and other unidentified persons in civilian clothes came in transit center and start to read the list of juveniles one by one and showed to us a vehicle to embark in and thus

transferred to Iwawa. There is no any other question asked to us, except the questions in relation to our health asked to us by the doctor in previous week. Inded, I believe that this would be the right time to them to ask us the questions in line with the craft we would like study. But it was not the case.”

As well these respondents' answers revealed also that the time allocated to what according to them should be the core rehabilitation programs were allocated insufficient time (2 months only). With this regard, the program schedule, the article 17 of the Ministerial Order n°001/07.01 of 19/04/2018 determining mission, organization and functioning of transit centers provides that, the training programs in Rehabilitation centers are for a short period not exceeding two (2) months in the center (article 15), which can be extend in period of stay that cannot exceed one (1) month upon the screening committee decision where the analysis finds that the rehabilitees has not changed behavior (art.18). With regard to the duration of rehabilitation in the Iwawa Rehabilitation Center, the law gives to the management of the Center the discretionary power to determine the period a person spends in the Center depending on the short or medium term training program and the type of rehabilitation program he or she receives (Presidential Order n° 99/01 of 02/06/2018 establishing Iwawa Rehabilitation Center, article 12). However, this period cannot exceed to two (2) years maximum.

Equally, the interviewees in FGD 8 witnessed that some of the rehabilitation programs (Mechanics and Driving Course, Agriculture course) requiring sophisticated and high cost equipment in terms of maintenance (machines used in agriculture, vehicles and motorcycles used driving course) are not taught to rehabilitees. Similarly, one of the respondents stated that:

“Even though the Center opened many rehabilitation programs, some of them were closed. For example since I arrived in this center (2017), I have never seen the Mechanics and Driving course running. Our trainers, open only the mechanics and moto vehicle Driving Course workshops for Demonstrations shown to ours parents and relatives on visiting day, or when there is foreigners or high profile officials from for example the Ministry came to visit the center. For the rest of other programs, really, we don't learn deeply. They give to us just an introduction to these programs. Many juveniles graduated here are not able to compete with other people they meet to the job market.”

Indeed, the three theories: Responsivity Principle and the Program Integrity Principle, and the Professional Discretion Principle helped also to discuss the respondents' statement. Generally, these principles have been influential in the development of the intervention technique of motivational interviewing (Miller & Rollnick, 1991), which is a method of working collaboratively with offenders to identify problems and increase motivation (Howells, B. & Jauncey, 2002).

At this point of view, different studies (Andrews and Bonta, (1998) conducted on features of effectiveness of rehabilitation, have consistently shown that young people have multiple problems and experience high levels of need: physically, socially and psychologically (Nicol et al., 2000). These problems will be addressed as contends the responsivity principle when the juvenile delinquent rehabilitators' attention is focuses on client and program characteristics that influence the offender's ability to learn within a therapeutic situation. Thus, the rehabilitation programs should be as responsive as possible to the characteristics of individual offenders.

Furthermore, it was also mentioned that the juvenile delinquents criticized the methodological approaches used in their training and incoherent program schedules. This criticism focused also on classroom size and ration and capacity of the trainers. At this point of view scholars (Similarly, Bakal and Polsky (1979; Hawkins and Wall, 1979) suggested to focus on individualized instruction, clear rewards contingent on effort and proficiency, goal-oriented work, small school size, low student/teacher ratio, caring and competent teachers, and supportive administrators. In fact, these authors advocate employing individually tailored programs, with successful performance measured in terms of individual achievement, firmly set limits, intensive supervision, and participation by the student in establishing goals and monitoring progress (Similarly, Bakal and Polsky (1979). Arguing in contention of the integrity principle, the rehabilitator officers have also to adhere to the program integrity issues. They must be sure that intervention program is delivered in practice as intended in theory and design (Hollin, 1995). In this case, they should in accordance with the Professional Discretion Principle make decisions on the basis of other characteristics and situations where other references remained silent by building a scope for professional judgment into any rehabilitation system, rather than rely upon the rigid administration of static principles. In this context, Waltz et al., (1993) suggest that assessing integrity involves two components: therapist adherence to the treatment protocol, and therapist competence in delivering the treatment. From this argument it was also highlighted the critical role of the rehabilitators capability for the effectiveness of the rehabilitation programs. With this

regard, it was suggested by scholars (Schmallegger and Smykala; 2007:708) that to become a good rehabilitator officer, requires much more knowledge and experience than is generally supposed. Some authors like Kass (2009) was specific on the knowledge to be acquired by facilitators such as knowledge of principles and methods for curriculum and training design, teaching and instruction for individuals and groups, and the measurement of training effects.

Choueiri (2004) added further that a rehabilitator should also be skilled to play a major and significant role in getting the juvenile ready for successful reentry into the community, to make sure that no juvenile is harassed or belittled in rehabilitation setting and focus on helping juveniles realize they can make changes in their lifestyles and avoid delinquency. Nevertheless, the rehabilitators interviewed reported the small number of staff compared to the juvenile population in Iwawa. This year 2019 they have 3923 juveniles and 16 Psychologist; this means 1 Psychologist out of 245 juveniles which is contributing to the failure of the rehabilitation program process as also reported the respondents' interviews in this study.

Accordingly, one interviewee from the FGD 5 stated:

“In this Center, we have few counselors and it is difficult to meet him because of the huge number of rehabilitees who want to meet him and his busy schedule of training. When it comes the time for therapeutic and counseling class sessions, one counselor teaches 245 rehabilitees. Briefly, it is not easy to meet him any time you want. He is available at least 2 days per a week.”

Indeed, various studies in field of education pointed out that the high ratio of students/trainees to the low ration of trainers can be one of the major factors that can negatively affect the training. Therefore, it is evident that the insufficient number of rehabilitators as well as the lack of rehabilitation capabilities can contribute to unsuccessfulness of the juvenile delinquents rehabilitation programs and henceforth increase the number of juvenile delinquent recidivism which constitutes a sensitive public security challenges.

4.4.2. Juvenile social reintegration and aftercare programs

Juvenile aftercare is one of the strategies envisioned by the government to eradicate juvenile delinquency in Rwanda (law n° 17/2017 of 28/04/2017 establishing the National Rehabilitation Service and determining its mission, organization and functioning, Article, 7). In provision of this

article, two main tasks in regard to the aftercare service were given to the National Rehabilitation Service (NRS): To develop sustainable measures for rehabilitation and social reintegration of people exhibiting deviant attitudes and behaviors and make follow-up on their implementation and establish the mechanisms for preventing recidivism in deviant behaviors among those graduating from rehabilitation centers and transit centers.

By looking at these duties and responsibilities, it is obviously seemed that an appropriate solution to the juvenile delinquency in Rwanda was found. Conversely, the respondents' answers to this issue disclosed a discrepant reality. Similarly, the respondents answers (15 juvenile delinquent recidivist met in all focus groups) identified some challenges influenced them to engage in juvenile delinquency after their graduation from the rehabilitation programs.

Generally, these factors are generally related to the lack of aftercare programs supporting them after graduation. Accordingly, they mention the unemployment resulting from the lack of capital helping them to start their business, lack of ability to job competitiveness due to insufficient knowledge in TVET programs; lack of credibility due to the rejection by the community based on previous delinquent records and the lack of follow up in community.

With this regard, one of the respondents from the FGD stated

: "I was arrested by Police in 2017 and underwent a rehabilitation programs in Iwawa rehabilitation center. After 8 months I graduated in carpentry. Soon, I was transported by the NRS to the District Office and left there. The district authorities asked me if I know my Cell of residence. I answered to them yes. Then they gave to me the transport fees of 5000Frws. Since that day, I have never seen any authority coming to visit me. I stayed with my family waiting for the support promised to us when we were at Iwawa Rehabilitation. I waited for 4 months and then go back to the street due miserable life. I was again rearrested by the Police in January 2019 when selling clothes on street and handed over to Kigali Transit Center, which later transported me here again."

In fact, this statement was generally shared by many recidivist interviewees in different focus group discussions. These challenges influenced the respondents to the juvenile delinquent recidivism may have in one way or another a direct link with the gaps left by the law on issues of the reintegration process and the procedures to be followed not answering really the causes of juvenile delinquency.

Indeed, the reintegration of a juvenile delinquent in Rwanda is articulated in provision of the articles article 14, 16 and 18 of the Ministerial Order n° 001/07.01 of 19/04/2018 on establishment of transit centers for those juveniles waiting for the screening committee decisions (Delinquent rehabilitation for a short period, hand over to the rehabilitation center, or reintegration in family, Article 14) and the article 17 of the Presidential Order n° 99/01 OF 02/06/2018 establishing Iwawa rehabilitation Center.

In fact, these articles give a discretionary power to the Transit Centers Screening Committees and the Iwawa rehabilitation center authorities to assess and decide on matters related to the reintegration of juvenile delinquents and his/her hand over to others institutions to other institutions. In provision of these legal provisions, two types of reintegration were suggested:

The reintegration of juvenile delinquent done at the transit level after preliminary assessment of the screening committee on the juvenile delinquent behavioral change (Ministerial Order n° 001/07.01 of 19/04/2018, Article 14); and the reintegration performed by the juvenile rehabilitation center after the graduation or prior to the juvenile delinquent graduation (Presidential Order n° 99/01 of 02/06/2018, Article 17). Pursuant to the article 17, the law posits that persons who completed rehabilitation programs in the Center are handed over to the District authorities of their place of origin, to take them back to their families. However, a person transferred to the Center who shows tangible signs of change of conduct, may be handed over to the District authorities of origin before the end of the planned programs.

With this regard, three criteria can be identified as prerequisites for the social juvenile delinquent reintegration to take place. These requirements include the juvenile graduation in rehabilitation programs which mainly focuses on TVET, the change of attitude and or behavioral change, and the institution in charge of reintegrate where the rehabilitation will continue which is absolutely the rehabilitee's family. The scope and the substance of contents of these legal provisions was approached and discussed in lens of the scholars arguments in relation to the suggested features of effective rehabilitation programs and aftercare programs designed to juvenile delinquents after graduation from the rehabilitation centers. Concerning the main components of effective rehabilitation programs, three characteristics among six suggested by Hollin (1999) previously discussed in chapter two (see table 5) were maintained as terms of reference helping to discuss the intensity of the problems evoked by the respondents. These are: (1) Indiscriminate targeting of treatment programs is counterproductive in reducing recidivism: medium- to high-risk offenders should be selected and programs should focus on criminogenic targets; (2) The most successful

programs, while behavioral in nature, include a cognitive component to focus on attitudes and beliefs'; (3) Treatment programs conducted in the community have a stronger effect than residential programs. While residential programs can be effective, they should be linked structurally with community-based interventions.

Comparing these characteristics to the scope and contents of the legal provisions tackled in this subsection, it is evidently clear that the juvenile delinquent reintegration suggested by the law in Rwanda meet a certain number of the equipments proposed by Hollin (1999). Generally, the law addresses the criminogenic factor influencing juvenile delinquency and the juvenile cognitive aspect by focusing on attitudes and beliefs. Equally, these legal provisions suggest also the juvenile delinquent reintegration or aftercare substantially reflected on community-based interventions. In this context, the role of juvenile delinquent reintegration and aftercare is the family and or community responsibility. Indeed, this kind of rehabilitation and reintegration targets obviously the juvenile delinquent dynamic risk and overlook the static risk factors. This version of targeting the offender dynamic risk factors is common and shared by different scholars in different literature developed in line with the juvenile offender rehabilitation. By looking at the procedure its self, this reintegration and rehabilitation cannot be applied and/or considered based on mere assumption to be effective to all juvenile delinquency as it deals with the symptoms of the problem instead of tackling deeply the root cause of the problem. Indeed, in some cases this rehabilitation and reintegration practice can be successful and fail in other cases. At this point of view, some cases of juvenile delinquents recidivism in connection with street children and vagrants were reportedly by respondents to have been caused by different factors such as the demographic risk factors (low socio-economic background), family and social factors (physical and/or sexual abuse; single parent home; significant family problems); and substance use history (drugs and alcohol abuse) etc. Unfortunately, the law does not stipulated any guidance on how the static risk factors should be addressed and the follow-up or monitoring procedures should be conducted in the family after the handover of rehabilitees in their families. Indeed, it would be argued undeniably that during the handover over process of graduated rehabilitees, neither the rehabilitation centers nor the local authorities (Districts authorities) assigned by the law to hand over the rehabilitated juvenile delinquent has took any step to pro-actively investigate whether these underpinning problems and circumstances pushed the delinquents to involve in delinquency were surely cleared.

In addition, the respondents highlighted also that before leaving the Iwawa rehabilitation center, the different authorities closing remarks addressed to them as well as the debriefing promise them to fund the support helping them to start the new life to their respective Districts. This support include mainly the money that they will use as investment capital job creation and small business helping them to survive and equipments that they will use in their daily activities generating income depending on the type of craft learnt in TVET.

Regrettably, the respondents' answers indicated that they were disappointed by the local authorities' answers when they reach to Districts to seek for the support referring them to BDF and other different microfinance institutions while according to them they are unable to meet the requirements requested to be fulfilled in procedures of these financial institutions governing the loan. Accordingly, one of the respondents interviewed in FGD 6 briefly stated:

“This is the 2 times that I was transferred in this centre. During all the times I passed here I was trained in masonry and tailoring. After graduation I went back home believed that I will be free from the delinquent behavior as I will look for the job and use the support promise to me effectively. Arriving in my family I waited for any authority call dial or message informing me to go to take funds and equipments to use in developing my career. I went to the district to ask for this support and non positive answer found there.”

In regard to this interview, the interview held with the local leaders at district level and the officers from the Iwawa Rehabilitation center as well as the authorities from the NRS stated that it is planned that the juvenile delinquents graduated from the Iwawa Rehabilitation Center will be given the support in terms of equipments, seminars and funds helping them to start the new life. Due to budget constraints, they mention that some time they are handed over to their family without getting the support. Meanwhile, they are advised to work with BDF and other Banks to get loans while waiting the support from the government or from partners.

Referred to this statement, it is clear that the District annual budget plan do not consider the rehabilitation juveniles.

Indeed, the different literature discussed on challenges faced offenders after the their graduation from the rehabilitation programs and relevance of offender reintegration and aftercare in community (Siegel & Senna, 2000, Bohm & Haley, 2005, UNODC, 2018) revealed that however the reintegration and aftercare plays a greater role in effectiveness of offender

rehabilitation, most offenders face significant social adaptation issues, which can include family and community stigmatization and ostracism, and the ensuing negative impact on their ability to find jobs or housing, return to formal education or build (or rebuild) individual and social capital (UNODC, 2018:3). Similarly, it was suggested that unless offenders receive help to face these issues, they risk getting caught up in a vicious cycle of failed social integration, reoffending, reconviction and social rejection (UNODC, 2018:3).

In fact, aftercare involves the provision of services to assist youth in successfully making the transition from juvenile institution to life back in the community (Bohm & Haley, 2005:508). It mainly focuses on supervision given to youths for a limited time after they are released or graduated from a correctional facility. The aftercare is under the control of the said correctional facility (Hess, 1995:84). Indeed, the aftercare is the most important step in the rehabilitative process of a juvenile who have been labeled delinquent and has committed to the rehabilitation center. At this point of view, Manella (1958:74) argued that most of his [delinquent] problems can be traced to his home and the neighborhood in which he/she lives, therefore, his successful rehabilitation will depend to a greater extent on what happens to the juvenile delinquent when he/she returns to environment from which he/she was taken. Therefore, during this transition period the need for supervision and assistance by a trained person is paramount; the absence or weakness of an aftercare program may be contributing factor to recidivism. Indeed, UNODC, (2018:3) indicated that incarcerated offenders face very real challenges at the time of their release, and communities become unsafe when offenders are released without adequate preparation, supervision or support. Undoubtedly, this situation is evidently similar to juvenile delinquents graduated from rehabilitation centers and sent back in community without aftercare programs prepared to them.

In fact, when juveniles are released from a rehabilitative institution, they may be placed in an aftercare program of some kind and beliefs are that youths who have been institutionalized should not be returned to the community without some forms of assistance. The case of Pennsylvania Training School Survey (1954:3) supports the argument above. Accordingly, this survey suggested that however aftercare programs throughout rehabilitation centre (should be) integrated with the training programs at the institution to ensure successful readjustment by the child in the community, the release [graduation] and aftercare process must concentrate on the child, family and the community. Thus, the importance of aftercare period in the rehabilitation of children should be geared to problems of adjustment facing the child on his/her return to the community.

Furthermore, the respondents answers reported also that after graduation, they awarded a certificate showing that they attended a given rehabilitation programs mentioning the name and signs of the center. Due to the community understanding and perceptions toward Iwawa Rehabilitation Center, these certificates are not accepted and/or recognized by some people in community when the rehabilitees present it to them requesting for job.

At this point of view, one of the respondents from the FGD 7 explained:

I presented by certificate to more than five carpentry workshops requesting for the job. Unluckily, I was not selected, and none told me why my application was rejected. They said go back home and wait we will call you. I waited, but any person called me. It is few months later when I was chatting with my colleagues working in one of these workshops applied in, I discovered that my application was rejected due to the bad perceptions and bad reputations stating that I was trained in delinquent rehabilitation centre. Therefore, I cannot be hired in this enterprise because they doubt on my discipline.

Indeed, this statement allows arguing that even though the juvenile delinquents underwent the rehabilitation programs and handed over to the community to start a new life, the community does not trust them as they are labeled and wear prejudice indiscipline tags which weaken the social reintegration of juvenile delinquents. In addition, it was also reported a disconnection link between the different institutions having in their attributions the juvenile delinquent rehabilitation and social reintegration and aftercare. With this regard, the respondents' answers reported that due to the broad sensitivity of public security, the juvenile delinquency come at the top the main threats to the security. Thus, this makes it to be a crosscutting issue that requires an integrated preventive intervention. Given that, different security institutions, public institutions and Ministries and various partners stand to prevent it. These various understanding assessments, interventions and different approaches to deal with juvenile delinquent rehabilitation and reintegration lead to the lack of appropriate coordination among different actors which effect negatively the continuous effective follow up and monitoring of the rehabilitated juvenile delinquent after graduation and during the reintegration and aftercare process assumed to take place in rehabilitees neighborhoods.

Based on the statement above, it is briefly noticed that an ill co-ordination mechanism of all stakeholders involved in prevention, rehabilitation and reintegration process should be one of the

recorded cycle of recidivism case of juvenile delinquents found in both the transit centers and rehabilitation centers in Rwanda. In view of that, scholars (Fox A., 2002:120–129; Abbot, 1932:75; Travis, A. L. et al, 2001: 25) suggested that all rehabilitative interventions are best delivered when they are part of an integrated program designed to address an individual offender's specific issues and challenges. In this case, positive reintegration outcomes are more likely to be generated when factors predisposing offenders to criminal behavior are confronted and their physical and social needs are addressed in a continuous and holistic manner both during and after graduation from the rehabilitation programs.

Therefore, it is critical and worthy to focus on comprehensive interventions based on a continuity of care, and to provide consistent assistance to offenders within and beyond the rehabilitative center environment. In nutshell, the juvenile delinquent preparation for re-entry into society should obviously commence before juvenile delinquent is released. After release, interventions should facilitate a smooth transition from the rehabilitation center to the community, reinforce the gains achieved in rehabilitation center through treatment and educational programs, and continue until reintegration is successfully completed (Fox A., 2002:120–129).

At this point of view, Abbot (1932:75) suggested three standards for considering the return of a child to this/her community from a state training schools. Firstly, the decision to return a child to the community should be based on the progress made by the child in the institution and of the strengths and limitations of the community situation in which the child will live.

Secondly, aftercare program should be maintained for the guidance of children from the institution until in the community. Thirdly, persons employed in the aftercare should be graduates of the recognized school of social work and lastly, there should be at least one aftercare worker for every thirty children graduated per year.

However the diversity in aftercare programs, Sinaar (1995:425) suggested that some of the aftercare service that can help youths make the transition back into community including home visits prior to graduation, living arrangement for the youth upon graduation, a continuation of the treatment program and services within the community and identification of community support systems to include the family and social worker. However, Borzycki, M. (2005: 49) asserted that through care approach (i.e. a system-wide mode of interventions) is rarely available to the majority of offenders. Particularly in low- and middle-income countries, in particular, the offender's situation may be aggravated by poverty, stigma and social exclusion, as well as only sporadic access to any form of health care, education or assistance (UNODC, 2018:6). Indeed,

scholars attribute an increasing rate of criminal recidivism among certain groups of offenders to the failure of government to put in place an effective social reintegration and aftercare services of juvenile delinquents. These literatures stated that many offenders, even after graduating from the rehabilitation centers, fail to desist from crime and to reintegrate into the community.

This argument was also confirmed by the findings from the study conducted by the Institute of Policy Analysis and Research (IPAR) in 2011 which indicated that poor aftercare and graduate integration of juvenile delinquents from Iwawa Rehabilitation Center leads graduates to return in delinquency even though they have received vocational training. Considering these challenges, the UNODC (2008:6) recommended to different institutions responsible to offender and/ or juvenile delinquents rehabilitation to diversify their investment not only in training programs and training facilities, but also expend investment in aftercare service. Failure to do this, graduates from rehabilitation centers will not attain the social goals conventional means and thus, return in delinquency. In order to overcome these limitations, the UNODC suggested that the rehabilitation of offenders and their successful social reintegration into society should therefore be among the basic objectives of criminal justice systems.

CHAPTER 5: GENERAL CONCLUSION AND RECOMMENDATIONS

5.1. Conclusion

This thesis evaluated the implication of rehabilitation programs on juvenile delinquency in Rwanda: Case Study of IWAWA Rehabilitation Centre. It identified the different factors underlying juvenile delinquency in Rwanda, the different rehabilitation programs delivered to juvenile delinquents at Iwawa Rehabilitation Centre, and the effectiveness of these rehabilitation programs to juvenile delinquency. In this context, the respondents' answers commonly identified the different factors motivated them to involve in delinquency which were arranged into five main categories: factors located within the juveniles themselves, factors associate with the family and community, factors related to life events, the factors linked to school, the community and social factors. The factors within the juveniles themselves include the substance use such as drug and alcohol use, non compliance with family imposed disciplinary rules. The factors associate with the family and community include the family poverty, parental/extended family irresponsibility and family conflicts, long-term parental unemployment. Among the factor associate with the school include the failure, deviant peer group, and poor attachment to school. The factors related to life events include the divorce and family break-up, death of a family member. Other factors underlined by respondents include the community and social factors such as the socio-economic disadvantage, and lack of support services

Furthermore, this study identified the rehabilitation programs delivered by Iwawa Rehabilitation Center. According to the respondents' answers, these rehabilitation programs were classified into two categories. The first category Cognitive rehabilitation programs intending to positively shape the juvenile delinquent personality traits such as the Civic Education, and other programs that impart to rehabilitees the values of Rwandan Culture. The second category of rehabilitation program include the Technical and Vocational Education and Training (TVET) programs such as carpentry, masonry/construction, plumbing, electrical, automobile mechanics, tailoring, welding, agriculture and driving course. Generally, the different respondents revealed that these programs are helpful in their lives. They stated that they help them to redress their misconduct and gives them the different opportunities (particularly TVET) making them to live a healthy and productive life in community after graduation.

However, some major challenges affecting the effectiveness of juvenile rehabilitation programs were identified. These difficulties are mainly related to the conduct of the training its self (inappropriate methodological training, approach, inaccurate training schedules, problems related to the selection of juvenile delinquent and allocation of classes); juvenile reintegration and aftercare programs (lack of integrated follow up and monitoring mechanisms of juvenile delinquent after graduation, lack of post-graduation support such as the capital for investment), insufficient number of rehabilitators (counselors), the critical capability of screening Team whose majority members are politicians not having enough skills and knowledge in relation to rehabilitation and juvenile delinquency. Given these challenges, the different recommendations below were formulated and addressed to the different authorities particularly the National Rehabilitation Service, Rwanda National Police and Iwawa rehabilitation Center.

5.3. Recommendations and suggestions to the National Rehabilitation Service

The interviews from the respondents identified the different gaps in relation to the screening of juvenile delinquents, inappropriate conduct of rehabilitation training, social reintegration and aftercare programs, insufficient number rehabilitators, and lack of integrated coordination framework putting together all the partners of rehabilitation services. All of these challenges and other difficulties previously discussed hamper undoubtedly the smooth running of the rehabilitation of juvenile delinquency and hence forth affect negatively the outcome of the rehabilitation process in general. Therefore, it is suggested to the NRS as an institution in charge of the supervision of the transit centers and rehabilitation centers in Rwanda to enforce the supervision and find the appropriate solutions to the problems mentioned above. These solutions should focus on increasing the number of the competent rehabilitators, making a regular follow up on training process and ensuring that the available resources (training equipment are used in training).

Furthermore, it is suggested also to make advocacy on amendment of the rehabilitation policy into force by extending the scope of rehabilitation programs targeting both the static risk factors and dynamic risk factors and adopt put into practice the reintegration and aftercare programs as provided by the law for effective rehabilitation.

5. 4. Recommendations and suggestions to Iwawa Rehabilitation Centre

As it was discussed above, there are some difficulties previously raised in relation to the conduct of rehabilitation training. It is suggested to Iwawa Rehabilitation Center to involve the juveniles in rehabilitation programs by giving them the opportunity to choose the programs they want to learn, particularly in TVET programs. It is also suggested to review the training programs and give enough time to the TVET programs. Again, it was found that there isn't any connection between the Iwawa rehabilitation and other rehabilitation centers such as Huye Isange Rehabilitation Center as they are the two different institutions under different command. This issue can impact negatively the requisition of experts and consultants particularly when it becomes to offer drug addicts' specialized treatment. and mental disorders. These experts in drug addicts are not available in Iwawa Rehabilitation Center compared to the big number of drug addicted rehabilitees which form 60% of all population in Iwawa.. Therefore it would be better to merge these two institutions for easy sharing and transfer of expert from one institution to another.

5.5. Rwanda National Police

It was reported that the number of juvenile delinquent recidivisms increase due to the fact that police re-arrest the juvenile delinquents graduated from Iwawa based on previous delinquent records label and preliminary information from the informants graduated also from Iwawa rehabilitation Center. This is critical as some information should be incorrect. It is suggested to make sufficient investigation before handing over a juvenile delinquent to the transit center. It should be noted that handing over always labeling juvenile delinquents to the transit can aggravate the situation and transform the juvenile from simple delinquency to the hard core criminal. It is suggest that Rwanda National Police should establish the department in charge of juvenile delinquency to support the National Rehabilitation Services to overcome the stated problem of reintegration process.

5.6. Recommendations for further research

We cannot assume that we have exhausted our entire topic. We therefore invite researchers including National Police College and Department of Clinic Psychology in UR in topics related to the rehabilitation of juvenile delinquency to complete where we left gaps. We propose a study on the following:

- ✓ Mechanisms to be adopted by the NRS for effective reintegration and aftercare of juvenile delinquents.
- ✓ Review of rehabilitation training approaches focusing on both integrated rehabilitation programs focusing on both the static and dynamic risk factors of juvenile delinquency.
- ✓ Conduct a study on population perceptions on effectiveness of juvenile delinquent rehabilitation and reintegration.

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C. Law and Policies

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APPENDICES

APPENDIX A: INTERVIEW GUIDE FOR REHABILITEES

Juvenile delinquency has become the ubiquitous a threat to public security in Rwanda. This study seeks to understand the phenomenon of juvenile delinquency and the contribution of rehabilitation programs to address this issue through your views and experiences in your neighborhood. Thus, this interview guide helps to collect data for the above mentioned objective and it consists of different questions closed to the biographical questions and open-ended questions. Feel free to express your opinions on the subject under investigation and elaborate on your answers as best you can as whatever, information you produce to us will be kept and treated with confidentiality and it will be exclusively used for the research purposes. Under no circumstances will such information be communicated to anyone else or any organization.

Section A-Back ground Information

Answering each question please put a tick on the right answer which is most appropriate unless otherwise requested.

1. Kindly indicate your sex.

Male [] Female []

2. Kindly indicate your age group.

5-12 years []

13 -17 years []

18- 25years []

26-35 years []

35-40 years []

41-50 years []

50-60 years []

Above 60 years []

3. Indicate your Level of Education

- PHD or Doctorate level []
- Masters level []
- Bachelors Degree []
- Diploma level []
- Secondary level []
- Primary7 Level []
- Dropped out of school []
- Never attended the school []

4. Marital Status

- Single [] Married [] Divorced [] Widow/Widower []

- 4. Location of Transit Center/ Rehabilitation center: Kigali City [] Iwawa []

Section B-Questions on Juvenile delinquency and rehabilitation programs

- 5. When did you arrive in this transit center/ rehabilitation center?
- 6. Have you ever been arrested by any security organ and brought to the rehabilitation center or transit center before coming here? Yes [] No [] If yes how many times?.....
.....
- 7. What are the charges allegedly accused you:
 - a) During your first arrest?
.....
 - b) This time?
- 8. Do you agree with these charges against you? Yes [] No []
- 9. Who charges you? Security organ (Police & others) [] My family []
Others (specify).....
- 10. What are the causes/factors induced you in this misconduct that led to this arrest?.....
- 11. Do you have received the training programs helping you to overcome this delinquent behavior? Yes [] No []If yes what are they?.....
- 12. Did these programs have helped you to change your life and rehabilitate?
Yes [] No []

13. What are the main programs led you to rehabilitation?

.....
.....

14. How they have influenced you to rehabilitation?

.....
.....

15. Are these programs effective to your rehabilitation?

Yes [] No []

16. If No, what suggestion can you provide in order to improve the rehabilitation programs effective to prevent juvenile delinquency for the currently and future security sustainability in Rwanda?

Thank you for your cooperation

APPENDIX B: INTERVIEW GUIDE RESERVED TO THE STAFF OF THE NATIONAL REHABILITATION SERVICE, TRANSIT AND REHABILITATION CENTER

Juvenile delinquency has become the ubiquitous a threat to public security in Rwanda. This study seeks to understand the phenomenon of juvenile delinquency and the contribution of rehabilitation programs to address this issue through your views and experiences in your neighborhood. Thus, this interview guide helps to collect data for the above mentioned objective and it consists of different questions closed to the biographical questions and open-ended questions. Feel free to express your opinions on the subject under investigation and elaborate on your answers as best you can as whatever, information you produce to us will be kept and treated with confidentiality and it will be exclusively used for the research purposes. Under no circumstances will such information be communicated to anyone else or any organization.

Section A-Background Information

1. Kindly indicate your sex.

Male [] Female []

2. Kindly indicate your age group.

21- 30years []

31- 40 years []

41-50 years []

51-65 years []

Above 65 years []

3. Indicate your Level of Education

PHD or Doctorate level []

Masters level []

Bachelors Degree []

Diploma level []

Secondary level []

Primary 7 Level []

4. Marital Status:

Single [] Married [] Divorced [] Widow/Widower []

SECTION B – Questions on Juvenile delinquency and rehabilitation programs

3. As the Head/Staff of the NRS you have in your mission to rehabilitate juvenile delinquents. Some of them are sent to the transit centers or Rehabilitation centers upon the request either of their families through local authorities or sent by the security organs (RNP and RDF). Is this information correct?

4. Which is the predominant category of delinquent to you received among the two categories above?

5. In your point of view, what are the causes of juvenile delinquency in Rwanda based on records and reports you have?

6. What are the rehabilitation programs do you deliver to the juvenile delinquents sent or transferred to the transit center/rehabilitation center?

7. Do you have recorded some cases of recidivism of juvenile delinquent?

Yes [] No []

8. If yes what do you are the causes of this recidivism?

Are the rehabilitation programs designed and delivered to rehabilitees effective to the rehabilitation of delinquent? Yes [] No []

9. What are the opportunities presented by these programs to the rehabilitation of offenders?

10. If No, what suggestion can you provide in order to improve the rehabilitation programs effective to prevent juvenile delinquency for the currently and future security sustainability in

Rwanda?

Thank you for your cooperation

APPENDIX C: INTERVIEW GUIDE RESERVED TO THE SECURITY ORGANS AND LOCAL AUTHORITIES

Juvenile delinquency has become the ubiquitous a threat to public security in Rwanda. This study seeks to understand the phenomenon of juvenile delinquency and the contribution of rehabilitation programs to address this issue through your views and experiences in your neighborhood. Thus, this interview guide helps to collect data for the above mentioned objective and it consists of different questions closed to the biographical questions and open-ended questions. Feel free to express your opinions on the subject under investigation and elaborate on your answers as best you can as whatever, information you produce to us will be kept and treated with confidentiality and it will be exclusively used for the research purposes. Under no circumstances will such information be communicated to anyone else or any organization.

Section A-Back ground Information

4. Kindly indicate your sex.

Male [] Female []

5. Kindly indicate your age group.

21- 30years []

31- 40 years []

41-50 years []

51-65 years []

Above 65 years []

6. Indicate your Level of Education

PHD or Doctorate level []

Masters level []

Bachelors Degree []

Diploma level []

APPENDIX D: Data collection Authorization Letter

REPUBLIC OF RWANDA



NATIONAL REHABILITATION SERVICE
P.O BOX : 6486 Kigali
E-mail : info@nrs.gov.rw



Kigali, 15/03/2019
Ref N° 0904/NRS/DG/2019

SP Gaston NSANZIMANA
Student at Rwanda Defense Command
and Staff College
0788672409
MUSANZE

Re: Response to your letter

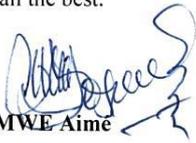
Dear Sir,

Referring to your letter dated on 01/03/2019 requesting for conducting interviews with some delinquents at Iwawa rehabilitation center and Kigali Transit center which will serve you in completion of your Master's program;

I am honored to let you know that the permission to have interviews with Iwawa clients is allowed and I would like to advise you to consult the rehabilitation center coordinator Mr NIYONGABO Nicolas, Tel: 0788464695, e-mail: nicolas.niyongabo@nrs.gov.rw for more information and guidance.

Note that for Kigali Transit Center, you are advised to approach the City of Kigali as the owner for more explanation and approval.

Wishing you all the best.


BOSENIBAMWE Aime
Director General



CC

- Deputy Director General of NRS
KIGALI
- Iwawa Rehabilitation Center coordinator
RUTSIRO

P.O Box 6486 Kigali, website: www.nrs.gov.rw E-mail: info@nrs.gov.rw follow us on Twitter: [@nrs_rwanda](https://twitter.com/nrs_rwanda)