



**Rehabilitation services in Nyagatare correctional centre and its impact to the minors in the process of reintegration.**

By

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**Declaration**

1. I, Adélide MUKAMANA, do here declare that this dissertation titled “**Rehabilitation services in Nyagatare correctional centre and its impact to the minors in the process of reintegration**” is my original work.
2. I have not presented the same work for the award of any other degree or to any other university.
3. I also declare that sources of information utilized in this work have been acknowledged in the reference list.
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**Dedication**

*To my dear husband Jean BAYIRINGIRE,*

*My children Darcon INTWAZA Bayiringire*

*And Deva Nissi INYAMIBWA Bayiringire,*

*to our family and friends.*

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This work is a synergistic product of many minds. I am grateful to numerous individuals for their inspiration and wisdom in bringing this work to its successful completion.

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I was privileged to have important facilitation from DiDé and I am beyond grateful for the support received.

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In the field, I am forever indebted to the minors' former beneficiaries of RCS and DiDé project. They made this work meaningful by opening up to me with their sad experiences during their lives. They motivated me completely; they let me in their homes and worlds. This work is entirely bound up with them.

Last but not least, I would like to express my special and deep gratitude to the constant support of my family and particularly my husband, Jean Bayiringire, and our son Darcon Intwaza and our daughter Deva Nissi Inyamibwa. Your love, encouragement and patience kept this project running. Your understanding of me and the meaning of this project for me created the conditions for its successful completion.

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**MUKAMANA Adélite**

## **Abbreviations and Acronyms**

CPC : Code de Procédure Pénale (Code of Criminal Procedure)

DiDé : Dignité en Detention (Dignity in Detention)

MIGEPROF : Ministère du Genre et de la Promotion Féminine

(Ministry of Gender and Family Promotion)

MINIJUST : Ministry of Justice

NGO : Non government Organizational

RCS : Rwanda Correctional Services

UN : United Nations

UNCRC : United Nations Convention on the Rights of Child

USA: United States of America

WHO: World Health Organization

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## **Abstract**

This study focuses on two complementary questions regarding the lived experience of minors during and after incarceration in a given correctional center from Low and Middle Income country (Rwanda): (1) what is the lived experience of minors during incarceration and rehabilitation at Nyagatare correctional center? (2) How much have this experience affected the reintegration of returning minors, 6 months later?

The study includes 23 participants divided into three categories: The first category is composed by 10 minors all detained in Nyagatare Correctional center and have been released after serving their sentences and live currently in their community at least since the last six months or above. The second category is their family members (10) and the third category is composed of staff involved in their psycho education rehabilitation (3).

These adolescents incarcerated at Nyagatare described crimes they committed such as infanticide, abortion, rape, theft, and homicide and drug abuse. The crimes committed by minors are sexual or reproductive-health related (rape, abortion) morale crimes characterizing antisocial behaviours (theft, drug abuse). Participants described their pre-incarceration life emphasizing on their own roles and the influence of the structure and organisation of families and community they grew up in. Factors such as low levels of parental support of minors and young people, lack of affection between family members, particularly from parents to children; poor supervision and monitoring; etc are highlighted.

At the entrance in the rehabilitation center, every minor described his/her own behavior problems. However, with a help benefited since the period of rehabilitation and after being reintegrated, it is observable that currently, the majority manifest more positive behaviors. The former beneficiaries of the rehabilitation services testify that Nyagatare center was as a school where they learnt to develop a positive way of thinking and believe that it has saved their lives. The study noted a strong relationship between rehabilitation services and the behavior change after the integration. There is a need to follow-up these minors for a long period to determine the long time impact of the rehabilitation process.

**KEY WORDS:** Minor, crime, criminal factors, rehabilitation.



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## **CHAPTER 0: GENERAL INTRODUCTION**

### **0.1 Background of the study**

International documents, such as the United Nations rules for the protection of juveniles deprived of their liberty (the Havana rules), set detailed standards to health facilities concerning minors in detention. They establish very clearly that the juvenile justice system should uphold their rights and safety and promote the physical and mental welfare (Article 1).. Minors deprived of their liberty should not lose their human rights and their treatment should take into account their age and the development of the child (United Nations, 2009).

Many countries have demonstrated, through various policies, legislative and program initiatives, strong commitment towards meeting the rights of children. Many countries are signatory to numerous international conventions, declarations or treaties on human rights, educations among others that oblige the government to commit itself to ensuring the rights of children. These include the United Nations conventions of the rights of the child.

In USA, by 1925, two states had established their own juvenile courts with the goal of rehabilitating delinquent children. Juvenile courts differed from adult criminal courts because the proceedings were designated as civil rather than criminal, with the court determining the needs of the child and society, rather than adjudicating criminal conduct. Providing education to juveniles in detention, therefore, fits within the rehabilitative goals of juvenile courts. (Janet et al, 2001)

In Cameroon, the 1967 Penal Code (Code Pénal) and the 2005 Code of Criminal Procedure (Code de Procédure Pénale) (CPC) (which came into effect in January 2007) spell out the crimes and criminal justice procedure for both children and adults for the entire country. The Penal Code treats children differently depending on their age. Children below 10 years of age totally lack criminal responsibility, and cannot be brought before a judge for sentencing. Children between 10-14 can be considered criminally responsible, but a court may not give a prison sentence, and may only provide “special measures,” such as returning the child to her family, putting the child on probation, or placing the child in the home of a trustworthy person or a boarding school/charitable institution. Children between 14-17 are subject to the “special measures” described above, and children aged 15- 17 are subject to prison terms. All children receive mitigated sentences and fines. (Dankoff, 2011)

The government of Rwanda has initiated several steps in the direction of addressing the rights and needs of minors in the country following the ratification of the UN Convention of 2009 on the Rights of Child (UNCRC). It is the government's intention that, as the country progresses, there should be justice for all, including minors in Rwanda.

All minors should attain their fullest potential without injustice or any other child unfriendly attitude, rule, or process. Rwanda seeks to have its minors enjoy fairness (MIGEPROF, 2014).

A long time ago, they were imprisoned with adults, and one of the assumptions of recidivism was that there was no sufficient psycho-education during prison and minors would be exposed to imitate the adult's behaviors during detention period. The second assumption was that the category of minors is special because of their vulnerability. They need a specific education. It is for these reasons that the government of Rwanda decided to build the Nyagatare center to rehabilitate the minors who committed crimes

Nyagatare center is located in Eastern province, Nyagatare district, Nyaagatare sector, Barija cell in Burumba village.

This rehabilitation center, first served as prison for adults starting from 2004 to 2009 when it was transformed into a children's' rehabilitation Center up to date. The same center has an accommodation capacity for 400 minors, though it currently has 211 inmates.

Since 2009 up to today, the center has received 663 minors and 452 out of them have been released after completing their terms Rehabilitation.

In this center minors receive a package of mental health services (psychotherapy, culture workshops, group therapy and family visits) primary, vocational education, sports activities and leisure. (Foundation DiDé, 2011-2012)

The Centre is expected to accommodate around 400 minors between the age of 14 and 18 years (Rwembeho, 2014). The number is increasing day by day. Currently, the center counts around 300 minors.

The minors imprisoned in this center mostly suffer from different infancy trauma (Family abuse, genocide, etc) as well as trauma related to social problems. They manifest the following symptoms: aggressiveness, regression, enuresis, prostration, insomnia, alcoholism, toxic mania, hyperactivity and attention deficits, grief and guilty (Foundation DiDé, 2010-2011).

Thus, this center provides mental health services (psychotherapy, culture workshops, group therapy and family visits) primary, vocational education, sports activities and leisure. The illiterate minors are getting alphabetization and go to the vocational training. The psychosocial intervention helps them to achieve a general well-being, and later facilitate their reintegration and prevention of recidivism (Foundation DiD , 2011-2012).

When the minors are released from prison, they receive kits of material from DiD  in partnership with RCS to help them in the rehabilitation process and re-integrate into their respective communities

Nevertheless, there has never been any follow-up conducted, investigating the impact of these packages received during detention. In particular the package's effects of the minors' psychological well-being as well as potential behavior changes have never been examined. Thus, this study assessed the impact of the rehabilitation program in Nyagatare correctional center onto the minors in the process of integration.

## **0.2 Rationale of the study**

Many of the minors who commit crimes have something in common; they are victims of parental behavior in one way or another. Can we accurately refer to them as criminals only, while every day, these minors are exposed to miserable conditions like neglect, witnessing family violence, harsh physical punishment or abuse, low levels of parental support of minors and young people, lack of affection between family, poor supervision and monitoring which allows minors and young people to form associations with antisocial peers, parental antisocial behavior including substance abuse, violence and criminal activity and low income.

However, sometimes the adolescents have not judgment or discernment and can integrate the peer groups with can push them in wrong way.

These minors develop some behavior related to those conditions like physical aggression; antisocial behavior; violating behaviors; withdrawal or avoidance; problematic school performance; aggressive anger behavior, less emotional stability, poorer social skills, deficiencies in the development of stable attachments to an adult, diminished self-esteem; hopelessness; delinquency; murder and perpetration; becoming a runaway; unwanted pregnancy; alcohol problems and illicit drug use or abuse etc. They need support to overcome those problems.

Rehabilitation is essential to juvenile delinquents because being rehabilitated sets the foundation to lead a healthy lifestyle in the community once out of the juvenile justice system. The rehabilitation model is ideal over the retributive model because the retributive model which primarily focuses on punishment as deterrence is not as effective (Bradshaw & Roseborough, 2005).

RCS in partnership with DiDé has put in place a framework to rehabilitate those minors who committed crimes and were incarcerated in Nyagatare center.

The point is that although DiDé's mission is clear and focuses on the issue in question, the ways DiDé effectively does so have not yet been explored. It is in this regard that the present study endeavors to assess how effective the project of RCS in partnership with DiDé is.

### **0.3 Objectives**

#### **General objectives**

- To understand psycho-social factors that may influence minors to commit crimes.
- To assess the beneficial impact of psycho-social practices during rehabilitation

#### **Specific objectives**

- To identify different factors within the community that influence minors to commit crimes.
- To make out the psychosocial intervention received during imprisonment
- To analyze the level of psychological well-being and positive development of minors after being released
- To assess the relationship between the psycho-education received and behavior change

### **0.4 Hypothesis**

#### **General hypothesis**

- Psychosocial interventions received by the minors during the rehabilitation period have a significant impact on behavior change and psychological well-being and facilitate a resourceful re-integration.

#### **Specific Hypothesis**

- Family environment, anti-social peers, community and individual patterns influence minors to commit crimes.



- Psychotherapy (individual or group), theater forum and art therapy have an impact on behavior change
- The family members and the community are playing a big role in facilitating the wellbeing and making rehabilitation possible for the minors

### **0.5. Organization of the thesis**

Apart from the part that introduces the study by describing its background and the rationale of the study, the hypothesis and the scope, this thesis comprises three chapters.

Chapter one provides and discusses the study's theoretical framework. It puts forward definitions of concepts of criminal factors, of rehabilitation life and of the psycho-social support received by minors during their rehabilitation period and their behavior change. It is on that basis the model analysis is constructed and findings are discussed and interpreted.

Chapter two is concerned with findings in regard to the study's research objectives and hypothesis, whereas chapter three discusses the findings by tying them to the theoretical framework.

The last part is concerned with the study's conclusion. It summarizes the findings in relation to the study's research objectives and hypothesis and concludes with the limitations that consequently suggest perspective for further research.

## **CHAPTER ONE: THEORETICAL FRAMEWORK**

This chapter provides a theoretical overview of criminal factors, rehabilitation life and the rehabilitation services received by minors during the rehabilitation period and their impact. Although the impact is often extended to the entire community including families, it is worth remembering that minors are the key focus of this study.

In this study's particular context of Rwanda, individuals under study are constituted of former minors detainees released and beneficiaries of psycho social support. It is important to start by briefly defining the concept of minor.

### **1.1 Defining minor**

Minor describes a person under the age of 18 years; and minority has a corresponding meaning. According to Doron and Parot (1991), the notion of minority characterizes the status of children and adolescents considered to be incapable of governing themselves and their property before reaching the age.

The World Health Organization (WHO) defines adolescence as the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to 19. It represents one of the critical transitions in the life span and is characterized by a tremendous pace in growth and change that is second only to that of infancy.

According to the Convention on the Rights of the Child, a child is a person under the age of 18. Article 3 of the Child Rights and Protection Law similarly defines a child as a person under 18. (United Nations, 2009).

A child, in general, is a person under the age of 18; while a child for purposes of being held criminally responsible is a person aged between 14 and 18. (Law no 54/2011 of 14/12/2011 relating to the rights and the protection of the child).

#### **1.1.1 Adolescence**

Steinberg, (2014) defines adolescence as a dynamically evolving theoretical construct informed through physiologic, psychosocial, temporal and cultural lenses. This critical developmental period is conventionally understood as the years between the onset of puberty and the establishment of social independence.

Adolescence is a complex, multi-system transitional process involving progression from the immaturity and social dependency of childhood into adult life with the goal and expectation of fulfilled developmental potential, personal agency, and social accountability (Graber & Brookes-Gunn, 1996; Greenfield, Keller, Fuligni & Maynard, 2003; Modell & Goodman, 1990; Steinberg, 2002).

Both sexual ideation and activity increase over the adolescent period (e.g., Halpern et al., 1993). Teenagers engage in a spectrum of sexual behaviors ranging from fantasy and self-stimulation to various forms of intercourse.

Adolescents must develop a concept of themselves as sexual beings and integrate their sexual self into their overall identity. This process begins when young people first recognize their feelings of sexual arousal and may continue throughout life (Graber, Brooks-Gunn, & Galen, 1998)

For Graber, Brooks-Gunn, & Galen (1998) key dimensions of the sexual self-concept may include sexual self-esteem, sexual self-efficacy/mastery, and beliefs about one's sexual self-image.

## **1.2 Crimes**

Legally, crimes usually are defined as acts or omissions forbidden by law that can be punished by imprisonment and/or fine. Murder, robbery, burglary, rape, drunken driving, child neglect, and failure to pay your taxes all are common examples (Sampson et al. 1993).

The Merriam-Webster's Collegiate Dictionary (1993) defines a crime as an act or the commission of an act that is forbidden or the omission of a duty that is commanded by a public law and that makes the offender liable to punishment by that law.

According to Adler (1975), 'crime' is merely, "an instance of behavior prohibited by criminal law".

Sellin (2006) regards crime as a deviation from or breach of a conduct norm. This deviation or breach is punished by society by means of its sanction. But punishment is not the only criterion of value. Religion, art, education and other sociological agencies also reveal value.

According to this definition, crime is an act in violation of the law and the criminal is a person who does enact in violation of the law.

Crime is normal in human societies because the fundamental conditions of social organization logically imply it. A society exempt from crime would require a standardization of the moral concepts of all individuals, which is neither possible nor desirable. (Durkheim, 1997),

Rwanda's penal code of 2012 article 2 defines a crime as an act prohibited or an omission which manifests itself as a breach of the public order and which the law sanctions by a punishment. (Organic Law no 01/2012/OL 02/05/2012 instituting the penal code)

### **1.3 Criminal factors.**

According to McLaren (2000) criminal factors include neglect, witnessing family violence and harsh physical punishment or abuse.

Outcomes for youth are hugely determined by the action or inaction of families of particular concern like low levels of parental support of minors and young people, lack of affection between family members, particularly from parents to children, poor supervision and monitoring which allows minors and young people to form associations with antisocial peers, parental antisocial behavior including substance abuse, violence and criminal activity and low income (McLaren, 2000).

#### **1.3.1 Neglect**

Bovarnick. (2007) says that child neglect is a form of child abuse, and is a deficit in meeting a child's basic needs, including the failure to provide adequate health care, supervision, clothing, nutrition, housing as well as their physical, emotional, social, educational and safety needs.

Society generally believes there are necessary behaviors a caregiver must provide in order for a child to develop physically, socially, and emotionally. Causes of neglect may result from several parenting problems including mental disorders, substance abuse, domestic violence, unemployment, unplanned pregnancy, single parenting, and poverty.

For Barnett and Belfield (2006) child neglect depends on how a child and society perceive the parents' behavior; it is not how parents believe they are behaving towards their child. Parental failure to provide for a child, when options are available, is different from failure to provide when options are not available.

### **1.3.2 Witness family violence**

Bovarnick.(2007) shows that even when children are not direct targets of violence in the home, they can be harmed by witnessing its occurrence. The witnessing of domestic violence can be auditory, visual, or inferred, including cases in which the child perceives the aftermath of violence, such as physical injuries to family members or damage to property. Children who witness domestic violence can suffer severe emotional and developmental difficulties that are similar to those of children who are direct victims of abuse.

### **1.3.3 Harsh physical punishment**

Pinheiro (2006) says that physical punishment refers to an act by a parent or other legal guardian causing deliberate physical pain or discomfort to a minor child in response to some undesired behavior by the child.

Corporal punishment of children typically takes the form of spanking or slapping the child with an open hand or striking with an implement such as a belt, slipper, cane, hairbrush or paddle, and can also include shaking, pinching, forced ingestion of substances, or forcing children to stay in uncomfortable positions.

### **1.3.4 Associations with antisocial peers**

For Ary et al. (1999), one of the most powerful risk factors for youth offending is involvement with antisocial peers. However, the antisocial peer group only exerts an influence when relationships with parents start to unravel.

### **1.3.5 Poverty**

Sampson et al. (1993) notice that young people living in communities typified by extreme poverty, high rates of crime and violence, high drug availability and high population turnover are more likely to offend.

### **1.3.6 Behavior problems**

Victims of child abuse (neglect, sexual, physical, or a combination) often incur serious emotional and behavioral problems as a result of this trauma. (Mennen & Meadow, 1994; Moran & Eckenrode, 1992; Wozencraft, Wagner, & Pellegrin, 1991).

They may also develop physical aggression, antisocial behavior, violating behaviors, withdrawal or avoidance, delayed verbal intelligence, problematic school performance, aggressive anger behavior, less emotional stability, poorer social skills, deficiencies in the development of stable attachments to an adult, diminished self-esteem, suicide attempts and self-mutilation, hopelessness, delinquency, murderers and perpetrators, becoming a runaway, unwanted pregnancy, alcohol problems, illicit drug use or abuse.(Flisheret al., 1993)

#### **1.4 Incarceration**

Incarceration refers to instances where a person is denied the normal liberty of movement. Although this term could technically refer to any instance where a person is detained in a place, it generally refers to detention by enforcement authorities, such as police or military(The Merriam-Webster's Collegiate Dictionary, 1993).

In the legal sense, incarceration generally refers to instances when a person is detained in a jail or prison. A person may be detained before he or she is charged with a crime. This is generally referred to as temporary detention, but it can be a form of rehabilitation when the person is detained in a correctional facility.

Robbins (1989) says that a person may also be incarcerated while waiting for his or her trial. Judges and juries are generally prohibited from considering pre-trial rehabilitation as a determining factor of guilt. In some instances, a person remains incarcerated before his or her trial because he or she has been denied bail. In other instances, however, he or she may simply be unable to pay or to secure sufficient resources to meet bail requirements. Laws often prohibit authorities from keeping a person incarcerated under these circumstances for long periods of time without bringing charges.

The judicial system is authorized to confine persons convicted of crimes. This confinement, whether before or after a criminal conviction, is called rehabilitation. Juveniles and adults alike are subject to rehabilitation(Robbins, 1989).

#### **1.5 Rehabilitation life**

Rehabilitation life refers to the natural and normal adaptations made by prisoners in response to the unnatural and abnormal conditions of prisoner life (Bonta& Gendreau, 1990).

As it is noted by Haney (1997) the adaptation to imprisonment is almost always difficult and, at times, creates habits of thinking and acting that can be dysfunctional in periods of post-prison adjustment. At the very least, prison is painful, and incarcerated persons often suffer long-term consequences from having been subjected to pain, deprivation, and extremely atypical patterns and norms of living and interacting with others.

Haney (1997) notices that the dysfunctionality of these adaptations is not "pathological" in nature (even though, in practical terms, they may be destructive in effect). They are "normal" reactions to a set of pathological conditions that become problematic when they are taken to extreme lengths, or become chronic and deeply internalized (so that, even though the conditions of one's life have changed, many of the once-functional but now counterproductive patterns remain).

Bonta and Gendreau (1990) use the term "institutionalization" to describe the process by which inmates are shaped and transformed by the institutional environments in which they are living. This phenomenon sometimes called "prisonization" when it occurs in correctional settings, is the shorthand expression for the negative psychological effects of imprisonment. In general terms, the process of prisonization involves the incorporation of the norms of rehabilitation life into one's habits of thinking, feeling, and acting.

### **1.5.1 Dependence on institutional structure and contingencies**

Among other things, penal institutions require inmates to relinquish the freedom and autonomy to make their own choices and decisions and this process requires what is a painful adjustment for most people. Indeed, some people never adjust to it. Over time, however, prisoners may adjust to the muting of self-initiative and independence that prison requires and become increasingly dependent on institutional contingencies that they once resisted. Eventually it may seem more or less natural to be denied significant control over day-to-day decisions and, in the final stages of the process, some inmates may come to depend heavily on institutional decision makers to make choices for them and to rely on the structure and schedule of the institution to organize their daily routine (Gresham, 1958).

### **1.5.2 Hypervigilance, interpersonal distrust, and suspicion**

Many prisons are clearly dangerous places from which there is no exit or escape; prisoners learn quickly to become hypervigilant and ever-alert for signs of threat or personal risk.

Because the stakes are high, and because there are people in their immediate environment poised to take advantage of weakness or exploit carelessness or inattention, interpersonal distrust and suspicion often result. Some prisoners learn to project a tough convict veneer that keeps all others at a distance. Indeed, as one prison researcher put it, many prisoners "believe that unless an inmate can convincingly project an image that conveys the potential for violence, he is likely to be dominated and exploited throughout the duration of his sentence.(McCorkle, 1992).

### **1.5.3 Emotional over-control, alienation, and psychological distancing**

Keve (1974) notices prisoners struggle to control and suppress their own internal emotional reactions to events around them. Emotional over-control and a generalized lack of spontaneity may occur as a result. Admissions of vulnerability to persons inside the immediate prison environment are potentially dangerous because they invite exploitation.

### **1.5.4 Social withdrawal and isolation**

Some prisoners learn to find safety in social invisibility by becoming as inconspicuous and unobtrusively disconnected from others as possible. The self-imposed social withdrawal and isolation may mean that they retreat deeply into themselves, trust virtually no one, and adjust to prison stress by leading isolated lives of quiet desperation. In extreme cases, especially when combined with prisoner apathy and loss of the capacity to initiate behavior on one's own, the pattern closely resembles that of clinical depression (Taylor, 1961).

### **1.5.5 Incorporation of exploitative norms of prison culture**

Hanna (1975) notices that in addition to obeying the formal rules of the institution, there are also informal rules and norms that are part of the unwritten but essential institutional and inmate culture and code that, at some level, must be abided. For some prisoners this means defending against the dangerousness and deprivations of the surrounding environment by embracing all of its informal norms, including some of the most exploitative and extreme values of prison life.

### **1.5.6 Diminished sense of self-worth and personal value**

For Taylor (1961), prisoners typically are denied their basic privacy rights, and lose control over mundane aspects of their existence that most citizens have long taken for granted. They live in small, sometimes extremely cramped and deteriorating spaces, have little or no control



over the identity of the person with whom they must share that space (and the intimate contact it requires), often have no choice over when they must get up or go to bed, when or what they may eat, and on and on. The degraded conditions under which they live serve to repeatedly remind them of their compromised social status and stigmatized social role as prisoners. A diminished sense of self-worth and personal value may result.

### **1.5.7 Post-traumatic stress reactions to the pains of imprisonment**

Dutton and Hart (1992) say that rehabilitation is so stark and psychologically painful that it represents a form of traumatic stress severe enough to produce post-traumatic stress reactions once released.

## **1.6 Rehabilitation services**

The rehabilitation model focuses on the treatment of the offender with the assumption that interventions such as probation supervision, work readiness, training, cognitive skills training, and behavior therapy will change behavior and reduce the frequency of juvenile offenses (Bradshaw & Roseborough, 2005).

Once juvenile delinquents finish their sentence, they must re-enter society. Correctional facilities that oversee the rehabilitation process for juvenile delinquents have to address problems that include:

- Receiving adequate treatment that rehabilitates the juvenile offender so they are less likely to recidivate
- Making sure the juvenile delinquent has realistic and obtainable resources and means to make it in society
- Making sure the juvenile delinquent is fully aware and ready for the transition back into society (Mincey, Maldonado, Lacey&Thompson, 2008)

### **1.6.1 Mental health services**

#### ***a. Group therapy in jail***

Group therapy is a form of psychotherapy in which a small, carefully selected group of individuals meets regularly with a therapist. All therapy groups exist to help individuals grow emotionally and solve personal problems (Yalom 1995).

Group therapy works more than individual therapy because it allows the therapist to take a moderator role and allow the juvenile delinquents to challenge themselves to figure out issues they deal with and overcome (Yong, 1971)

This means that the therapist is at the therapy session, but juvenile delinquents take an active role over the therapist. In addition, group therapy creates a foundation for commonalities amongst the juvenile delinquents; this allows the juvenile delinquents to draw upon common experiences as opposed to being singled out (Yong, 1971).

In comparison to individual therapy sometimes juvenile delinquents can be unresponsive so individual sessions are not as productive, whereas in group therapy a huge shift takes place because of all the non-verbal communication and active listening of the juvenile delinquents.

This active listening creates a breakthrough in rehabilitation because the juvenile delinquents are seeking answers and support from each other. In addition, another reason why individual therapy is ineffective is because the therapist is viewed as the authoritative figure and juvenile delinquents have a hard time listening and or respecting that person. Nevertheless, when it is a group setting the group mates have more respect for each other because all the juvenile delinquents are in similar situations it is easier for the juvenile delinquents to bond because they have similar experiences (Yong, 1971).

***b. Family visit.***

Families play an integral role in the development and success of minors. It is vital that, at least as a first step, youth justice interventions assist families to address their issues rather than try to fill the vacuum with State assistance (Couturier, 1995; Shapiro & Schwartz, 2001; Sullivan, Mino, Nelson, & Pope, 2002).

Services to the family members of recently released prisoners may lead to positive intermediate outcomes for the ex-prisoner, such as decreased substance use and fewer physical, mental, and emotional problems (Couturier, 1995; Shapiro & Schwartz, 2001; Sullivan, Mino, Nelson, & Pope, 2002).

Clearly, families can be an integral part of the reentry process. As noticed by McLaren (2000) for high risk young offenders training and support for parents in parenting skills and diagnosis and treatment of key risk factors such as drug involvement, school failure, antisocial peers and abuse at home is particularly useful. When families are assisted to address these factors, they are often able to steer their young people away from offending.

*c. Creative art therapy groups*

The concept of creative art therapy groups also called art education, art workshop or art program, is as varied as the names used to describe them.

Those programs incorporate a broad definition of art including drama, dance, and the visual arts. Though the programs may be therapeutic, in nature they are not.

Art therapy involves a professionally trained therapist who uses creative expression to generate insights for treatment or diagnostic purposes (Aulich, 1994).

In contrast arts programs are usually led by professional artists who may or more often may not have special training in working with at risk populations. These programs focus on both the creative process and product while broadly defining “therapeutic” as any artistic activity that promotes positives changes (Riches, 1994).

The arts possess a fundamental potential to impact individuals in many ways. Most simply art provides an opportunity for activity or keeping busy. It makes them highly relevant to institutionalized persons.

The arts afford youth a chance to learn new skills while keeping physically and mentally occupied in constructive way. Arts programs offer a haven through which to explore unrecognized or underappreciated talent (Warner, 1995).

Youth may become so involved in the creative process that art provides a temporary escape from their current life or institutional circumstances.

The arts provide rich opportunities for personal growth. Arts instructions teach youth about themselves, their sensations and their ideas and show them unexpected ways of understanding other people and world (Sautter, 1994).

### **1.6.2 Sport and leisure**

Sport, leisure and physical activity programs can provide a meaningful vehicle through which personal and social development in inmates can be positively affected and positive social changes, skills development and rehabilitation/reintegration can be achieved. The effects of sport based intervention on inmates can be focused around four main themes:

- Maintaining and improving prisoners general wellness;
- Helping the integration of individuals released into local communities;
- Contrasting anti-social behaviors and fostering the learning of social values and social rules;
- Effecting positively prison communities (Patriksson, 1995).

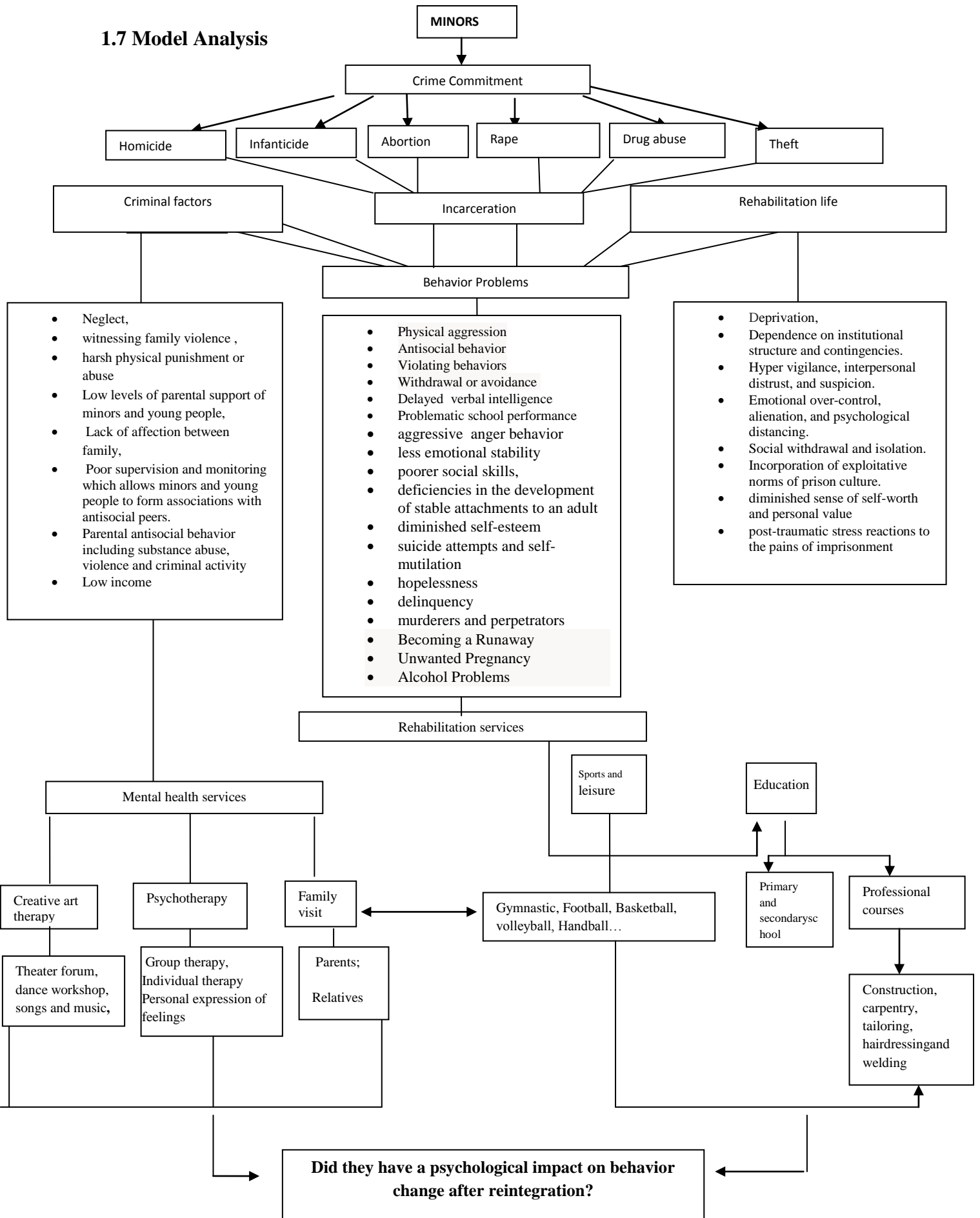
Sport can be considered as a viable method of promoting good health, particularly, regular physical activity reduces anxiety and stress, increases self-esteem, helps to control weight and has a positive impact on other health risks (Emily, 2002).

### **1.6.3 Education**

Involvement in education is one of the protective factors against future criminal offending. Helping young people feel part of society through school involvement assists in keeping them out of trouble and thus it is absolutely critical that young people are kept at school for as long as possible. When faithfully attending school they are much less likely to become involved in crime even if not achieving academically(Hawkins et al. 1992).

Conlon et al. (2008) show that educational attainment is a significant factor in reducing recidivism It is talked about how the success of the juvenile delinquents once they come out of these facilities depends upon having dedicated staff but also having all the necessary resources the juveniles need to become successful one they re-enter back into mainstream society .

**1.7 Model Analysis**



## **CHAPTER TWO: RESEARCH METHODOLOGY**

### **2.1 Sampling**

This study was carried out in Rwanda with 10 minors that had all been detained in Nyagatare Correctional center and had been released after serving their sentences and had recently left for their communities during the past six months at least.

Because of their geographic location and for the interest of deep assessment only 10 cases from different provinces were purposively chosen and then examined.

The sample was chosen purposively because the five corners of the country do not have the same realities. The study was considered to investigate rural and urban realities, minors living with their families, orphans, and gender issues. One of the key benefits of this sampling method is the ability to gather a large amount of information and to get a better cross section of information.

The 10 family members were added in order to deepen understanding of the impact of psycho social support on the lives of the former minors' detainees. The psychologist specialist of Rwanda Correctional Services (RCS), the psychologist of the center and the DiDé country coordinator were added to the sample for better understand the support given to the minors incarcerated at Nyagatare correctional center.

### **2.2 Respondents**

This research involves three categories of respondents. The first category consists of the minors' former beneficiaries of psycho social support during rehabilitation period at Nyagatare rehabilitation center. This category shared their experiences regarding the crime committed, the rehabilitation life and the support benefited during incarceration period and the life after being released. The second category comprises their family members. This category was added in order to deepen understanding of the impact of psycho social support on the lives of the former minors' detainees. The third category is composed of staff involved in their psycho education.

The total number of respondents was 23 (with 10 individual in-depth interviews with minors incarcerated at Nyagatare correctional center and beneficiaries of Psycho social support from DiDé ;10 families members; Psychologist of Nyagatare correctional center; DiDé country coordinator and o psychologist specialist of RCS.

### **2.3 Inclusion criteria**

- To be minor released from the Nyagatare prison and living in the community at least six months
- To accept to sign an assent form
- To have benefited psychosocial programs during the incarceration

### **2.4 Exclusion criteria**

- Participants with diagnosed mental disorders which may impede communication
- Never benefited the program.

### **2.5 Tools**

- To collect data, interview protocol was used as it is a qualitative research; we used also information from the detainees' files. To analyze data, thematic analysis was used.

### **2.6 Procedure and ethical considerations**

The items of all interviews were composed in English. None of the participants knew this language.. Thus the first step was to translate them to Kinyarwanda so that the participants could respond correctly.

The translation from English to Kinyarwanda was separately produced by two groups of translators; composed of two persons, one skilled in literature and language with bachelor's degree and one professional in clinical psychology with a master's degree for each group.

When the two translations compared showed high similarity; the final version was translated into Kinyarwanda and returned in English. It showed high similarities with the original one and was thus used.

The minors were reached in their different areas of the country in which they lived. They were asked to voluntarily participate in the research. A consent form was signed by those who accepted. The data was collected by interview using audio record. After data collection the audio record was written and analyzed.

### **2.7A qualitative approach**

This research is problem-oriented, and finds its place in the academic domain of social research oriented towards the creation of knowledge or understanding the rehabilitation program in Nyagatare prison and its impact to the minors in the process of integration.

The study combines a desk research on psycho social support received by former minors detainees with the data collected from the field.

## **2.8Desk Research**

The desk research gives adequate and specific literature related to our research question. Various reports and researches from multiple disciplines were analyzed in order to better understand the process leading to the impact of psycho-social support received by minors during rehabilitation period on their behavior change after the release.

## **2.9Research strategy**

This study seeks specifically to achieve a deeper understanding of the way in which psychological support received at the Nyagatare correctional center in Rwanda allows minors to well reintegrate society after the release. Reaching this objective requires an exploration of the perception and subjective experiences of former minor detainees. This involves a deep digging in qualitative methods and the data collection of qualitative data in a way that quantifies the benefits.

By considering the problem of this study which focuses on how to provide assistance to former minor detainees, the researcher is expected to share the feelings and interpretations of the people under study (former minor detainees) by seeing things through their eyes.

The study is qualitative and it is based upon this that qualitative methods were employed. This was so because the researcher wanted to understand experiences, perceptions and direct effect of psychosocial support received the former minor detainees. It is in-depth and it is personal and goes beyond the number of beneficiaries, focusing on their experiences. The whole idea of using this method was to generate knowledge that opens up for a deep understanding of the research in question.

## **2.10Data collection methods**

Since the study is qualitative, data was mainly gathered through personal interviewing. The researcher had face to face contact with respondents where she let them feel free in the conversation and she asked open ended questions that went beyond the standards of “yes” “no” questions to gain as much useful information as possible. In order to obtain this information, the researcher had an organized interview plan that laid out the purpose of interview and included a list of topics to be explored.



In-depth interviews also allow a lot of freedom and the researcher was alert for inconsistencies, pieces of the story that seemed to be missing, and new angles that might provide additional information. This was so because she used extensive probing.

In conducting in-depth interviews, the researcher immersed herself in the data and ongoing analysis for two months before the final analysis. With this intensive involvement, the researcher was able to develop a sense of what the data were saying or emphasizing, which was helpful in the final analysis.

It is in this regard that qualitative in-depth interviews with open ended questions, individually, served as the main source of information. Interviews were thus conducted in Kinyarwanda language and recorded (with permission of interviewees). The items of all interviews are composed in English. All participants didn't know this language. Thus the first step was the translations of them in Kinyarwanda so that the participants respond correctly. An interview guide was developed in a sequence that made sense to interviewees.

The researcher ensured the questions were asked in a clear way that was comprehensible for the respondents and that motivated them to make the necessary effort in answering them. Because this study dealt with the rehabilitation life, the researcher was always aware of the temptation to slip from "interview" mode to "counseling" mode. Because of conversational style, the in-depth interviews encouraged emotional disclosure and intimacy. The researcher had to stay in her role, monitor her boundaries and had to be attentive to the levels of distress of the respondents.

### **2.11 Qualitative data analysis**

The data used in this study were qualitative in form of text. As Ellsberg puts it, there are many different ways of analyzing qualitative data. Generally, however, all forms of analysis involve organizing the data according to specific criteria, reducing it to a more manageable form, displaying it in a form to aid analysis, and interpreting it (Ellsberg, Mary Carroll, Heise and Lori, 2005).

In this study, four separate flows of activity were done and these included data reading, coding, reducing and displaying and all were requiring constant interpretation. This means the researcher did not feel constrained to preserve analysis as a separate stage of work that followed data collection. Right from the first interview she decided to interpret their content

mean by noting themes and regularities and come up with possible explanations. This helped her draw conclusions in draft form throughout the entire data collection exercise.

For example, the researcher got involved in a process of reading and rereading each set of notes and transcripts until she got familiar with the content. Early reading of data helped her to ask herself if she was getting what she expected in relation to the objective of the study.

Ideas developed at the beginning of, and during, data collection guided the researcher and thus shaped the form of further questions and, consequently data to be collected at the next stage. After the end of each interview, its content was carefully examined in order to see what could be learned, and to discover what needed to be found out next. It was an ongoing analysis, where some questions were modified, others dropped, while yet others were added. Therefore, at the end of each session of daily interview, the researcher listened to the recorded interview and carefully consulted the field notes before preparing the further interviews.

It is however important to emphasize that the major part of data analysis was done after data collection, notably after the transcription of the field notes and interviews; that is, during data presentation and analysis.

### CHAPTER THREE: RESEARCH FINDINGS

The presentation of the cases is based on a brief history of every person interviewed. The history of each minor allowed the researcher to know the key factors that have influenced the offenders to commit crimes and most importantly to assess the rehabilitation program in Nyagatare Correctional Center and its impact on the minors in the process of integration in their respective communities.

10 minors that had all been detained in Nyagatare Correctional center and had been released after serving their sentences and had recently left for their communities during the past six months at least.

For the reasons of research ethics and confidentiality, we do not mention the names of interviewees using codes instead. .

**Table no 1: The situation of the population of study**

<b>N o</b>	<b>Code</b>	<b>Se x</b>	<b>Age at the time of arre st</b>	<b>Current age</b>	<b>Training during the detention</b>	<b>Crime committed</b>	<b>Time of incarcerati on</b>	<b>Province Of origin</b>
1	N.E	M	15	17	S2	Rape	6 months	East
2	N.T	M	16	18	Welding	Homicide	1 year	East
3	T.A	M	15	16	Welding	Drugs trafficking	6 months	Kigali City
4	H.W	M	16	18	hairdressing	Theft	1year	North
5	N.M	M	14	15	Welding	Drugs trafficking	6months	Kigali City
6	U.T	F	16	20	hairdressing	Infanticide	2 years	West
7	T.D	M	17	22	Sewing	Rape	4 years	South
8	T.E	M	17	19	hairdressing	Theft	1 year	West
9	M.E	M	15	22	hairdressing	Rape	5 years	South
10	M.A	M	14	17	hairdressing	Rape	1year	North

The table No 1 summarizes the situation of the population of the study highlighting their age at the time of arrest, their current age and the training they benefited from during the time of incarceration, the crimes they committed and their province of origins.

The information gathered was essential in better understanding the specificity of every adolescent's reintegration process.

### **3.1 Personal and family history**

#### **3.1.1 Case N.E**

**N.E** is a young boy of 17 year old. He has been accused of the crime of raping a young girl of 10 years and sentenced to six months imprisonment in Nyagatare Correctional Center.

He was released in July 2014.

Before the detention he was living with his parents and is still leaving with them.

He grew up with his friends that developed the habit of drinking Kanyanga, "traditional harmful liquor the first time he was afraid to drink it, but finally accepted to consume it.

He and his friends in the neighborhood had started stealing the neighbor's crop and sell them to the market. The money he earned from theft was used to buy Kanyanga.

He informed the researcher that when he was recognized by the neighbors as the one who stole their crops; his parents were inactive and did not react. He was so aggressive and his parents closed their eyes on whatever he was doing.

One day when he was drunk, he raped a little girl. They took him to the police station; he was first detained in prison with adults and few days later he was taken to Nyagatare to the center for minors. At that time he was 15 years old.

Having arrived in Nyagatare detention, N.E felt anxious and aggressive. He was isolating himself, eating alone. He stressed that he was in need of being alone to better understand his situation.

After some weeks, he started going to the theater groups, that amazed him. He mostly appreciated the themes brought up in those theaters like drug abuse, disobeying ones' parents or the importance of support groups by peers.

He found himself presented in every topic and decided to be an active actor in theater.

Apart from relaxation and socialization with others, he continued his studies in senior two in Nyagatare during his detention.

After his release, he strongly benefited from the rehabilitation services he got from Nyagatare center. He is very calm and very respectful, said his father. He is no longer drinking Kanyanga, steals neighbors 'crops, he added. He re-joined school, he is currently in senior three and he hopes to succeed the State' exams.

He added that he is very careful at school as he does not want to find himself in conflict with colleagues.

### **3.1.2 Case N.T**

**N.T** is a young boy of 18 years. He spent one year in prison. He was convicted of homicide. He killed another young boy. He was released in September 2014.

Before the incarceration he was living with his family composed of his father, mother, brother and two young sisters.

N.T has been raised in a family that has the minimum living conditions (cows, goats, enough arable land) but he left the school when he was in primary 3 due to the lack of uniforms. He told the researcher that when he left the school, nobody in his family intervened in order to guide him.

After the school dropout, N.T became a cows' keeper and sometimes he was in charge of preparing food for his sisters because the parents were busy with their friends in a bar drinking alcohol.

One day, when he was keeping the cows on a farm, he was with a child of his neighborhood, and they had a dispute. N.T was very aggressive and he beat him on the neck with a stick. The young man died without reaching the health facility.

He was immediately arrested by the local authority and transferred to the police, after a few weeks he was sentenced to a one year imprisonment for homicide and detained in Nyagatare Correctional Center.

During the first days of his detention in Nyagatare, N.T was very afraid to be rejected by his colleagues because he was a killer but even more badly because, his inmates spread rumors that

N.T was the informal of the mentors in the center. This perception contributed to the increase of distressful situation.

During rehabilitation period, he benefited from a genuine support as he was allowed to continue his primary school studies and during the weekends.

Apart from the concrete support, the mentors instructed his colleagues to avoid nicknames as this was too frustrating, this allowed N.T to fully integrate the group and feel safe and confident.

N.T has been released in September 2014 and has embarked on a new profession as welder and worked with other youngsters, he currently collaborates with his father who supports him by paying the rent fees of the workshop.

It is important to stress that while, the good climate was restored within his family, his mum passed away and this affected N.T. He confirmed to the researcher that he is coping with that situation as he has earned his life honorably.

### **3.1.3 Case T.A**

T.A is 16 years old. He was 15 years when he was incarcerated. He was released in July 2015 after six months of rehabilitation services.

He said that he is the first born in his family. When he grew up, he did not have a father, as he died when he was 8 years old. His mother used to buy vegetables at the market. They lived in small house with his two sisters. They shared the bedroom with their mother and he was sleeping in living room.

As his mother did not have enough money, he said that it was difficult to study. He barely finished primary school. After primary school, he wanted to be independent of time since he slept in the living room. He asked his mother to give him a small house that was rented by others. Her mother refused to give him. He was very angry and he decided to leave home. He went to live with a friend. His friend was selling cannabis to earn enough to eat. He started selling cannabis, too. T.A and his friend were arrested by the police and later sentenced to six months imprisonment and transferred to Nyagatare Correctional Services.

During the rehabilitation period, he had a lack of trust in others. He testified that when he was in prison, he was very angry, did not want to be disturbed and just wanted to be alone. Behind this anger picture, he also feared to be mistreated by others.

While he was in Nyagatare, he was also afraid of young homosexuals. He always feared to be their target; despite this situation, he managed to study welding.

It is important to stress the importance of the Wednesday group discussions of peers under the supervision of the mentor that allowed T.A to feel part of the group and loved by his colleagues and this contributed to his self-esteem and openness.

The group therapy under the supervision of the psychotherapist was as vital as it allowed T.A to express his emotions and feelings; this session mostly allowed T.A to tackle the sensitive issue of homosexual practices in Nyagatare Correctional Center.

Apart from the positive insights he gained from Nyagatare, he has been heavily affected by the fact that his mother has never visited him while he was still under detention in Nyagatare, this afflicted him to the extent that even when he was released, he decided to join his friend who was also detained in Nyagatare rather than going to his mother's house.

They have established a welding workshop and gained with decency their life thanks to the support they got from DiDé.

### **3.1.4 Case H.W**

H.W is an 18 years old boy, He was sentenced to one year of imprisonment due to the fact he was found guilty of theft. He was released in November 2014.

H.W became orphan at the age of six years old and was raised by his aunt; unfortunately his aunt's husband mistreated H.W. Thus, he decided to become a street child.

To survive, from the age of 10 years, H.W was stealing from the market; one day he stole a computer and was therefore arrested and imprisoned primarily for two months in adult prison where he was exposed to many troubles such as lack of food (He was allowed to eat one cup of maize for the entire day), lack of adequate space etc.

After two months, he was transferred at Nyagatare, arriving there, and even though he was still deprived of freedom, he felt relieved, as he got enough to eat, entertainment with his peers, support and guidance from mentors and most importantly he benefited from training in hairdressing after literacy training.

He testifies that after jail, his friends of the same age teased him; that he had become wise because he had just been released, but that it would not last. They said: "ayo ni amava Muhira

sha " to say that he will again become a villain. But he shows to them that he has changed for good, he added.

He said that though he had been trained he didn't get any machine to hair dress but his friends took him to be hairdresser in their saloon. It took him time before he bought his own machine. At the beginning, he worked for others; currently he graduates and shares the cost to maintain the saloon. He is proud that he earns his living honestly.

### **3.1.5 Case N.M**

N.M is a 15 years old boy. He had been incarcerated six months for selling cannabis.

He lives with his Father and his brother. The mother left home because she was always in conflict with her husband who beat her. Initially his mother took her two children with her, but his father went to get them back home and the mother was forced to give them to him.

The researcher noticed the hardship in which N.M was living. He lived in a big family who stayed in the same compound with different tiny houses. In those houses, there was the family of his grandfather who is still alive, his aunt who was married but returned home with three children and their uncle who is not yet married.

When he arrived in jail, he was concerned with the poor condition in which he left his brother. He felt very irritated, wanted to be alone and not to be disturbed by others.

One day, her mother managed to visit him and this comforted him.

During rehabilitation services, he learnt welding. In break time after noon he played basketball, and as well as theatre, that was focusing on his daily basis condition.

To be an actor in playing theatre contributed to his socialization and feeling of relief.

After being released, he started to weld. DiDé gave him the material. He said that now he has a welding workshop, he did the windows and door she has learned a lot and he knows how to live in the society.

### **3.1.6 Case U.T**

UT is a 20 years old girl. She was incarcerated because she committed infanticide. She had been incarcerated for 2 years.



She lost her father when she was baby and her mother died when she was 8 years old. When her mother died she left a baby of two months and another of two years. She lived with two young brothers alone in a house next to her grandfather's house.

She lived alone when she became pregnant at the age of 15. When she gave birth, she was afraid to raise this child alone because the father of her baby did not accept to help her. Before her pregnancy, she was always threatened by her grandfather that she would be chased away if she became pregnant. The sad prophecy to her became reality and at the age of 15 years she was pregnant, and when she gave birth to her child, she decided to kill the new born.

The neighbors found the dead child thrown in hole and denounced U.T to the local authority.

In Nyagatare Prison, she was always anxious and had no hope for her life. She was always complaining on why she did not pass away during her delivery. She had nightmares and suffered also on the fact that no family member ever came to visit her.

She said that two years in prison is a long time but at the same time she asked where to go because she was afraid to come back home. As the time went on, she got used to living in Nyagatare with the others. They had time to chat as a group; they formed small groups to discuss their life. She felt well to know she is not the only one suffering. She also learned hairdressing.

The mentors helped her very much and at the release time she was ready to return back home.

After her release, she returned to her home. Now she is married. When she had been released, initially she returned to her home. She got up in the morning to cultivate and she was surprised by the attitude of her family and neighbors. They welcomed her and no one was bad to her. She lives in peace with her neighbors.

She added that after her release, she was lucky because she received equipment for hairdressing from DiDé. She noticed that they live near the center and this material helps her in creating her own business and making money.

### **3.1.7Case T.D**

T. D is a 22 years old boy. He had been in jail for 4 years for rape. He was released in July 2015.

He lives with his parents and his siblings. In their family there are four children. He left home when he was 16 years old.

He was in primary four when he left school. He went to Kigali town to look for work.

His parents gave him everything he needed to go to school but he feared his father very much. When he left school, he feared that his father would severely punish him and he left home directly.

At the same time, he had delinquent friends. These friends were always telling him to leave the house and go to town looking for money. His friends were consuming and selling cannabis.

One day, he raped a girl of a rich family and was accused by them. Till now he does not recognize the crime of rape as he argued that the intercourse was done with the girl's consent, however he recognized that as the girl's family was powerful he was wrongly accused and jailed.

In Nyagatare, he felt sad to the extent that he was ready to commit suicide. When he was arrested, he spent 30 days at the police detention facility; he was later transferred to an adult prison for a period of 2 months before being transferred to Nyagatare Correctional Center.

At Nyagatare, he met other young people and the life was quite different there. They welcomed him and the time they had for discussion gave him confidence he added.

The only concern in Nyagatare was the bad habit, they had young homosexuals and every time they were caught they were all punished even if the wrong doers faced a particular punishment.

Another problem he had was to think about his parents, he left the home without informing them his destination. He was always wondering how to inform them that he is jailed, what kind of words to use to send this message. This problem was affecting him.

He was scared and when the ICRC proposed him to write to his relatives he refuted this idea for three times. The fourth time he wrote and he was surprised by a visit from his father. He was very happy because he was wondering where he should go once released.

Since that day, the father came regularly to visit him. He usually came three times a month.

In Nyagatare he learned a lot he said. He played theatre and that helped him to deal with his isolation. Before, he was in a dance troupe that gave him the impression of a human being like the others. In a professional course he learnt tailoring.

After the release, he became like the advisor of his father, proudly reported T.D. They had time to discuss, for now his father is not very demanding; even though his sisters do inappropriate things, he asks advice and they take the time to show them the right path instead of beating them.

He added that he learned to sew for a year and a half. DiDé gave him a machine, but unfortunately the machine was missing a part called "cadre". But even if he does not use his machine, he works as a subcontractor for other tailors and makes money. He helps also his parents to cultivate their land.

### **3.1.8 Case T.E**

T.E is a 19 years old. He lives with his older brother. They do not have parents. Their parents died of illness. He had been in jail for 1 year/because of- theft and he had been released in July 2015.

Before the incarceration, he was in the first year of high school but because of a lack of money he had left school six months before his incarceration.

Despite being an orphan, his older brothers took care of him. They even came to school to see how he behaved. Unfortunately, they did not have the means to help him to continue.

He was detained when was 17 years old. He was accused of stealing lap tops, a crime he did not accept and denies till now. He said that he was accused because he had a friend who worked next to his home. One day there was a laptop stolen and because he was a friend with the first suspect T.E was accused of hiding those lap tops. The policemen and the local authorities searched in their house, although they did not find anything, he was arrested and detained in police, he was later found guilty of the crime of theft and jailed in Nyagatare.

At Nyagatare, he had much fear because he was convinced of his innocence. He wondered how his family would react on this issue. For unknown reasons he developed stomach problems, thanks to Doctors care, he was dully cured.

What was hard for him was the acceptance of his incarceration and to socialize with others. In his first days in Nyagatare he thought his family did not love him but then his sister came to

visit him. He even thinks that at his relaxation, he would not go home. He was lucky because his sister came to visit him as well as his old brother. He was also rancorous for those who did not manage to come to visit him.

However, at Nyagatare he learnt lots of things that helped him to cope with the situation. When he was in prison he was an artist doing paintings. One day he drew a story of a young man who was imprisoned and came from rural areas. He spent time in jail and when he returned he did not recognize his home. He said that this story amazed him; this was a nice way of managing his distress.

T.E was also an actor playing theatre. That also helped him during his socialization with his fellows. He remembers a funny piece of theatre of a man who sold a television set packed well in a carton. The buyer sought the television without checking while the seller had hidden a child in carton. When the buyer arrived at home he found the child instead of television. He said that it helped him to understand that he must be always careful.

He also learnt hairdressing for six months. DiDé gave him a machine. For the moment he works with other hairdressers and he is gaining enough money. He also does electricity because he learned that in Nyagatare, too. He had confidence in the bright future.

### **3.1.9 Case M.E**

M.E is a boy of 22 years. He lives with his mother since his father died during the 1994 genocide against the Tutsi in Rwanda.

He was in Primary four when he raped a young girl. He was jailed for five years because he raped a 12 years old girl. At that time he was 15 years. He was released in July 2015.

Initially he was incarcerated in the juvenile prison in Gitarama. He noticed that life was very difficult. He was so depressed that he did not even talk to teachers. He adds that he lived in depression for two and a half years. He felt treated like someone who has no value as a criminal of high level.

After a period of two years and half in Gitarama Prison; he was transferred to the prison to Nyagatare. He spent two years and half at Nyagatare correction center. Life has changed. At Nyagatare he felt relieved and loved. He was given enough to eat; he slept in a decent place. For him it was like home even if they lacked the freedom to go out.

The only challenge at Nyagatare was the lack of the visits from the family members. When he was in Gitarama his mother would visit him very often. At Nyagatare, she came only twice during two and a half years. It made him very sad and he felt very isolated he testified.

To overcome that, he played in the theater troupe "dusangire ijambo". This activity took place every Wednesday. Monday he chose a subject for discussion either on his life in prison or another. What he liked was that the mentors accepted the ideas of everyone. They welcomed all ideas and they were voting to choose the topic of the day. In these groups, they also learned how to behave after the release. At Nyagatare he did plumbing and hairdressing.

After the release, DiDé gave him material for hairdressing and his mother gave him chairs and a radio. He did hairdressing and he is confident in the future.

### **3.1.10 Case M.A**

M.A is young boy of 17 years. He was jailed for a year because he raped a girl of 4 years. He was released in December 2014.

M.A When he committed the crime, he was a household boy. He has parents but he had left home when he was 13 years. He worked as a household boy in the same area at his aunt.

He said that he came from a very poor family that had no means to support him to attend the school. That is why he left primary school.

At the time of his arrest, he was very distressed. He thought he was not going to get out of prison.

When he arrived in Nyagatare, he was very afraid, but after meeting the mentors and other detainees, he felt he was not the only one to face the hardship of the prison.

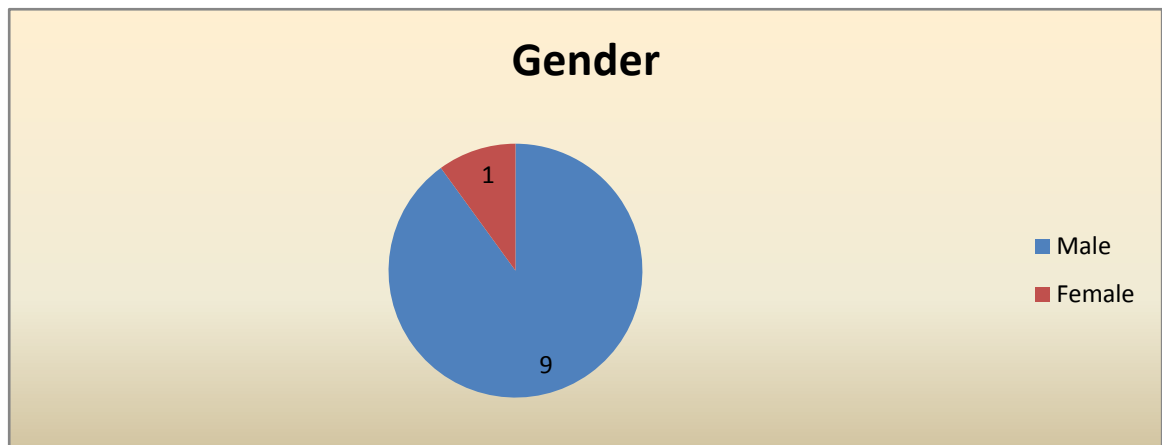
He was supported by his peers through playing theatre and this helped him feel relieved. He also learned to do hairdressing.

After prison, he returned to his aunt. He was lucky to be helped by DiDé that gave him material for the hairdressing. At the moment he has not started yet because he said, he is missing some materials to start his business of hair dressing.

He currently works as a household boy and he has confidence that soon he will be able to earn money that will allow him to realize his dream.

## 4. DEMOGRAPHIC DATA

### 4.1. Chart: no 1 Gender

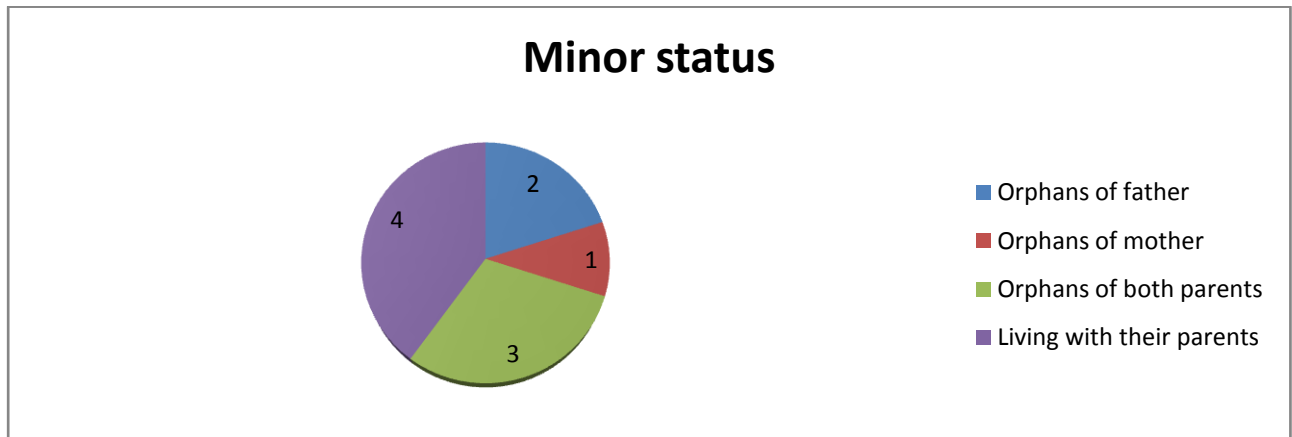


Among 10 minor participants in this research, we have only one wife. This is explained by the same number of incarcerated female in Nyagatare which is around 10% of all incarcerated children.

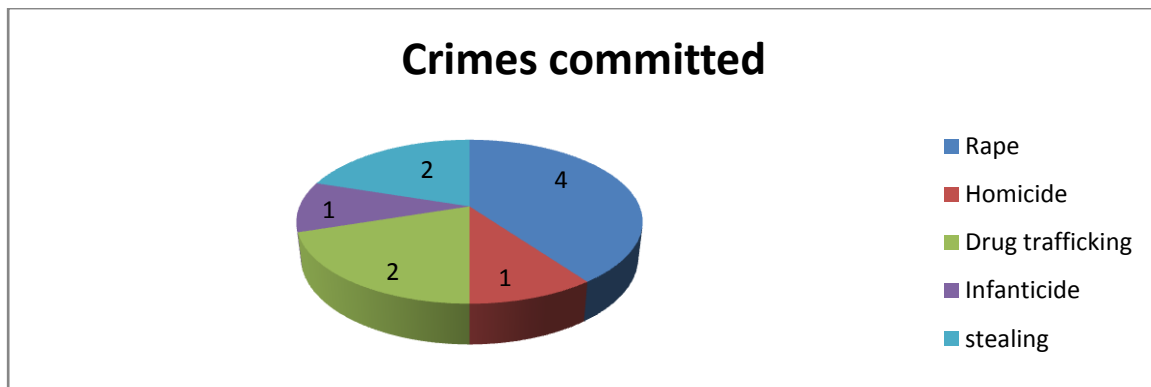
Sampson et al. (1993), indicates that crime is highly correlated with youthfulness and male gender.

### 4.2. Minor status

Minor status	Frequency
Orphans of father	2
Orphans of mother	1
Orphans of both parents	3
Living with their parents	4

**Chart no 2: Minors' Status**

Almost half of the respondents are orphans. This has a negative impact on their education even though those who have parents with low parenting skills may have the same problems.

**4.3 Chart no3: Crimes committed**

The majority of the crimes committed by the minors is rape. That may be explained by the fact that at this age, sexuality is intense among adolescents.

According Gruber, E., & Grube, J. W. (2000), at this age the erotic desires invade the individual with the most impetuous and that is why this age is for some troubled times, and sublimation of these desires is not easy for adolescents.

### **Chapter 3: DISCUSSION OF FINDINGS**

This chapter is concerned with the discussion of the findings related to the two objectives of the study. The chapter has two sections. The first section deals with factors that may influence minors to commit crimes.

The second section, which is indeed the key to this study, is concerned with rehabilitation program in Nyagatare prison and its impact to the minors in the process of integration. It is worth emphasizing that the discussion of findings that relates to the existing theories have been also presented.

#### **3.1. Psycho-social factors that may influence minors to commit crimes.**

##### **3.1.1 Neglect**

Children who have been physically abused or neglected are more likely than others to commit violent crimes later in life (Widom, 1989; Zingraff et al., 1993; Smith and Thornberry, 1995).

A minor released from Nyagatare Correctional Center illustrates this view.

*NT: "When I was at school in primary three, I left school because my parents did not buy a uniform for me. My parents did not ask me or incited me to go back to school; I became a shepherd of cows and goats. I do not think this is because they lacked the means. We have cows and goats. My mother and father drank alcohol, sometimes I had to prepare food for my two little sisters. Even when I committed the crime of killing another child, it was my uncle who came to see me in prison not my parents. My parents had no time for us".*

Another factor that may worsen the situation of negligence is the poverty. Notice that all poor parents are not neglect parents.

The testimony given below demonstrates how it is difficult to grow up in poverty and absence of adequate follow up.



*H.W: ««when I was in primary school, I could get home and found nothing to eat. My mother was market vendor and sometimes she didn't prepare food for us” and she could not have a house girl or boy to do it because she didn't have enough money”.*

According to Drake and Pandey (1996) poverty is most strongly related to neglect. To them, a higher incidence of child maltreatment and neglect, and reductions in welfare benefits are also associated with large increases in substantiated instances of neglect.

### **3.1.2 Witnessing family violence**

Witnessing family violence may also expose a child to the commitment of crime later,

*N.M testifies: “I started to look after my little brother when I was a child myself. He was 6 years old, I was ten. At that time, mom and dad did not stop to spar. My dad was beating my mother and she decided to leave home. She left home with us. But Dad came to claim us. My mother gave us to him. Since that day I began my ordeal. I grew up loving any person. Later, I started to buy and sell cannabis”.*

Exposure to domestic violence can abuse children emotionally and psychologically in various ways; they may be terrorized by behavior that makes them fear for their own safety and/or the safety of their mother or siblings (Holden, 2003).

### **3.1.3 Harsh physical punishment**

Maltreatment by caregivers makes individuals more likely to offend ( Sampson & Laub, 1993; Zingraff, Leiter, Johnsen, and Myers, 1994).

According to Veltman and Brown (2001) and Cicchetti and Rogosch (2001), maltreatment could predispose a child to risky, self-destructive or aggressive behaviors.

The testimony given by one of the interviewees illustrates how the physical punishment impacts the behavior of a child.

*T.D said «I was in primary four when I left school. I went to Kigali town to look for work. My father used to punish me very severely.*

*My parents gave me everything I needed to go to school but I feared my father very much. When I left school, I feared that my father will severely punish me and I left the home directly.*

*At the same time, I had delinquents' friends. These friends were always telling me to leave the house and go to town looking for money. My friends were consuming and selling cannabis”.*

T.D in his testimony demonstrates that he left home because he feared his father who beat him very much.

### **3.1.4 Low levels of parental support of minors and young people.**

Lack of parental interaction and involvement with children may increase children's future risk for violence (Williams, 1994).

T.A interviewed said:

*“After primary school, I wanted to be independent of time since I slept in the living room. I asked my mother to give me a small house that was rented by others. My mother refused to give me. I was very angry and I decided to leave home. I went to live with a friend. My friend was selling cannabis to earn enough to eat. I started selling cannabis, too”.*

His mother did not know how to interact with her child and how to explain to him why it is important to gain money from rent. Instead she let her child left home.

### **3.1.5 Lack of affection between family members.**

According to Williams (1994), a child who is deprived of sympathy and affectionate attention at home misses his or her first example and training in good fellowship, kindness and consideration for others; he or she also misses encouragement to effort and to a renewed confidence in him- or herself. He or she misses the relief from the emotional strain of social contacts and the balm of personal comfort.

A participant in our research testifies how the lack of affection between family members impacts the behavior of a child.

*T.A: “I grew up when my father had died. We were with my mother, but nobody had time to care for each other. My mother was extremely poor and her only concern was to find food for her children. When I was 16 years old, we were in a small house with one bedroom and living room. My mother had inherited two other small houses. I slept in the living room. I did not feel comfortable. I told myself that if I ask my mother one of little houses beside She will accept. Unfortunately she refused. I was angry and I told myself that if I leave home she will ask me to come back and give me this house. To my surprise, she did not even come to visit me where I was living with other young men although it was in the same neighborhood”*

### **3.1.6. Poor parental supervision and monitoring.**

Poor parental supervision is usually the strongest and most replicable predictor of offending (Farrington and Loeber, 1999, Smith and Stern, 1997)

In relation to the above, minor former beneficiary of Nyagatare rehabilitation services narrates.

*N.E: “I grew up with friends that had developed the habit of drinking Kanyanga, a "traditional harmful liquor». The first time I was afraid to drink it, but I finally accepted to consume it.*

*I and my friends in the neighborhood had started stealing the neighbor’s crop and selling them to the market. The money I earned from theft was used to buy ‘Kanyanga. While I was found by the neighbors as the one who had stolen their crops, my parents were inactive and didn’t react. I was so aggressive and my parents closed their eyes on whatever I was doing”.*

### **3.1.7 Low income**

Being raised in poverty has been found to contribute to a greater likelihood of involvement in crime and violence (Sampson and Lauritsen, 1994).

Testimonies of many minor participants in our research talk about the consequences of growing up in a poor family.

**N.M:** *“I grew up in a poor family. My mother cleaned the road to feed us. My father was mentally ill. When I was 15, I realized that I could not respond to my needs without money. I started in the sale of cannabis. I was imprisoned in Kigali in the commonly named 1930 prison. When I was released, I promised myself not to do it again in any case. I was wrong because I spent some months without money and I restarted because I was lacking something to eat”.*

T.A said: *“My family is very poor. I finished primary school only because sometimes I missed notebooks, the uniform or school fees. I looked for ways to gain money just after primary school”.*

**U.T** testifies that *she killed her baby because she was very poor and she was taking care of her two little brothers. In her case, she could not find something to feed another child while she did not even provide enough to her brothers.*

Parts from testimonies given by the minors, parents or caregivers demonstrate their views.

The low levels of parental support of minors and young people have been shown by some parents.

**Parent1** says *“It was a bad child to the extent that we left him to do what he wanted. We are in a neighborhood where most children are criminals. We cultivate and other children incited him to steal and they sold everything they got to the market. His mother and I did not know what to do. He left school and devoted himself to theft and we didn’t know what to do. Sometimes neighbors came to ask what he stole in their fields. For now we praise the Lord because since he was jailed and released, he became a child who obeys and he even returned to school”.* That minor was apparently not supported by his parents, they left him do whatever he desired.

**Parent2** who participated in our research seems not to care for what his children do.

He said *"for the moment they are adult enough, they just do what seems well to them. A child imprisoned is no longer a child. I told them to pray and they do not want to, they do not obey me."*

For others harsh punishment is a good way to educate their children.

**Parent3** says *"I do not know how the children of today behave. When a child is punished, some see it as a crime. Children's rights are a problem for parents. It is true that sometimes we have a lot of anger and can beat them a bit though a child not punished is spoiled"*

### **3.2 Behavior problems**

Minors who have been treated in the above manner develop some behavior problems.

*N.M testifies: "before getting in jail I was aggressive, I didn't like any one and I was thinking that no one loves me".*

While we were listening to his testimony, we find that he had developed antisocial behavior, violating behavior and hopelessness. He also had poor social skills.

T.D left his home when he was in primary four while he was 16 years. In his testimony we noticed that he had problems of school performance.

He said: *"My father used to beat me. I would have liked to leave school before because I didn't like it but I knew that my father would kill me. It was why when I left school, I ran away"*. He also had low self-esteem. He could not talk to his father or even stay with him for some minutes.

U.T had problems in the development of stable attachments to adults and she tended to withdraw from and to avoid others.

She testifies:

*“After the death of my parents, I lived alone with my two little brothers. Behind us there was my grandfather’s family but I didn’t have any relationship with them. What my grandfather did is to claim the land of my family. I lived with my brothers; I didn’t even have time to play with others. When I was in prison my young brother was taken to an orphanage”.*

Among other problems she also had an unwanted pregnancy.

Some of the minors used and abused drugs:

*N.E said: “I started using drugs when I left home. My friend incited me to use them. Others sold them. “Because of poverty, I started selling cannabis”.*

### **3.2 Rehabilitation program in Nyagatare correctional center and its’ impact on the minors in the process of integration**

#### **3.2.1 Rehabilitation life**

##### **a) Deprivation**

Deprivation of freedom has long been argued to be a primary explanation of violence in prisons and other institutions. Suedfeld (1977) has shown that the unpredictability of, and lack of control over, environmental inputs are significant causes of behavioral breakdown.

In the interview, a minor revealed how the deprivation of freedom has impacted him.

*N.E “When I arrived in Nyagatare center, I told myself that I would die there. Although they welcomed me my heart was elsewhere. I was thinking about the child I had just killed with a stick when we were directing cows, I thought of my parents, who did not even know where they put me. It was like I was in a hole”*

U. T said *“Arriving at Nyagatare I thought that was the end of my life. I was afraid and very anxious. I occasionally also asked myself why I did not die whilst giving birth. I had nightmares”*.

**b) Dependence on institutional structure and contingencies**

A minor shows how the dependence on institutional structure was not easy for him

*T.E. “At Nyagatare, I had a lot of fear because I was convinced of my innocence. I wondered how my family would react on this issue. For unknown reasons I developed stomach problems, thanks to Doctors care, I was dully cured”*.

*T.D added: “arriving at Nyagatare correctional center, I felt sad to the extent that I was ready to commit suicide”*.

Hayes and Blaauw (1997) suggest that certain features of the prison setting can negatively affect coping and adjustment to imprisonment. These include the fear of unknown, distrust of authoritarian environment, lack of apparent control over the future, isolation from family, the shame of imprisonment and the dehumanizing effect of imprisonment.

**c) Hyper vigilance, interpersonal distrust and suspicion**

According to Kampfner (1990), many inmates learn to become interpersonally cautious and even distrustful and suspicious. They attempt to keep others at a distance; for the fear that they will become a victim themselves.

Respondents as they explained the consequence of being in prison had to narrate whom they met in the prison.

*T.A: “Another thing that scared me was that when you were new you could be a victim of homosexuality. I sat aside and I was lucky because I was with a friend who protected me because it was not the first time that he was incarcerated.”*

#### **d) Social withdrawal and isolation**

For Levenson (1975) some prisoners learn to create psychological and physical safe havens through social invisibility; they become as inconspicuous and unobtrusive as possible by disconnecting from the people and events around them.

Such self-imposed social withdrawal means that inmates retreat deeply into themselves, trust virtually no one, and adjust to prison stress by leading isolated lives of quiet desperation.

The minor participant in our research testifies that:

*H.W testified: "when I was in prison, I was very angry, I did not want to be disturbed; I just wanted to be alone. Behind that I also feared to be mistreated by others".*

This behavior has been observed with many children interviewed and if it is not accordingly managed it may cause more problems to the child.

#### **e) Diminished sense of self-worth and personal value**

For Haney (2003) inmates frequently live under dehumanized and deprived conditions and feel degraded by the treatment they receive in jail. Their sense of self-worth or value often diminishes as a result.

*U.T who has committed infanticide revealed to the researcher that when she reached Nyagatare Correctional Center, she would be rejected by others as she considered herself useless and dirty person only deserving death.*

The children who committed crimes related to killing (infanticide, homicide) were the most characterized by the decrease of personal value.

#### **f) Post traumatic stress reaction to the pain of imprisonment**

The adaptation to imprisonment is almost always difficult and, at times, creates habits of thinking and acting that can be dysfunctional in periods of post-prison adjustment. Yet, the psychological effects of incarceration vary from individual to individual and are often reversible. To be sure, then, not everyone who is incarcerated is disabled or



psychologically harmed by it. But few people are completely unchanged or unscathed by the experience. At the very least, prison is painful, and incarcerated persons often suffer long-term consequences from having been subjected to pain, deprivation, and extremely atypical patterns and norms of living and interacting with others.

The prisoners may suffer free floating anxiety, an inability to concentrate, sleeplessness emotional numbing, isolation and depression all connected to their prison traumas (Herman, 1992).

Like all processes of gradual change, of course, this one typically occurs in stages and, all other things being equal, the longer someone is incarcerated the more significant the nature of the institutional transformation. When most people first enter prison, of course, they find that being forced to adapt to an often harsh and rigid institutional routine, deprived of privacy and liberty, and subjected to a diminished, stigmatized status and extremely sparse material conditions is stressful, unpleasant, and difficult.

The following testimony demonstrates how some circumstances in prison can worsen the situation and cause a post-traumatic stress reaction.

T.E expressed to the researcher how hard it was to accept his detention, considering his situation an extreme injustice.

Apart from always being very sad, he developed serious stomach problems, despite the efforts and availability of drugs provided to him by the Center Doctors. He also had nightmares.

The rejection of the detention status caused a post-traumatic stress reaction for many inmates.

### **3.2.2 Rehabilitation services**

To understand the rehabilitation services and what they do to help young people rehabilitated we conducted an interview with two psychologists of Rwanda Correctional Service (RCS) that handles the program in Nyagatare correctional centre and DiDé coordinator in Rwanda.

They have tried to explain the role of each in this program. The information given below informed us of the importance of the framework put in place by the two organizations DiDé and RCS.

### **3.2.2.1 Mental health services**

Mental health services have three main activities such as psychotherapy (group and individual therapy); Forum Theatre; and art therapy (painting; Music, dance, songs... )

In the forum theatre, the words of groups encourage the personal expression of feelings, fears, suffering ..., through techniques that enable a clinical psychologist to enter the world of the adolescent to help. The workshops of dance, song, music, gymnastics, complete the system.

These techniques help the young prisoners to externalize or discharge internal tensions and accumulated stress. They also help children to gain control of psychic suffering situations since it is the young who play them and represent them. At the end of their respective roles, they no longer suffer and the roles enhance their imagination ability.

Playing music, gymnastics ...helps the children to better understand and respect themselves through the expression of sadness, anger, violence, tension, hope, desire, joy, they also contribute in increasing the recognition of everyone's narrative identity, the child feels well listened to, heard, recognized and respected by those to whom he or she addresses .

#### **a. Creative art therapy**

Participants of art therapy shared their knowledge with others in the center in order to increase knowledge. For example, in theatre, respondents said they were educated about HIV prevention, respect for the parents, and positive living. Some groups created handcraft while talking about their lives in jail and the life in community. They tried to teach others how to care for needy people and how to prevent violence. They also educated minors about HIV-related stigma and discrimination, taking care of their health and joining to fight against discrimination.

The above indicates that being part of art therapy is one of the ways to deal with life in jail. Minors manage to show their talent as well as expressing their emotions through arts. They feel confident and discover that being talented is a gift.

*N.M said: To be an actor and playing theatre contributed to my socialization and I felt relieved”.*

*M.E added: “I played in the theatre troupe "dusangire ijambo". This activity took place every Wednesday. Mondays I chose a subject for discussion either on my life in prison or another. What I liked was that the mentors accepted the ideas of everyone. They welcomed all ideas and they were voting to choose the topic of the day. In these groups, we also learned how we should behave after the release”.*

The pictures below show some of the work done by minors during the rehabilitation period



### **b. Psychotherapy**

Minor participants of this study reported that sharing the emotions coming along with a difficult experience is one of the healthiest ways to overcome the effects of incarceration. Sharing emotions as minors who experienced different problems in their lives was one of the ways they used to deal with their difficult experiences.

A psychologist at Nyagatare centre reported that sharing sufferings between young people who faced different problems related to their lives in families is at the root of the initiatives and creation of mental health rehabilitation services at Rwanda correctional services in collaboration with DiDé.

He said that the Psychotherapy space at Nyagatare centre was created in order to form a place where minors would come and share their sad experiences and sorrow that followed their incarceration.

In the same line, a minor in the interview revealed how sharing his emotions has impacted him:

*N.E: “when I arrived in Nyagatare I was too scared, but a counselor welcomed me, we set the day to meet, it reassured me and made me regain confidence».*

Another testifies that:

*T.A: “At Nyagatare people are very kind. They have taught me how to express my fears and pains and I was relieved afterwards. Sharing emotions helped me to feel relieved when my pain became unbearable. At first, I thought that I am the only person to suffer from the experience of the incarceration. But when I talked to my friends whom I meet in a group, I found that there were other young people who were worse than me. I had felt ashamed to disclose my crime experience and I thought that people would not understand my stories or would not be interested in hearing about my experience but talking to a friend was helpful to me and whenever I share this experience, I feel relieved and also it has decreased the shame.*

*What encouraged me was to hear from minors whose experiences seemed to be worse than mine and what was interesting was that they seemed to be well. Their techniques on how they dealt with their problems helped me so much”.*

In the same line, the Clinical psychologist reported that there are many cases of testimonies that show an impact of sharing emotions. Those engaged in this process recovered quickly and became strong enough to face the hardness of the life challenges. When minors rehabilitating at Nyagatare meet and share their pains and sometimes happy moments, they are healed and feel strengthened.

It is interesting to say that sharing emotions sometimes would be done without the presence of the psychologist. Minors would meet and share their experiences in art therapy, theatre and different games.

One of the participants said:

*M.A : « I thought that nobody can trust me and I also did not trust anyone. But at Nyagatare I understood that I am like the others and I can change»*

In the above statement respondents were generally satisfied with mental health services that they got. They felt transformed by them and considered the sessions as a school. Nyagatare center not only offered psychological relief but also made it possible for beneficiaries to access services by creating spaces of individual and group therapy and offering two more psychotherapists in addition to the permanent one. The mental health program gave them a hope to live happily which would have been difficult, or even impossible without its intervention.

Meeting in a group as people who experienced different problems under the program of Nyagatare center helps to break down isolation, secrecy, and shame said a participant.

The minors enjoyed sharing their experiences with those who had similar experiences. It also implies that because members of the group are at different stages of healing, some can gain perspective on how far others have come and this served as evidence that further progress is possible.

### **c. Family visit**

Family visits are very important and keeping people connected with their family members may help in an individual's rehabilitation.

The testimonies below demonstrate how the visit was so important for the minors.

**N.E** « *When I arrived in Nyagatare in the first months no one came to visit me. One day my uncle came to visit me. I was very happy. He gave me news of the family»*

Sometimes the consequence of not being visited goes beyond the expectation.

**T.A** « *I spent six months in Nyagatare center without anyone coming to visit me, not even my mother. When others were visited I was very sad, but I had no choice. My mother knew that I was in Nyagatare but she never came to see me. I felt like a rejected child. When I was released I didn't go home, now I am living with a friend”.*

**T.E** added: “*During my first days in Nyagatare I thought my family did not love me before my sister came to visit me. I even thought that at my relaxation, I would not go home. I was lucky because my sister came to visit me and so did my older brother. I was also rancorous for those who didn't manage to come to visit me”.*

Maintaining family relationships during a period of imprisonment is vital for the well-being of offenders and their families. Active family support can also help to ameliorate the pains of imprisonment. (Ditchfield 1994)

### **d. Community role**

The community and society must also play vital roles in the elimination of the psycho-social, economic, and cultural barriers and other causes of crime, in order to prevent crime, ensure peace, and promote development in the locality (Rakis, 2005).

**U.T** testifies” *I was surprised by the attitude of my family and neighbors. I thought that they will see me as criminal; they welcomed me. Even my neighbor who had denounced me when I committed the crime came to greet me. Everyone was good to me. I live in peace with my neighbors, now I am married; my husband knows my background but we don't have any conflict”.*

The integration depends on many factors but in societies that give a high importance on the community like the Rwandans, acceptance by the community not only increases the self esteem but also empowers the offender to fully integrate himself / herself in the community and this may contribute to the non-recurrence of committing crimes.

### **3.2.2.3 Sports and leisure**

McDermott and King (1989) found that prisoners that are very much involved with physical exercises are protected against physical deficiency and mental decline. Secondly, it helps to create a better relationship between prisoners and the prison staff.

The minors interviewed said that they had time to play football, basketball and to do gymnastics. They also had time to watch television and to play music.

T.D testified: *“In Nyagatare I learned a lot. I played football and that helped me to deal with my isolation. Before, I was in a dance troupe that gave me the impression of being a human being like the others. In football, I was goal keeper and when I played this role, I thought that my future will be better.*

Sports and leisure contribute to the socialization and increase self-esteem without putting aside the sense of belonging to the group.

### **3.2.2.4 Education**

The minors at Nyagatare manage to learn professional courses and the participants in the research demonstrate confidence of being able to satisfy their needs as well as their families’ needs because of the professional knowledge acquired. They feel confident and have discovered that money is power. They are no longer despised in their communities. DiDé has provided them with tools that help them in their professional life.

One interviewee said:

*I can now pay rent, provide myself with what I want. I now feel confident. I don’t have much money but I realized that money is important. People who used to despise me before I learned the professional skills are no longer doing that. Before, I had no hope. The little money I got from my work helped me to meet my need”.*

In relation to the above, a former beneficiary of Nyagatare rehabilitation services narrates:

*“Some people do not understand the burden of being a poor child when your parents do not have enough money. This becomes worse when it is coupled with being an orphan left to care for oneself. Before my incarceration and learning welding, sometimes I had attempted to steal due to the burdens I was enduring. I thank DiDé, they were keen in providing welding tools. This has helped us as minors’ former beneficiaries of Nyagatare rehabilitation services and up to now we are still enjoying the benefits of this project and this has reduced the burdens endured before. I would not think of ever committing a crime again. ”*

The above also shows that in post-jail reintegration, minors require the establishment of educational and income generating projects to enable them to become economically self-reliant. DiDé helped some minors to have access to economic opportunities by providing them with tools that help them to create their own jobs which was very critical because, first, minors were victims of social environment; and second, many minors were in desperate need of psycho social attention. This gave them means to provide for themselves and their dependents.

#### **a. Primary and secondary school**

Some minors got the opportunity to complete their primary or secondary school while detained at Nyagatare.

*N.E : “ I had the chance to follow the studies in Nyagatare in secondary two. I stopped there. I had six months of jail but after I went back to school.Now I am in the third year and I prepare myself for the state exam I am confident that I will succeed in it.”*





### **b. Professional courses**

As it has been cited by the psychologist, the professional courses are the key to help minors to reintegrate the society with the hope of being useful for others. Minors receive a certificate after the professional courses and that increases their confidence.

### ***Construction, carpentry and welding***



T.A appreciates the time spent in learning his profession: *“I learned welding, and I am lucky because DiDé gave me welding workshop materials. For the moment I make cooking stoves and metal doors and windows. For now people trust me. It gives me courage and I think I will succeed in life.”*

On the same way T.E reinforces the benefits of learning a new profession: *« I learned hairdressing. Because there is no electricity in my neighborhood I go to the center where*

*there is. This is a good profession that helps me to overcome the challenges I was facing and to meet my needs».*

### **Tailoring**



Minors testify to have had great luck with the rehabilitation services at Nyagatare. The mental health services helped them to express what happened to them and to talk to someone else who is receptive.

The availability of a safe space of listening and the favorable environment encouraged minors in rehabilitation centre to open up and share their sad experiences.

Sharing emotions is one of the healthiest ways of overcoming the effects of imprisonment.

Meeting in a group as people who experienced the same problem also helped to break down isolation, secrecy, and shame. The minors enjoyed sharing their experiences with those who had had similar experiences. It also implies that because members of the group are at different stages of healing, some can gain perspective on how far others have come and this served as evidence that further progress is possible.

Many of the minors are the victims of social problems. They acknowledge that talking in a group, playing together in a theatre forum and participating in art therapy was their therapy.

Belonging to a prison of minors with a special care restored social support networks and relationships. This brought minors in rehabilitation comfort and hope. They also enjoyed belonging at Nyagatare centre instead of being with adults and considered it as a family

with which they shared their happiness and sufferings. They are people that take care of them and they feel recognized, loved and cared for.

The support provided to the released children by DiDé has been vital in fulfilling the rehabilitation process, as those kits allowed the children to have adequate start-ups kits essential for the new profession.

It is of paramount importance to indicate the strong relationship that exists between the existing literature in relation to rehabilitation services received by minors during rehabilitation services and their behavior change after reintegration.

However, the rehabilitation services in Nyagatare centre's approach seem unique. Its purpose is specifically to satisfy the needs of minors incarcerated who originally might have experienced difficulty in accessing services especially when incarcerated with adults.

Sharing services with incarcerated adults had affected their health-seeking behavior and posed a challenge to the health sector. Respondents that were first in prison for adults testify that this approach is the best one.

Even if the reintegration process is appreciable taking into consideration the efforts deployed by DiDé and the entire team of Nyagatare Correctional center, one has to stress the lack of adequate measures to accompany the child when he or she returns in his community.

The researcher suggests mobilizing the team of (Psychologist, social worker,) to visit families at least three months before the release of the child, especially for children who have not been visited during detention period, seems of importance.

The active involvement of local authorities (cells and sectors) is needed. Some of them promised to help former minors' detainees during the ceremony of the material delivery by DiDé and RCS, but actually they did nothing.

Further research may guide suitable interventions that may be initiated to insure a sustainable follow up.

## **Conclusion**

This study has aimed to contribute to the assessment of the rehabilitation services received by minors during rehabilitation period at Nyagatare correctional center and the level of psychological well-being and positive development of the minors after being released.

The study intended to provide an empirically based study on the factors that may influence minors to commit crimes and on the impact of psycho-social practices benefited from during rehabilitation period after the release.

The study's scope was restricted to Nyagatare centre that implemented the program. The study's interrelated research hypotheses were twofold: the first hypothesis was concerned with the psycho-social factors that influence minors to commit crimes

The second focused on the rehabilitation services received by the minors during the rehabilitation period and their impact on behavior change, psychological well-being and facilitation of resourceful re-integration. The study was qualitative and was analyzed qualitatively.

The interviews with the minors demonstrate the wide spectrum of criminal factors that they experience.

Neglect, witnessing family violence, harsh physical punishment or abuse, low levels of parental support of minors and young people, lack of affection between family, poor supervision and monitoring which allows minors and young people to form associations with antisocial peers and low income.

Neglect and low income are mainly described as primarily criminal factors that influence minors to commit crimes.

Poverty results into financial insecurity that increases minors' vulnerability. Low levels of parental support of minors and young people as well as disappointment from the parents caused a negative psychological effect.

The participants of the study assert that they are generally satisfied with the impact of rehabilitation services. The project provided two key components- medical which included mental health services and Education that they consider to be critical for the post-release setting and reintegration. The former beneficiaries of Nyagatare rehabilitation services have confidence and hope for their future. Having the chance to study ensures in feeling like others. In regard to the psychological aspects, sharing emotions in group therapy, Theatre forum or art therapy was found to be the healthiest ways of coming to terms with the effects of prison. They became strong enough to face the hardness of life. The availability of a safe space for listening and a favorable environment encouraged the minors to open up to share their experiences.

The former beneficiaries of the rehabilitation services consider group sessions as a school where they learnt to develop a positive way of thinking and believe it has saved their lives. The study noted a strong relationship between rehabilitation services and the behavior change after the integration.

To conclude, there is strong relationship that exists between the existing literature in relation to rehabilitation services received by minors during rehabilitation services and their behavior change after reintegration.

### **Limitations of the study and suggestions for further research**

This study reflects the experience only of minor former beneficiaries of the rehabilitation services of Nyagatare centre in collaboration with DiDé who were selected purposively to participate in the study and data was collected through interviews. Under these circumstances the results are limited to what the participants were willing to disclose about their experiences. The fact that the interviews were recorded may also have caused the participants to be less spontaneous. In addition, given that the study was exploratory, the results cannot be generalized beyond the context of this study.

Translation seems to have been another limitation as some words could lose their original meaning from language to another. In order to minimize the negative effect of translation a check by experts' translators was used.

This study was limited to a deep understanding of the role of rehabilitation services received by minors at Nyagatare rehabilitation centre. Therefore, I believe that the study's conclusions will serve as hypotheses to be tested in further research. Moreover, given that this study was not aimed at any generalization, further studies that cover a variety of other rehabilitation centers implementing different projects that play a role in dealing with reintegration after the release and that are extended across the entire country should be conducted.

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# APPENDIX

## **INTERVIEW GUIDE**

### **I. FIRST PART: Questions related to the life before incarceration period**

1. Brief identification of participant (name, address, job,)
2. Try to describe how was the family life before incarceration (was there mutual help, love and affection to each other, satisfaction of basic needs or not?)
3. How your parents or caregivers cared/looked after you before imprisonment?(Neglect, harsh physical punishment or abuse, )
4. What were the characteristics/behaviors of your peer group members before imprisonment?
5. How were the relationships between your parents or caregivers? (Family conflicts, lack of affection between family members).
6. What can you talk about your parent's behaviors? Do you think that is there in relationship between unwanted parents behaviors and yours? (Substance abuse, violence and criminal activities).
7. How your family income covered family basic needs?
8. Which crime did you committed that caused your incarceration?

### **SECOND PART: Questions related to the life during incarceration period**

9. How did you feel after being incarcerated? What is the life conditions experienced in prison?
10. According to you what are the many challenges met after being imprisoned (deprivation, Dependence on institutional structure and contingencies, Incorporation of exploitative norms of prison culture)
11. What are the physical and psychological effects did you face during incarceration period?( Hyper vigilance, interpersonal distrust, and suspicion, emotional over-control, alienation, and psychological distancing, social withdrawal and isolation, diminished sense of self-worth and personal value and post-traumatic stress reactions to the pains of imprisonment)
12. Is there any help benefited to overcome such consequences of before and during incarceration? Please provide details of help benefited.

### **THIRD PART: Questions related to the life after incarceration period**

13. Is there any importance you notice in rehabilitation services benefited during imprisonment? If yes could you explain more how did they help you in reintegration process?
14. Was it the first time to benefit such services? If no what are other services did you benefited and when?
15. Did the psychosocial support changes your life?

### **II. INTERVIEW WITH A MEMBER OF THEIR FAMILY**

1. When your child was imprisoned for the first time
2. What had he/she done?
3. Have you gone visit your child when he/she was incarcerated?

4. If yes what that has brought to you and to your child?
5. How had you been received to prison?
6. If not what made you not visited your child?
7. What help he had received in prison? Is that brought him some change?
8. Since it was released do you observe any change?
9. How he/she behaves at the moment?

### **III. INTERVIEW WITH CENTER PSYCHOLOGIST**

1. What crimes that the minors you receive in Nyagatare centre have done? What age did they have in general?
2. How did they help to overcome hard life in prison?
3. If you make a comparison between their arrival in prison and releasing day have you seen any difference?
4. When they get here how they do behave?
5. Do you make a follow-up after their release?

### **IV. INTERVIEW WITH COUNTRY COORDINATOR OF DIDÉ**

1. What helps your NGO brings to minors incarcerated?
2. What is the purpose of your intervention?
3. Your action has any benefit for minors who receive them
4. Does your organization do a follow up after the release of minors?

**THANK YOU**

## **INYOBORAKIGANIRO.**

### **I. INGINGO YA MBERE: Imibereho ya mbere yo gufungwa.**

1. Watangira utwibwira uko witwa , icyo ukora ubu n'aho uba. Imyaka, abo mubana ni sano mufitanye.
2. Mbere yuko ufungwa wari ubayeho ute mu muryango wawe? Abo mu muryango mwari mubanye mute? (bagukunda, bagufasha mu mibereho, bakwitaho, baguha ibyo ukeneye byangombwa cyangwa se ikinyuranyo kibyo)
3. Ababyeyi bawe cyangwa abakureraga bakurikiranaga bate uko ubayeho umunsi ku munsi (bazi incuti zawe, icyo wiriwe ukora, niba wiga, icyo wize... cyangwa se ikinyuranyo kibyo)
4. Ni ibihe bigarino cyangwa ibikorwa wagiranaga n'inshuti zawe?
5. Ababyeyi bawe cyangwa abakureraga bari babanye bate? (nta makimbirane, buri wese yita ku wundi cyangwa ikinyuranyo kibyo)
6. Ababyeyi cyangwa abakurera bitwara bate? Ukeka ko hari isano bofitanye nuko witwaraga? (imico iboneye, abanywi b'ibiyobyabwenge, cyangwa ikinyuranyo nibyo)
7. Watubwira muri make uko umuryango wanyu wari uhagaze mu byerekeranye n'umutungo no kwihaza mubyo ukenera? Mwari bangahe
8. wakoze iki cyatumye ufungwa ?

### **INGINGO YA KABIRI: Imibereho mu gihe cyo gufungwa**

9. umaze kugera muri gereza byakugendekere bite? Imibereho yari imeze ite?
10. Nibihe bintu byakugoye/ byakubangamiye cyane kurusha ibindi igihe wari ufunze?
11. Nibihe bibazo bidasanzwe (mu mitekereze, mu mibanire,) waba wargize igihe wari ufunze? Byaguteye ngaruka ki?
12. Ese ababyeyi bawe cyangwa abakurera babashije kugusura? Ese wasurwaga cyane ninde?
13. Ese hari ubundi bufasha waherewe muri gereza bwagufashije guhangana n'ubwo buzima bwo muri gereza? Wadusobanurira kuburyo burambuye.

### **INGINGO YA GATATU: Imibereho nyuma yo gufungurwa**

14. Ubufasha wahawe/ibikorwa wakorewe mu gihe wari ufunze hari icyo bikumariye muri iki gihe wafunguwe? Wadusobanurira mu magambo arambuye?
15. Ise wumva byarahinduye ubuzima bwawe.

## **II. INYOBORABIGANIRO N'ABO MU MURYANGO W'ABANA BAFUNGUWE**

1. Umwana wanyu mbere y'uko afungwa mwari mubanye mute?
2. Ese umwana yafungiwe iki?
3. Amaze gufungwa se mwabashije kumusura no kumuba hafi?
4. Niba ari yego byagufasha iki nk'umubyeyi kandi wabonaga bimariye iki umwana
5. Kuri gereza babakiraga bate?
6. Niba ari oya niki cyatumye udasura umwana wawe?
7. Ubufasha yaherewe muri gereza ni ubuhe? Ese mubona bwaramumariye iki?
8. Aho afunguriwe mubona afite myitwarire ki ugereranije na mbere?
9. Ubu se mubanye mute?



**III. INYOBORABIGANIRO N'UMU PSYCHOLOGIST WA CENTER YA NYAGATARE N'IKIGO CY'IMFUNGWA N'ABAGORORWA.**

1. Abana mwakira muri iyi center ni abakora ibihe byaha ? kandi bari mu nkihe kigero cy'imyaka?
2. Iyo bageze aha se mubona bafite iyihe myitwarire ?
3. Bafashwa bate guhangana n'ubuzima bwo kuba muri gereza? Mwdusobanurira ku buryo burambuye.
4. Mugereraniye uko binjira bameze nuko basohoka mubona hari impinduka ziba zabaye mu mibereho yabo ? mwadusobanurira.
5. Ese nyuma yuko bafunguwe hari ubwo mukomeza gukurikirana ubuzima bw'aho bagiye.

**IV. INYOBORABIGANIRO N'UMUHUZABIKORWA WA DIDE MU RWANDA**

1. Umuryango wanyu ni ubuhe bufasha utanga ku bana bafunze?
2. Ese ubwo bufasha buba bugamije iki?
3. Mubona se ubufasha mutanga hari icyo bumarira abana bafunze ?
4. Umuryango wanyu ujya ukurikirana imibereho y'abana wafashije bamaze gufungurwa ?

**MURAKOZE**

## **Informed Consent Document**

I am Adélie MUKAMANA a student at University of Rwanda, undertaking a Masters degree in Clinical Psychology and Therapeutics. I am conducting a research on Impact of psycho-social support received by minors during incarceration period on their behavior change after the release.

You are invited to join a research study to look at Impact of psycho-social support received by minors during incarceration period on their behavior change after the release. Please take whatever time you need to discuss the study with your family and friends, or anyone else you wish to. The decision to join, or not to join in this research of the impact of psycho-social support received by minors during incarceration period on their behavior change after the release is up to you.

### **WHAT IS INVOLVED IN THE STUDY?**

If you decide to participate you will be asked to participate in interview, and we think this will take you at least thirty minutes to one hour.

### **RISKS**

No risk which will be encountered when you accept to participate in this research

### **BENEFITS TO TAKING PART IN THE STUDY?**

It is reasonable to expect the following benefits from this research: Impact of psycho-social support received by minors during incarceration period on their behavior change after the release. However, we can't guarantee that you will personally experience benefits from participating in this study. Others may benefit in the future from the information we find in this study.

### **CONFIDENTIALITY**

We will take the following steps to keep information about you confidential, and to protect it from unauthorized disclosure, tampering, or damage: the data from the research will be available only for academic reason (by student, universities) and research.

During the publication at international level, no name of participants will be mentioned. We assure that the personal things found in this research will be confidentially kept.

The interview recoding will be kept in locked cabinets, and soft files will be kept on a computer, with a password known only by the people authorized to use correctly the data.

### **INCENTIVES**

the participation is for free and no incentive designed to the participants.

### **RIGHTS AS A RESEARCH PARTICIPANT**

Participation in this study is voluntary. You have the right to participate or to leave the study at any time. Deciding not to participate or choosing to leave the study will not result in any penalty or loss of benefits to which you are entitled, and it will not harm your relationship with anyone

### **CONTACTS FOR QUESTIONS OR PROBLEMS**

Call Mr. Adélie MUKAMANA at **0788842474/0730607777**. You may also call Prof. Eugene RUTEMBESA at 0788426866 at any time, if you have questions about the study, any problems, unexpected physical or psychological discomforts, any injuries, or think that something unusual or unexpected is happening.

### **Consent of Subject (or Legally Authorized Representative)**

Signature of Subject or Representative

Date

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## **ICYEMEZO KIGARAGAZA KO UMUNTU YEMEYE NTA GAHATO GUKORESHA MU BUSHAKASHATSI**

Nitwa MUKAMANA Adélite ndi umunyeshuri muri kaminuza y'u Rwanda nkaba ndi gukora ubushakashatsikukugaragaza akamaro k ubufasha mu by'imiterere n'imatekerereze y'umuntu buhabwa abana bafungiyeye mu bigo ngororamuco nka Nyagatare ku guhinduka mu mico no mu myitwarire igihe bamaze gufungurwa

Tunejejwe no kugutumira ngo ube umwe mu batanga amakuru akwerekeyeho mu rwego rwo Kugaragaza akamaro k ubufasha mu by'imiterere n'imatekerereze y'umuntu buhabwa abana bafungiyeye mu bigo ngororamuco nka Nyagatare ku guhinduka mu mico no mu myitwarire igihe bamaze gufungurwa. Ubwo bushashatsi buzafasha mu kurushaho kumenya akamaro kubwo bufasha no kunoza iyo gahunda ngo irushaho kugirira akamaro abayihabwa.

Turagusaba kubitekerezaho neza akaba ari wowe ufata umwanzuro uhamye, wo kwitabira ubushakashatsi cg wo kutabikora. icyemezo icyo aricyo cyose wafata kirakirwa neza.

### **1. IBISABWA NUKO BIZAKORWA**

Nuramuka wemeye kuba umwe mubazatangaamakuru muri ububushakashatsi, turaza kugirana ikiganiro gifata nibura hagati y'iminota mirongo itatu n'isaha bitewe nuko ikiganiro kiri bugende. Nyuma amakuru watanze azakusinyirizwa hamwe nayabandi batanze, asesengurwa mu buryo bwa gishakashatsi ibyavuyemo bizatangazwa kandi nawe uzaba ubifiteho uburenganzira.

### **2. INGARUKA**

Ntangeruka nimwe uzahura nayo igihe wakwemera gutanga amakuru arebana n'ububushakashatsi. Abitabiriye ubushashatsi bandikwa mu buryo bw'ibanga budatuma abasha kumenywa nuwo ariwe wese.

### **5. IBYIZA BY'UBU BUSHAKASHATSI**

Ububushakashatsi buzafasha mu kugaragaza akamaro k ubufasha mu by'imiterere n'imatekerereze y'umuntu buhabwa abana bafungiyeye mu bigo ngororamuco nka Nyagatare ku guhinduka mu mico no mu myitwarire igihe bamaze gufungurwa. Ibi bifasha mu nkunoza gahunda zigenerwa abo bana.

### **6. KUBIKA AMABANGA Y'IBYAVUYE MU BUSHAKASHATSI**

Ibyavuye mu bushakashatsi bibikwa mw'ibangarikomeye. Igihe bibaye ngombwa ko umuntu yandika ubuzima bw'umuntu ku giti ke; nta mazina agaragara mubyanganditswe.

Ibyo kandi niko bigenda igihe ibyavuye mu bushakashatsi bigiye gutangazwa mu rwego mpuzamahanga. imfatamajwi zakorewe ho ubushakashatsi zibikwa mu kabati gafunze kandi ibishyizwe muri mudasobwa bifungwa n'imfunguzo z'ikoranabuhangaza bigenewe. Iyo isesengura rirangiye ibyafashwe mu majwi birahanagurwa.

## **7. IBYEREKEYE IBIHEMBO**

Nta gihembo gihabwa uwatanze amakuru muri ububushakashatsi. ni ubwitange.

## **8. UBURENGANZANZIRA N'AMATEGEKO BY'UTANGA AMAKURU**

Gutanga amakuru muri ububushakashatsi n'ubushake. Ufite uburenganzira bwo kutayatanga, kutayatanga cg guhagarika kuyatanga igihe cyos ewabishakira. Nta gihano nakimwe gihabwa uwanze gutangaamakuru.

## **9. UWO WAKWIYAMBAZA IGIHE UGIZE IKIBAZO**

Uramutse ugize ikibazo kijyanye n'ububushakashatsi; ushobora guhamagara Adélite MUKAMANA kuri 0788842474/0730607777 ushobora no guhamagara Prof. Eugène RUTEMBESA kuri telefoni no. 0788426866 igihe cyose uhuye n'ikibazo.

## **10. KWEMERA AMASEZERANO**

Kwemera aya masezerano, byemezwa n'umukono w'umuntu wemeye gutanga amakuru cg y'umuhagarariye mu mategeko


**Umukono**

**Italiki**

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## Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **ADELITE MUKAMANA** successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 06/27/2016.

Certification Number: 2102210.

x

Adélite MUKAMANA

MPsy Candidate (Reg 215029177)

Tel: 07888842474/0730607777

E-mail: madelite76@yahoo.fr

Kigali, 28/06/2016

**Chairperson of CHMS IRB/UR**

**RE: Research Protocol Submission**

Dear Sir,

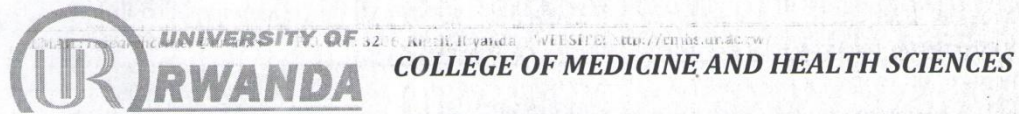
Enclosed please find the protocol and other related documents for the study, “**Impact of psycho-social support received by minors during incarceration period on their behavior change after the release.**.”

This study is part of the academic requirements for a Master Degree in Clinical Psychology and Therapeutics. This research project will be conducted under the supervision of Professor Eugène RUTEMBESA.

I look forward to your comments and approval.

Sincerely,

Adélite MUKAMANA



CMHS INSTITUTIONAL REVIEW BOARD (IRB)

Kigali, 28/07/2016

**Adélie MUKAMANA**  
School of Medicine and Pharmacy, CMHS, UR

**Approval Notice: No 320 /CMHS IRB/2016**

Your Project title *“Impact of psycho-social support received by minors during Rehabilitation period on their behaviour change after the release”* has been evaluated by CMHS Institutional Review Board.

Name of Members	Institute	Involved in the decision		
		Yes	No ( Reason)	
			Absent	Withdrawn from the proceeding
Prof Kato J. Njunwa	UR-CMHS		X	
Prof Jean Bosco Gahutu	UR-CMHS	X		
Dr Brenda Asimwe-Kateera	UR-CMHS	X		
Prof Ntaganira Joseph	UR-CMHS		X	
Dr Tumusiime K. David	UR-CMHS		X	
Dr Kayonga N. Egide	UR-CMHS		X	
Mr Kanyoni Maurice	UR-CMHS	X		
Prof Munyanshongore Cyprien	UR-CMHS		X	
Mrs Ruzindana Landrine	Kicukiro district		X	
Dr Gishoma Darius	UR-CMHS	X		
Dr Donatilla Mukamana	UR-CMHS		X	
Prof Kyamanywa Patrick	UR-CMHS		X	
Prof Condo Umutesi Jeannine	UR-CMHS		X	
Dr Nyirazinyoye Laetitia	UR-CMHS	X		
Dr Nkeramihigo Emmanuel	UR-CMHS		X	
Sr Maliboli Marie Josee	CHUK	X		
Dr Mudenge Charles	Centre Psycho-Social		X	

After reviewing your protocol during the IRB meeting of where quorum was met and revisions made on the advice of the CMHS IRB submitted on 27<sup>th</sup> July 2016, **Approval letter has been granted to your study.**

Please note that approval of the protocol and consent form is valid for **12 months.**

You are responsible for fulfilling the following requirements:

1. Changes, amendments, and addenda to the protocol or consent form must be submitted to the committee for review and approval, prior to activation of the changes.
2. Only approved consent forms are to be used in the enrolment of participants.



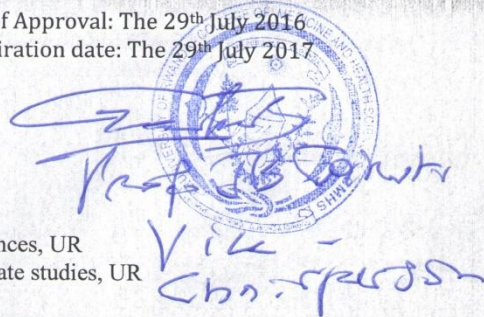
3. All consent forms signed by subjects should be retained on file. The IRB may conduct audits of all study records, and consent documentation may be part of such audits.
4. A continuing review application must be submitted to the IRB in a timely fashion and before expiry of this approval
5. Failure to submit a continuing review application will result in termination of the study
6. Notify the IRB committee once the study is finished

Sincerely,

Date of Approval: The 29<sup>th</sup> July 2016

Expiration date: The 29<sup>th</sup> July 2017

*for* Professor Kato J. NJUNWA  
**Chairperson Institutional Review Board,  
College of Medicine and Health Sciences, UR**



*Vik -  
Chairperson*

**Cc:**

- Principal College of Medicine and Health Sciences, UR
- University Director of Research and Postgraduate studies, UR



College of Medicine and Health Sciences  
 School of Medicine and Pharmacy  
 Clinical Psychology Department



**Masters Students' Research Proposals accepted by Clinical Psychology Department Panels , 2016**

	<b>Names of Students</b>	<b>Research Proposal Titles</b>	<b>Supervisor</b>	<b>Departmental Panel for Acceptance</b>	<b>Decision</b>
1	MIHIGO Isaie	The impact of traumatic events on prevalence and severity of PTSD among refugees: <i>"Case Study of Congolese and Burundian Refugees Residing in Country of Rwanda"</i>	Dr Ignatiana MUKARUSANGA	Dr Jean MUTABARUKA, Dr Ignatiana MUKARUSANGA, Dr Assumpta MUHAYISA , Dr Simeon SEBATUKURA	Accepted
2	MUHOZA Aimable	Prevalence and Predictors of Depression in Patients with Type 2 Diabetes Mellitus attending "Centre Hospitalier Universitaire de Butare" (CHUB).	Dr Jean MUTABARUKA	Dr Jean MUTABARUKA, Dr Ignatiana MUKARUSANGA, Dr Assumpta MUHAYISA , Dr Simeon SEBATUKURA	Accepted
3	MUKAMANA Adelite	Impact of psycho-social support received by minors during incarceration period on their behaviour change after the release.	Prof. Eugene RUTEMBESA	Dr Jean MUTABARUKA, Dr Ignatiana MUKARUSANGA, Dr Assumpta MUHAYISA , Dr Simeon SEBATUKURA	Accepted
4	MUKASEKURU Donatille	Role balance and Psychological effects among Rwandan woman civil servant: Case of KIGALI City	Dr Assumpta MUHAYISA & Dr Jean MUTABARUKA	Prof. Vincent SEZIBERA, Dr Jean MUTABARUKA, Dr Ignatiana MUKARUSANGA, Dr Assumpta MUHAYISA , Dr Simeon SEBATUKURA	Accepted
5	MUSABEYEZU	Coping strategies and resilience	Prof. Eugene RUTEMBESA	Dr Jean MUTABARUKA, Dr Ignatiana	Accepted