

**BINDURA UNIVERSITY OF SCIENCE EDUCATION
FACULTY OF SOCIAL SCIENCES AND HUMANITIES
DEPARTMENT OF SOCIAL WORK**

**FACTORS INFLUENCING THE RELAPSE OF FORMER CHILD OFFENDERS: A
CASE OF NORTHCORT TRAINING INSTITUTION IN MT HAMPDEN.**

(B200780B)

2024



**A dissertation submitted to Bindura University of Science Education, Faculty of Social
Sciences and Humanities, Department of Social Work, in partial fulfilment of the
requirements for the Bachelor of Science Honours Degree in Social Work**

JUNE 2024

APPROVAL FORM

Supervisor

I certify that I have supervised Vimbai Gutu for this research titled: **Factors influencing the relapse of former child offenders .A case study of Northcort training institute Mt Hampden** in partial fulfillment for the requirements for the Bachelor of Science Honours in Social Work Degree and recommend that it proceeds for examination.

Supervisor

Name: Ngweny Njovu JP Signature: [Signature] Date: 08/10/2024

Chairperson of Department Board of Examiners

The Departmental Board of Examiners is satisfied that this dissertation report meets the examination requirements and I therefore recommend to the Bindura University to accept a research project by Vimbai Gutu in partial fulfillment of the requirements for the Bachelor of Science Honours Degree in Social Work.

Chairperson

Name: Hyamaka LC Signature: [Signature] Date: 08/10/2024

Student

Name: Gutu Vimbai Signature: [Signature] Date: 08/10/2024

APPROVAL FORM

I certify that I supervised **Gutu Vimbai** in carrying out this research titled: **Factors influencing the relapse of former child offenders .A Case of Northcort Training Institute in Mt Hampden** in partial fulfilment of the requirements of the Bachelor of Science, Honours Degree in Social Work and recommend that it proceeds for examination.

Supervisor

Name Signature..... Date.....

Chairperson of the Department Board of Examiners

The departmental board of examiners is satisfied that this dissertation report meets the examination requirements and therefore I recommend to Bindura University of Science Education to accept this research project by Gutu Vimbai titled: **Factors influencing the relapse of former child offenders. A case study of Northcort Training Institute in Mt Hampden** in partial fulfilment of the Bachelor of Science, Honours Degree in Social work.

Chairperson

Name..... Signature..... Date.....

DEDICATION

This dissertation is a culmination of years of hard work, perseverance, and unwavering support, and it is with immense gratitude and love that I dedicate this work to my parents. Your endless encouragement, sacrifices, and belief in me have been the bedrock of my academic journey, your unwavering faith in my abilities has been a source of strength, and your guidance has been invaluable. This achievement is as much yours as it is to mine, and I dedicate this dissertation to you with deepest admiration and appreciation for everything you have done. Thank you mom and dad.

ACKNOWLEDGEMENTS

To my dearest friends, 'THE TRIAMVIRATE', Mr N Moyo and Mr D.A. Dzama, I am incredibly grateful for the unwavering support, encouragement and understanding you have provided through my academic journey. Your friendship has been a source of strength and joy, and I am deeply appreciative of the countless memories of laughter, shared experiences, and the invaluable support you have offered. While your names may not appear on the formal pages of this dissertation, please know that your influence and presence have been instrumental in shaping my path to this achievement.

To my dear sister and brother, Mr L.I. Gutu and Miss K Gutu, your love, guidance, and unwavering belief in me have been a constant source of inspiration. From the countless late-night conversations to the shared moments of celebration and encouragement, your presence in my life has been a cornerstone of my success. I am profoundly grateful. Acknowledging this achievement to our bond and the strength it has given me throughout this journey.

Not forgetting the Almighty God for protecting me throughout the years in good health.

ABSTRACT

The study examined the factors influencing the relapse of former child offenders at Northcort Training Institute. The major aim of the study was to examine the drivers of relapse amongst child offenders, understand the process and effectiveness of the rehabilitation of child offenders and to investigate on the challenges faced in integrating child offenders into the society. The study employed a case study research design. The research was qualitative in nature and employed interviews and a focus group discussion for the purpose of data collection. A sample size of 25 participants was drawn from the target population and was utilised to collect relevant information to the study. The study employed the risk need responsivity theory. The study investigated the interplay of risk factors, need and responsivity to treatment interventions. The study also gave an insight on the factors influencing the relapse of former child offenders, and gave an intensity of services rendered to juveniles after their first offense. This shed light and gave an understanding why some children who have been convicted of a crime in the past are more likely to reoffend, resulting in the study to be able to develop more effective interventions to reduce the risk of recidivism. In addition, it helped in raising awareness on the issue of child offenders.

Table of contents

APPROVAL FORM	ii
ACKNOWLEDGEMENTS	iv
ABSTRACT	v
CHAPTER 1: INTRODUCTION AND BACKGROUND OF THE STUDY	1
1.0 INTRODUCTION.....	1
1.1 BACKGROUND TO THE STUDY.....	1
1.2 STATEMENT OF THE PROBLEM.	4
1.3 AIM OF THE STUDY.	4
1.5 RESEARCH QUESTIONS.....	5
1.6 ASSUMPTIONS.	5
1.7 SIGNIFICANCE OF THE STUDY.	5
1.9 LIMITATIONS OF RESEARCH.	6
1.10 DEFINATIONS OF KEY TERMS.....	6
1.10.1 Juvenile	7
1.10.2 A minor or child.....	7
1.10.3 Relapse	7
1.10.4 Recidivism	7
1.10.5 Rehabilitation.....	7
1.12 CHAPTER SUMMARY.....	7
CHAPTER 2: LITERATURE REVIEW	8
2.0 INTRODUCTION.....	8
2.1 THEORETICAL FRAMEWORK	8
2.1.2 Risk Need Responsivity.	9
2.2 CONCEPTUALISATION OF RELAPSE AMOUNGST CHILDREN.	14
Figure 2.2	14
2.2.1 Risk.	15
2.2.1(I) Environmental risk factors.....	15
2.2.1(II) Interpersonal/social risk factors.....	16
2.2.1(III) Physical risk factors caused by substance abuse.....	16
2.2.1(IV) Involvement in the juvenile justice system.....	17
2.2.2 Need.....	17
2.2.3 Responsivity	18
2.2.3. (I) Age of first offence.	18

2.3 EXTENT OF RECIDIVISM AMONGST MINORS.	19
2.3.1 Global View	19
2.3.2 Regional view and local view.	21
2.4 RISK FACTORS FOR RECIDIVISM OR RELAPSE.	23
2.4.1 Substance abuse.	23
2.4.2 Peer influence.	24
2.4.3 Mental health issues.	25
2.4.4 Parental or family criminality.....	25
2.4.5 Stigmatisation and lack of support.	26
2.5 PROCESS OF REHABILITATION OF CHILD OFFENDERS.	27
2.5.1 Delinquent behaviour.	27
2.5.2 Referral.....	28
2.5.4 Transfer or Wavier.	28
2.5.5 Detention.	28
2.5.6 Adjudication.	29
2.5.7 Disposition.	29
2.5.8 Juvenile corrections	29
2.5.8 (I) Probation.	29
2.5.8. (II). Placement.	29
2.5.9 Aftercare.	30
2.6 CHALLENGES FACED IN INTERGRATING CHILD OFFENDERS INTO SOCIETY.....	30
2.6.2 Challenges in mending family and community relations.....	30
2.6.3 Inferiority complex.....	31
2.6.4 Struggle with change of environment.	31
2.6.5 Lack of after care services.....	32
2.7 Gaps in literature.	32
2.8 Chapter summary.....	33
CHAPTER 3: RESEARCH METHODOLOGY.	34
3.0 INTRODUCTION.	34
3.1 RESEARCH DESIGN.	34
3.2 STUDY POPULATION.	34
3.3 SAMPLE.	35
3.3.1 Sample size.....	35
3.4 SAMPLING TECHNIQUE.	35

3.4.1 Availability sampling technique.	36
3.4. 2 Purposive sampling technique.	36
3.5 Data collection	37
3.5.1 Data collection techniques.....	37
3.5.1.1 Focus group interviews.	37
3.5.1.2 In-depth interview	38
3.5.1.3 Key informant interview.	39
3.5.2DATA COLLECTION TOOLS.	39
3.5.2.1 In-depth interview guide.....	39
3.5.2.2 Key informant interview.	40
3.5.3 Data collection procedure.....	40
3.6 DATA PRESENTATION AND ANALYSIS.	40
3.7 ETHICAL CONSIDERATIONS.	41
3.7.1 Confidentiality.....	41
3.7.2 Anonymity.....	42
3.7.3 Voluntary participation.	42
3.8 Feasibility.	42
3.9 Limitations.....	43
3.10 Summary	43
CHAPTER 4: DATA PRESENTATION AND ANALYSIS.	44
4.0 INTRODUCTION.....	44
4.1 DEMOGRAPHIC CHARACTERISTICS OF RESPONDANCE.	44
4.1.1 Distribution of respondents by gender.....	45
4.1.2 Distribution of respondents by educational level.....	45
4.2 THE EXTENT TO WHICH RISK FACTORS DRIVE REOFFENDING AMONG CHILD OFFENDERS.....	46
4.2.1 Substance abuse.	46
4.2.2. Peer influence.	48
4.2.3 Mental health issues.	50
4.3.4 Parental criminality.....	51
4.3 TO WHAT EXTENT DOES REHABILITATION SERVICES AFFECT OR INFLUENCE THE RELAPSE OF FORMER CHILD OFFENDERS.....	52
4.3.2 Unaddressed underlying issues.	53
4.3.2 Lack of continued support.	53
4.3.3 Lack of resources at probations.....	54

4.4 TO WHAT EXTENT DOES THE COMMUNITY PLAY A PART IN THE RELAPSE OF CHLD OFFENDERS?	55
4.4.1 Inadequate reentry support.....	55
4.5 CHAPTER SUMMARY	56
CHAPTER 5: SUMMARY, CONCLUSION, AND RECOMMANDATIONS.....	57
5.0 INTRODUCTION.....	57
5.1 SUMMARY	57
5.2 CONCLUSIONS.....	59
5.2.1 Extent of risk factors driving relapse in juveniles.	59
5.2.2 The extent on how rehabilitation services affect or influence the relapse of child offenders.....	59
5.2.3 Extent on how the community cause relapse among former child offenders.	59
5.3 RECOMMANDATIONS.....	59
5.3.1 To the government	59
5.3.2 To the CSOs	60
5.3.3 To the rehabilitation centres.	60
5.3.4 To the community.....	60
5.4 Chapter summary.....	60
APPENDIX 1: KEY INFORMANTS INTERVIEW GUIDE	65
APPENDIX 2: INDEPTH INTERVIEW GUIDE.....	67
APPENDIX 3: FOCUS GROUP INTERVIEW GUIDE.....	68
APPENDIX 4: CONSENT FORM	70

CHAPTER 1: INTRODUCTION AND BACKGROUND OF THE STUDY

1.0 INTRODUCTION.

This section will include the study's history, problem statement, primary aim, objectives, research questions, assumptions, delimitations, definitions of important words, ethical considerations, and a summary of the findings.

1.1 BACKGROUND TO THE STUDY

Juvenile delinquency is a significant challenge for societies around the world, and high rates of recidivism among former child offenders is an especially troubling aspect of this problem. There are many complex factors that can influence a former child offender's likelihood to relapsing into committing another criminal offence, and these include both individual and environmental factors (Baker, 2016). Inadequate conditions may lead a youngster to commit a crime, whereas the causes of crime might include marital abuse, parental apathy, and unhealthy behaviours, among other things.

For decades, the court has used jail and flogging as routine penalties for young delinquents. According to Abrahamson, Baker, and Capsi (2002), criminal and antisocial behavior stem from a combination of biological, genetic, and environmental factors in an individual, while demographic factors and internal traits like impulsivity, coping abilities, and beliefs play a crucial role in determining an individual's likelihood of offending and relapse.

Identifying traits in children and their environments is the purpose of using risk assessments that are connected with criminal behaviour (Chu, Goh, & Chong, 2016). The predicted number of minors relapsing into criminal activities such as murder, robbery, and serious assaults has been declining since the mid-2000s; by 2020, the number of violent crimes

involving juveniles hit a new low, 78% lower than the 1994 peak, and half the number ten years ago (Ryan & Vigne, 2021). In 2020, there were an expected 424,300 juvenile admissions, 38% lower than in 2019 and half the number of admissions five years before. Less than one in ten (8%) of these admissions were for violent crimes. Aggravated assault accounted for 5% of all admissions in 2020, robbery accounted for 3%, and murder accounted for one fourth of 1%. This was owing to the capacity of developed countries efficacy in service providing which led in a decrease of youngsters reoffending.

Whilst juvenile delinquency in Africa is frequent, delinquency has been found to be associated to a family disturbance, technological progress, government policies, peer group influence, and tribal group and ethnicity, and these factors are also the ones contributing to the relapse of child offenders. Although official study statistics highlight a decline in delinquency, the accuracy of these statistics is questioned (Kaseke, 1993). While delinquent relapse rates normally are lower in developing than developed nations, delinquency appears to be an increasing societal concern (Igbinovia, 1993). The most common violation in Africa is stealing, with metropolitan regions having a higher rate of delinquency. Urbanization, family instability, a lack of work and educational possibilities, migration, a lack of parental authority, and individual maladjustment have all been proposed as potential reasons of delinquency in Africa. Alcoholic beverage regulations, police patrols, and special youth units are all part of the prevention efforts. While the treatment of juvenile offenders differs by nation, the majority have their own juvenile justice systems, which include courts, jail institutions, and programs. While no strong conclusions can be formed regarding the success of these preventive, treatment, and rehabilitation programs, they appear to have had a positive impact on juvenile crime and recidivism (Igbinovia 2003).

In Zimbabwe, studies have found that while there is crime and violence in both settings, the gravity and nature vary depending on factors such as poverty levels, literacy rates, levels of

development, and motivating incentives from third parties, among others (Mwale, Dodo, 2018). Most child offenders in Zimbabwe have returned to their juvenile behaviour of various characteristic or nature after a period of rehabilitation or treatment because of a lot of factors which has been ignored to or have been failed to be dealt with by both the service providers and the family. This can happen due to a multitude of factors, including a lack of adequate rehabilitation programs, mental health difficulties, and peer pressure. In the same vein, Zimbabwe urban areas have been experiencing an alarming experience of juvenile relapse of child offenders compared to the rural areas. This is due to the reasons that children or the youths are more exposed to western activities more than those living in rural areas because they are more backward and archaic. Issues that also has to do with globalisation, technological advancement and modelling are major aspects leading children getting involved into criminal activities. During 2013, an average of 263 children were held in custody across the three main cities of Harare, Bulawayo, and Mutate, according to UNICEF. The number of detained children continues to increase. In 2002, UNICEF Zimbabwe documented a total of 234 children in detention. This count does not encompass children in remand homes or correctional facilities (UNICEF, 2002). In Zimbabwe, young individuals are incarcerated for offenses such as theft, rape, deliberate property damage, assault, and homicide.

In line with above point of view, in the 2010/2011 report from the Zimbabwe prison and Correctional Services, which is part of the National Legal Strategy for Children, approximately 300 children are incarcerated at any given moment. This can also result in making individuals to become smooth criminals leading to the likelihood of children relapsing into delinquent tendencies due to prolonged periods in prisons. The cases of these children have not been reviewed since their detention, as stated in the National Legal Strategy for Children of 2012. According to the National Legal Assistance Strategy for Children, 62% of children placed in institutions due to legal issues did not have a legitimate court order. It is

against the law for a child to remain in an institution without a valid court order. As a result, children are still detained prior to trial, which violates their right to liberty because deprivation of liberty should only be used as a last option. According to UNICEF Zimbabwe's 2013 Annual Report, around 57% of jailed children are held in detention for up to two years. Arguably, these data are simply the tip of the iceberg, as no national research has been done to evaluate the scale of juvenile criminality in Zimbabwe.

1.2 STATEMENT OF THE PROBLEM.

Despite the efforts of rehabilitation programmes, there is a high rate of relapse among former child offenders in Zimbabwe. Traumatic experiences such as abuse or neglect, can lead to psychological and emotional problems that make it difficult to cope with stress and control impulses. Mental health issues can make it difficult to cope up with the rehabilitation process since there will be lack of motivation, whilst substance use disorders may lead to poor decision making and increased risk taking. Therefore, it is important to investigate the specific factors that influence the relapse in order to improve rehabilitation programmes and reduce the risk of reoffending. Children are capable of committing serious offenses such as assault, rape, drug peddling, drug misuse, robbery, and even murder. In 2008, a 17-year-old kid from Ruwa was convicted of planned cold-blooded murder of his parents while they were asleep (Newsday, 2017), and after serving his probation, he was arrested a second time for threatening to kill his sister as well.

1.3 AIM OF THE STUDY.

To investigate the variables driving the relapse of former child offenders at Northcort Training Institution.

1.4 OBJECTIVES.

- To examine drivers of reoffending amongst former child offenders.

- To examine the process and effectiveness of rehabilitation of child offenders.
- To investigate on the challenges faced in integrating child offenders into society.

1.5 RESEARCH QUESTIONS.

- How much do risk factors influence reoffending among young offenders?
- How does rehabilitation services affect or influence the relapse of child offenders?
- To what extent does the community play a part in the relapse of child offenders?

1.6 ASSUMPTIONS.

- The number of children relapsing into criminal offenses is rising on daily basis.
- Relationship between gender and child offenders and or recidivism.
- Socio-cultural factors that influence the relapse of former child offenders.

1.7 SIGNIFICANCE OF THE STUDY.

This study seeks to offer insight on the factors influencing the relapse of former child offenders, given the intensity of services rendered to juveniles after their first offense. This will help in shedding light on the reasons why some children who have been convicted of a crime in the past may more likely to re offend. This can be helpful in developing more effective interventions to reduce the risk of re offending. In addition, this can help in raising awareness of the issue of child offenders and the need for more effective interventions to support them. By having an insight and a clear understanding of the factors leading to relapse, it is thereby possible to develop more effective ways to prevent it from happening through the use of literature which will evoke and echoer measures, suggestions and strategies to overcome relapse.

1.8 DELIMITATIONS OF THE STUDY.

Babbie (2018), delimitations denote the boundaries set for the study or research. The research is limited to one probation centre that is Northcort Training institute found in Mt Hampden which is more of a rural area.

1.9 LIMITATIONS OF RESEARCH.

Babbie (2018) defines study constraints as possible flaws or conditions that are both inside and beyond of one's control. Due to ethical considerations of confidentiality, the study faced delayed approval from the DSD and also from the superintendent of the institution because trainee's information is supposed to be kept confidential at what costs. The study also faced poor cooperation from the trainees (children) due to poor responses and communication since they are minors, thus, the trainees would find it difficult to really respond to what they would have been asked which resulted in the researcher to get insufficient data. Which in addition might also be an issue of concern that some key informants failed to see the relevance of their participation thus affecting the study. Due to the current economic breakdown within the Zimbabwean communities, the research was affected by financial constraints hence the research was conducted under a limited budget. In addition, due to the outbreak of the covid-19 pandemic, the study was affected by restrictions enforced by the WHO so as to protect both the researcher and the participants hence the research was prolonged than expected since there were procedures like covid-19 testing that needed to be done before the researcher engaged with the participants. In addition, the factors that influence relapse are complex and multifaceted, which makes it difficult to isolate and measure individual factors.

1.10 DEFINATIONS OF KEY TERMS.

1.10.1 Juvenile is a young person who is not yet considered an adult and is under the age of 18 (Snyder & Hustzler, 2010).

1.10.2 A minor or child is defined as someone under the age of 18, unless applicable laws establish an earlier age of majority (UNCRC, 2021).

1.10.3 Relapse, in the context of criminal behaviour, can be defined as the recurrence of criminal behaviour after a period remission or successful rehabilitation (Greenburg, 2010)

1.10.4 Recidivism is a term used to describe the tendency of an individual to relapse into criminal behaviour after being released from prison or completing a rehabilitation program (Tonry, 2011).

1.10.5 Rehabilitation is process that aims to help individuals who have committed a crime to reintegrate into society and avoid reoffending (Negniri, 2022).

1.12 CHAPTER SUMMARY.

The chapter included subjects such as the study's background, problem statement, study objectives, research questions, study assumptions, study constraints, essential term definitions, and ethical considerations.

CHAPTER 2: LITERATURE REVIEW.

2.0 INTRODUCTION.

The issue of variables causing relapse among former child offenders is broad and multifaceted. The chapter will offer a quick summary of the subject, emphasizing its ubiquity and significance. The chapter will also offer a quick summary of the existing research on the subject, highlighting the most prevalent risk and protective variables discovered. The chapter will also address the methodological technique used in the research, as well as the theoretical framework that supports the study. It will also offer a quick summary of the chapter's structure and a preview of the important results. In describing this, the chapter uses the Risk-Need-Responsivity (RNR) paradigm or framework.

2.1 THEORETICAL FRAMEWORK

A theoretical framework is a collection of concepts, assumptions, and assertions that serve to guide study and explain a phenomenon. In 2014, Barbour provided a definition of a theoretical framework as a model or set of methodologies utilized for describing and analyzing data gathered in a research inquiry. Theoretical frameworks are useful and crucial because they guide research and explain phenomena. In this context, they help to gain a better

knowledge of the numerous elements that may contribute to relapse and suggest viable therapies.

2.1.2 Risk Need Responsivity.

The Risk-Need-Responsivity (RNR) paradigm effectively identifies the factors that contribute to the relapse of former juvenile offenders. Rather than being a theory of intervention on its own, the RNR model encompasses principles of effective correctional interventions (Andrews & Bonta, 2010), which can be utilized in various therapeutic treatments. The RNR comprises three key components: risk, need, and responsivity. Risk is the risk that an individual may reoffend. Need refers to the elements that contribute to criminal activity, such as substance addiction and/or a lack of support. Responsivity refers to the individuals' ability to respond to treatment and interventions. Basically considering this theory, the RNR approach suggests that relapse is a result of combination of risk factors such as child abuse, substance abuse, mental health issues. Unmet needs such as lack of life skills, financial instability and lack of support. Responsivity, for example lack of an individual to respond to interventions. Thus, Andrews and Bontha (2010), postulate that, it is important to consider a range of factors when explaining criminal behavior, such as biological or neurological challenges, genetic predisposition, personality, and societal and cultural influences. It is also essential to recognize that criminal behavior is influenced by multiple factors.

Risk: Andrews and Bontha (2010) suggest that therapy should only be used for high-risk offenders as determined by actuarial assessment methods. Research spanning several decades

has demonstrated that actuarially calculated risk is more reliable than unstructured clinical judgment (Hanson & Morton-Bourgon, 2009).

Need: Andrews and Bonta (2010) utilized the term "need" to denote criminogenic needs, which have been linked to repeated criminal behavior in empirical studies of criminal populations. They outlined eight essential risk/need elements (the "Big Eight") for the emergence and persistence of criminal conduct.

1. Early involvement in various antisocial behaviors and environments characterizes a history of antisocial behavior. If absent, it is considered a positive attribute.
2. Impulsive, adventurous, pleasure-seeking, and violent conduct, along with a lack of empathy for others, typify the antisocial personality type. Deficiencies in self-control, anger management, and problem-solving skills present potential risks. Therapy aims to cultivate these skills.
3. Antisocial cognition entails holding attitudes, values, beliefs, and a personal identity that encourage criminal behavior.
4. Associating with antisocial individuals and experiencing relative isolation from prosocial people significantly influence the individual, affecting whether the influence is conducive or detrimental to criminal behavior.
5. Adverse conditions within the family or marriage can contribute to problems.
6. Challenging conditions in the educational environment can also contribute to issues.
7. Limited or lack of engaging and positive recreational activities.
8. Engaging in substance abuses.

.

The Responsivity Principle: The two components consist of general and specialized responsivity. According to the general responsivity principle, effective interventions are generally grounded in cognitive, behavioral, and social learning theories (Smith, Gendreau, & Swartz, 2009). On the other hand, the specific responsivity principle suggests that the treatment provided should be customized not only to address criminogenic needs but also to accommodate the specific characteristics and circumstances of the cases, increasing the likelihood of benefiting from the treatment (Andrews et al., 1990).

The Risk, Need, and Responsivity model has been the primary approach to offender treatment in Canada, the United Kingdom, New Zealand, and Australia for thirty years, as stated by Andrews & Bonta (2010). Andrew and Bonta (2010) have shown that the RNR approach and its underlying theoretical model have led to measurable improvements in the accurate assessment of offenders and significant reductions in recidivism rates among those in programs following this perspective. The implementation of treatment methods based on the RNR principles has been demonstrated to lower the likelihood of reoffending in sexual crimes (Hanson, Bourgon, Helmus, & Hodgins, 2009), violent offenses (Dowden & Andrews, 2000), and overall criminal behavior (Andrews, Zinger, 1990).

One strength of the RNR framework is that it can help researchers prioritise interventions based of the risk factors that are most strongly associated with relapse (Andrews, 2010). This enables for a more targeted approach to reduce the risk of relapse, which can be more efficient and effective than the one-size-fits-all approach. According to Hodgins (2011), the framework familiarises itself with an assessment tool such as the Level Service Inventory-Revised (LSI-R), to identify the risk factors that are present in an individual. The LSI-R assesses factors such as criminal history, drug and alcohol use, antisocial personality traits, and family and marital problems. Based on the results of assessment, interventions are prioritised based on their ability to target the most risk factors. For example, if an individual

has a history of substance abuse, substance abuse may be prioritised as an intervention. Similarly, if an individual has a history of antisocial personality traits, interventions that target social skills and empathy may be prioritised. Ward and Stewart (2003) argue that, by using the RNR framework to prioritise interventions, researchers can ensure that the most effective are being used to address the risk factors that are most relevant to each individual. This approach helps to maximise the effectiveness of interventions and reduce the risks of relapse. The framework also help in the identification of risk factors that are most amenable to change and prioritise interventions accordingly.

Additionally the RNR emphasises the importance of tailoring interventions to the individual, based on their specific needs. This is important in the context of former child offenders, as the factors that contributed to their involvement in the criminal justice system may be very different from those of the other individuals (Helmus 2009). The RNR framework uses the process called “Case Formulation” to tailor interventions to the individual’s needs. Bonta (2010), is of the view that the process begins with an assessment of the individual’s risk and needs, as well as their strengths and protective factors. In consideration to this, a treatment plan can be developed such that it addresses the individual’s specific needs and targets the risk factors that are most strongly associated with the likelihood of relapse. The treatment plan may evoke interventions such as cognitive behavioural therapy, medications and social support. Throughout the process the individual’s progress is monitored and the treatment plan is adjusted as needed.

The RNR has its own weaknesses. Its weakness is that it can be difficult to accurately assess risk and need since it relies heavily on self-report measures (Laws & Ward, 2011). To worsen the situation, it can be problematic as individuals may not accurately report on their own behaviours or experiences. Additionally, individuals may be unwilling or unable to disclose certain information, which could lead to inaccurate assessment results. This is particularly

relevant when working with child offenders, as they may not be willing or able to accurately report on their own risk factors and needs. This is particularly true in the context of former child offenders, as they may have limited insight into their behaviours and motivations. This then limit the effectiveness of the RNR model in predicting and preventing relapse.

The effectiveness of the RNR therapy approach has come under scrutiny in recent years, as suggested by research conducted by Laws and Ward (2011), Ward, Mann, and Gannon (2007), and Ward and Stewart (2003). These authors express a number of concerns regarding what they call the "risk-need model" (Ward & Stewart, 2003). They argue that the risk-need paradigm sees people as "disembodied bearers of risk rather than as integrated agents" since treatment focuses exclusively on individual risk. Ward et al. (2011) contend that by addressing solely criminogenic demands, offenders are left with gaps in their life. What the RNR strategy overlooks is "the need to understand the primary human goods associated with the commission of an offense and the need to ensure that these goods are met in more socially acceptable and individually satisfying ways". Ward et al. (2011) suggest that the offender's personal demands are not considered meaningful goals in the RNR paradigm.

Opponents of the RNR approach argue that the model places emphasis on the factors leading to criminal behavior (criminogenic needs) and overlooks the significance of individual agency. Consequently, the RNR approach fails to acknowledge the importance of a person's capabilities and ability to overcome challenges, unlike the GLM, which perceives individuals as pragmatic decision-makers capable of devising plans and intentionally adapting their surroundings and themselves to accomplish objectives. From this perspective, the focus of correctional rehabilitation should be on assisting individuals in developing "essential competencies related to valued activities such as forming meaningful relationships and managing stress" (Laws & Ward, 2011).

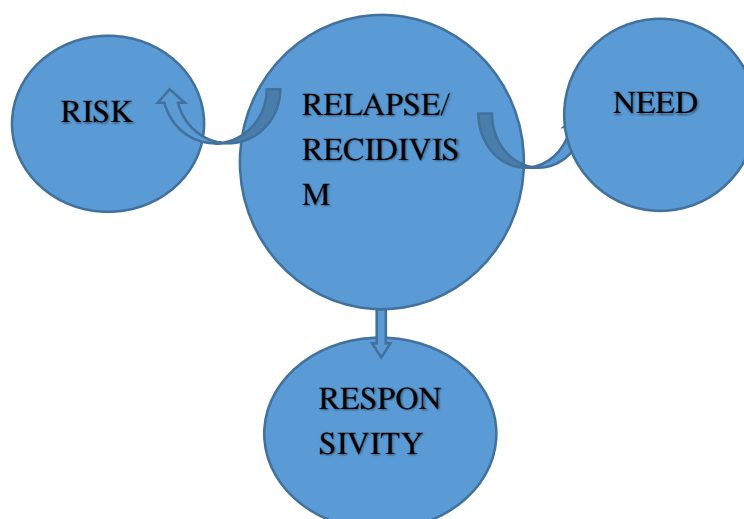
In addition, many of the risk and needs factors that have been identified in the RNR approach are difficult to change such as family history and or childhood experiences (Laws et al, 2011). This means that even if interventions are effective in reducing the risk of relapse, there may still be a significant risk of recidivism. Additionally, the framework does not address environmental factors such as poverty that may contribute to recidivism (Andrews, (2009). Without addressing these factors, it is difficult to effectively reduce the risk of relapse. While the framework is focused on reducing the risk factors, it does not address the positive aspects of an individual that could prevent relapse and could lead to a one-sided approach to treatment.

Therefore, generally, by understanding the weakness of the RNR framework, practitioners could work to address these limitations and improve the overall effectiveness of the model.

2.2 CONCEPTUALISATION OF RELAPSE AMOUNGST CHILDREN.

This section reviews literature on the conceptual meanings of the three major components that exposes minors to relapse into deviant or criminal behaviour. These components include, risk, need and responsivity.

Figure 2.2



2.2.1 Risk.

Globally, many people experience a return to previous behaviors after undergoing therapy. Relapse is when an individual struggles to sustain changes in their behavior (Marlatt and Donovan, 2005). Adinoff, Talmadge, Williams, Schreffer, Jackley, and Krebaum (2010) state that the relapse rate for substance misuse or other behaviors after treatment can be as high as 75% within 3 to 6 months. When looking at national statistics, it becomes evident that relapse is a common occurrence following substance abuse treatment in South Africa. Campos (2009) describes high-risk situations as those with increased temptation to use, easy access to the preferred substance, or heightened social encouragement to use. Additional high-risk scenarios include specific environments, mental processes, emotional states, and social engagements. In order to prevent a relapse, it is important to identify high-risk scenarios or risk factors, as per Marlatt's Relapse Prevention Model (Marlatt & Witkiewitz, 2005).

2.2.1(I) Environmental risk factors

Factors in the environment that increase the likelihood of relapse may include easier access to drugs, poverty, unemployment, and being around people, locations, and items associated with previous drug use. As stated by Bain (2004), the use of drugs among young individuals tends to increase when there are more types of substances available. Environmental cues play a crucial role in the recurrence of drug use (Bain, 2004). Merely revisiting the place where illicit activities, such as drug use, occurred can serve as a trigger for a relapse, even months after abstaining began (Bain, 2004). Cami and Farrè (2003) further explain that environmental cues linked to drug use can elicit withdrawal symptoms and cravings in the absence of the drug. In the study by Hyman and Malenka (2001), it was found that environmental cues can increase the likelihood of a relapse when individuals come into contact with people, locations, or items linked to previous criminal activities. Additionally,

poverty and unemployment are also seen as contributing factors to relapse, according to Ramlagan, Peltzer, and Matseke (2010). This is so because when parents are not employed it means, means of survival is difficult thus minors or children turn to relapse to criminal behaviour for example involvement into drug and substance abuse. Employment prospects in poor nations are restricted, and a lack of education is another aspect to consider while looking for work (National Treasury, 2011).

2.2.1(II) Interpersonal/social risk factors

"Interpersonal" refers to interactions or communication between persons (Oxford Dictionary, 2012). Campos (2009) suggests that individuals in recovery often have social circles of substance users who demonstrate long-term drug use or lack the abilities to assist in managing risky situations, which may also be applicable to any deviant behavior exhibited. Based on the influence of the peer group, relapse is probable when reuniting with the same peers engaging in harmful behaviour. Wadhwa (2009) states that peer pressure is frequently a high-risk situation for relapse. McCrady (2001) suggests that deliberate efforts should be made to remove drug-dependent individuals from supportive social circles that promote drug use and connect them with other social networks that promote positive behavior. Doweiko (2006:399) theorizes that having access to strong social support networks during periods of craving seems to aid individuals in sustaining abstinence in the long run.

2.2.1(III) Physical risk factors caused by substance abuse.

Physical risk factors for relapse include drug use, withdrawal, and being in a poor physical state. Physical dependency is defined as the body's physiological adaptation to continuous drug use (Schuckit, 2006). The medication's effectiveness may decrease as individuals

develop a tolerance, necessitating higher doses for the same effects (Schuckit, 2006). When drug use is reduced or stopped suddenly, withdrawal encompasses the physical and psychological symptoms that arise (Kring, Davison, Neale, & Johnson, 2007). Doweiko (2006) also suggests that individuals experiencing a compromised physical state, such as illness, postoperative discomfort, or injury, may be more susceptible to relapse. There is now a focus on the characteristics of young African adults and their correlation with relapse in this vulnerable demographic.

2.2.1(IV) Involvement in the juvenile justice system.

The juvenile system can increase the likelihood of relapse into criminal behaviour. One of the factors is through the labelling theory, which suggests that labelling of a child as a 'delinquent' or 'criminal' can actually increase their likelihood of committing future crimes (Lipsey & Derzon, 2000). For example, if a child is labelled as a delinquent, they may be ostracised by their peers or family members, and may not have access to positive role models or opportunities for education. This can lead to feelings of hopelessness and frustration, and the child may turn to criminal behaviour as a way to cope.

In addition, another factor is the impact of incarceration on a child's mental health and socialisation as a result of involvement in the juvenile system (Tremblay & LeMarquand, 2013). Incarceration can be a traumatic experience, and it can also isolate a child from their family and community, which can make it harder to reintegrate into society upon release.

2.2.2 Need

The concept of need is an important factor in understanding why children relapse into criminal behaviour. There are several need factors that have been linked to risk of relapse of children into criminal behaviour. These may include, lack of appropriate housing and shelter,

lack of access to health care, inadequate nutrition and food insecurity, lack of social and emotional support. It is important to note that risk factors and need factors are often interconnected (McCord, 2010). For example, a child who lives in poverty are more likely to experience risk factors such as substance and drug misuse. Need plays a pivotal role in influencing children into criminal behaviour in the sense that, taking for example, when a child feels like their needs are not met, they may resort to criminal behaviour in order to meet those needs committing crime such as theft and or unlawful entries.

2.2.3 Responsivity

In response to risk and need factors, there are also a number of responsivity factors that can influence a child's likelihood of relapsing into criminal behaviour. These include, a child's readiness and willingness to participate in intervention programs, the child's cognitive abilities, including their intelligence, learning style, attention span, the child's emotional and behavioural problems, cultural factors, such as language barriers or difference in social norms, the quality and effectiveness of intervention program and at cetera. Therefore, responsivity can be simplified as the extent to which a person is able to engage in treatment or rehabilitation programs (Widon, 2001). High responsivity means that a person is able to engage well in programs or rehabilitation thereby promoting progress whilst low responsivity means that a person is not able to engage well and may not make progress research has shown that there is strong link between responsivity and recidivism (Farrington, 2000). Thus, those who have high responsivity are less likely to relapse into criminal behaviour, while those who have low responsivity are.

2.2.3. (I) Age of first offence.

The age at which juveniles are first arrested is a significant factor contributing to repeat offenses. A juvenile's age at the time of arrest determines the length of time available to commit another offense. For instance, a juvenile arrested at age 12 and placed on probation

until age 17 is more likely to reoffend compared to a juvenile arrested between the ages of 16 and 17. Juveniles who experience early arrests are more prone to reoffending due to prolonged involvement in the juvenile justice system (Mulder, Brand, Bullens, & Van Marle, 2011; Van der Put Stams). However, Spanjaard, Van der Laan, and Barnoski (2011) found that the impact of various risk factors diminishes as juveniles age. In a study conducted by Van der Put et al. (2011), an examination was carried out on the crucial dynamic risk factors for reoffending during adolescence in a cohort of 13,613 American teenagers (3,502 girls and 10,111 boys) aged between 12 and 17 years, all of whom had engaged in criminal activities. The Washington State Juvenile Court Assessment (WSJCA) was utilized for the study. Another comprehensive analysis of 4,355 juvenile offenders in Ohio revealed that, while the type of program had an impact on reoffending, the age at which the first offense was committed remained one of the most significant predictors (Ryan, Abrams, and Huang, 2014; Sullivan & Letessa, 2011) as highlighted by Mulder et al (2011) It was found that the age of a young person at the time of their first offense is a significant indicator of the likelihood of re-offending. In a study conducted by Van der Put (2011) on re-offending across different age brackets (12 to 13 years, representing early adolescence, 14 to 15 years, representing middle adolescence, and 16 to 17 years), it was discovered that the majority of dynamic risk factors were strongly associated with re-offending, particularly in the younger age groups.

2.3 EXTENT OF RECIDIVISM AMOUNGST MINORS.

2.3.1 Global View

The juvenile justice system is the framework of the criminal system in charge of dealing with crimes and offenses committed by juveniles, who are typically aged 10 to 17 years old. The juvenile justice system is based on the notion that adolescents are fundamentally different from adults, both in terms of culpability and capacity for rehabilitation.

In consideration of a global view, recidivism rates in developed countries such as European countries are lower than those of developing countries such as African countries. For example, a study conducted by the International Centre for Prison Studies (2022) found out that the average recidivism rate for developed countries was 50%. This suggests that there might be a correlation between the level of development of a country and the likelihood of a child relapsing into criminal behaviour. Ineffective intervention programs, inadequate post-release follow-up, insufficient coordination and collaboration among connected organizations, and insufficient resources and infrastructure for adolescent rehabilitation services have all been identified as contributing factors to recidivism.

There are several reasons why recidivism is minimum in these countries despite the listed factors that might cause a minor to relapse into criminal behaviour (McCaffrey 2011). This is because rehabilitative therapies are readily available in wealthy countries. Many industrialized countries, like the United Kingdom, United States of America, Canada, Germany, and Australia, have excellent rehabilitation and treatment programs. Programmes that offer cognitive behavioural therapy, social skills training and other evidence-based interventions has proven to be of great deal in reducing recidivism. Cognitive behavioural therapy helps offenders to identify and change their negative thinking patterns and behaviours.

In addition, the ability of providing children with educational opportunities and employment is also another gigantic aspect to be considered that has reduced the chances of children relapsing into criminal behaviour (Nadeau 2007). Children who have a stable source of income and are able to pursue their education are less likely to turn to criminal behaviour. Additionally, providing access quality healthcare is also one of the strengths of services offered by developed countries. This is so as children who are healthy and well taken care for are less likely to turn into crime.

On the flip side, the Florida Department of Juvenile Justice (FDJJ) is experiencing an increase in juvenile recidivism rates. While juvenile arrests have gone down, there has been a rise in juvenile reoffending, with over half of those on probation being repeat offenders. Juvenile courts supervise approximately 31 million children (Puzzanchera, Adams, and Sickmund, 2010). Some individuals engage in criminal behavior not due to inherent criminal tendencies, but as a result of contributing factors such as substance addiction and mental health challenges (Puzzanchera et al., 2010). An instance of this is when a young person is struggling with addiction, they might resort to committing a crime to support their habit (Nadeau, 2007). The FDIJ (2012) noted a three-year trend in which the number of probation cases decreased but the rate of re-offending remained the same. According to McCaffrey (2011), over a three-year period, 19,187 adolescents were released from probation, with 85% (15,876) successfully completing their sentences and a 19% re-offending rate.

2.3.2 Regional view and local view.

South Africa is faced with the task of coping with a dramatic increase in crime rates. Most offenders began their criminal careers at an early age. The frequency of fury and aggression among young people is not unique to South Africa, but rather a global concern. Masango (2004) concurs that there is little doubt that fury and aggression have become an international phenomenon, leading to greater anti-social behavior within communities. To address the issue of children in conflict with the law, government and non-governmental organisations collaborated to develop intervention strategies and programmes, including anger management (Technium Social Sciences Journal Vol. 28); however, children are still reported to reoffend upon reintegration into communities (Gitao, 2017; Ngetich, Murenga, & Kisaka, 2019). Several diversion courses have been implemented in South Africa as alternative intervention tactics to rehabilitate adolescents and young offenders from anti-social behaviour (Masango, 2004; Nkosi, 2012). Furthermore, a research conducted by Sullivan and Tiff (2008) found that

diversion strategies in South Africa are unsuccessful, with an increase in reoffending rates among children and youth. This needs significant study into the factors that influence children's recidivism after reintegration into communities and families. Anger is a complicated emotional reaction that ranges from moderate to violent and can be ongoing, intense, and destructive (Bilge & Keskin, 2012). It is critical to recognize that when people, even youngsters, are unable to control their anger, they are more likely to participate in antisocial behaviours and eventually commit a crime. Although rage has not been the sole cause of significant crimes, research indicate that it has a predictive value for recidivism (Ayebami & Janet, 2017; Hazarika & Bourah, 2020). Anger management programs for juvenile offenders, on the other hand, seek to reduce anger while preventing recidivism. Even if such a program for children in confrontation with the law is in place, when these children become adolescence, they reoffend.

Poverty was shown to be the most common reason for children to relapse into criminal conduct in African nations, particularly in South Africa, Nigeria, Mozambique, Namibia, and Zimbabwe in large core commercial districts (Masango 2004), with the majority of them being street children. Street children in South Africa and Zimbabwe face a variety of challenges, including drug misuse, violence, criminality, family upheaval, abandonment, sickness, prostitution, and so on (Chinyangara 2010). Poverty is the primary motivator that draws children away from home and rehabilitation facilities. With the country facing economic challenges, a high rate of unemployment, an HIV/AIDS pandemic, a lack of opportunities for social mobility, and strained families, these and other challenges have left the majority of the population vulnerable to poverty, food insecurity, and an increase in the number of orphans and vulnerable children (Kisaka, 2019).

According to World Fit for Children (2005-2009), the number of street children has grown due to the terrible condition. According to UNICEF data (2010), poverty is widespread, and

children bear the brunt of the consequences. According to Chinyangara (2010), constant physical abuse and emotional neglect lead to street children going to labor, beg, and steal, and in most cases, parents who are fighting to exist have little interest in their children's fate. The abandoned and mistreated youngsters create street gangs to defend one another and alleviate their loneliness. It is this, then, that drives youngsters into the streets, since what was supposed to be a haven of tranquility has become a source of anguish and pain. According to Chinyangara (2010), these children are subjected to abuse and exploitation because the street is full of predators, they lack family care and protection, and despite rehabilitation efforts, they escape and return to the streets, resuming criminal activities such as stealing, drug abuse, and attempted rape amongst themselves and others.

2.4 RISK FACTORS FOR RECIDIVISM OR RELAPSE.

Reoffending, also referred to as relapse, occurs when an individual who has been previously convicted of at least one other offense commits another crime. Nadeau (2007) defines recidivism as the repetition of unwanted behavior by individuals after they have faced the negative consequences of that behavior or have received treatment or instruction to cease the behavior.

2.4.1 Substance abuse.

Recidivism rate among juveniles is a significant issue at a global scale, whilst substance abuse is a common factor in criminal recidivism as it can lead to a number of negative consequences that can increase the likelihood of relapse. The risk factors for drug addiction and mental health issues frequently overlap. Colins (2011) and Becker (2012) found a link between mental health difficulties, substance misuse, and youth recidivism. The connection between underage delinquent behavior and adolescent drug usage is well-documented

(Chassin, 2008). Engaging in illicit drug use has been linked to ongoing involvement in the juvenile justice system and a decreased probability of criminal behavior (Chassin, 2008). Juvenile offenders who persist in using illicit substances have a higher likelihood of committing further offenses. A third of adolescents stated that they were under the influence at the time of their offense (McGregor 2010). Substance abuse can lead to a number of psychological and physical effects that can make it difficult for juveniles to stay out of trouble. For example, substance abuse can cause mental health issues like depression, anxiety, and aggression, which can make it difficult to resist engaging in criminal activities (Chassin 2008). Abuse can also cause physical health issues like memory loss, and changes in brain chemistry which may lead to increased impulsivity and a reduced ability to control impulses substance abuse can also make one to develop a mechanism of self-stigmatisation.

2.4.2 Peer influence.

Risk factors related to peer influence involve being associated with delinquent peers and experiencing peer rejection. The influence of peers on adolescent misbehavior often becomes apparent later in development compared to family-related factors (Dishion & Tipsord, 2011). Shaw and McKay's (1931) influential study, which revealed that 80% of juvenile delinquents in Chicago were caught with co-offenders, established a connection between associating with delinquent peers and increased co-offending. Several researchers (e.g., Kirk & Sampson, 2013; Mennis & Harris, 2011; Paternoster, McGloin, Nguyen, & Thomas, 2013) have corroborated these findings. Additionally, for juveniles with a history of delinquent behavior, associating with delinquent peers often amplifies the seriousness or frequency of offending (Mennis & Harris, 2011). There are different ways that peer influence can also lead to children relapsing into criminal behaviour after receiving probation services. This is through negative peer pressure, where a child may feel pressured by their peers to engage in criminal activities in order to fit in or be accepted (Dishion & Tipsord, 2011). Another way is through

exposure to criminal behaviour, where children may see their peers engaging in criminal activity and feel compelled to do the same.

2.4.3 Mental health issues.

There are a number of ways in which mental health issues can contribute to recidivism in children. Colins (2011) explored whether psychological issues affect the likelihood of repeat offenses among 232 incarcerated young males aged 12 to 17 from three juvenile detention facilities. The participants were interviewed using the Diagnostic Interview Schedule for Children, Version IV (DISC-IV), designed for kids aged 9 to 17. Colins (2011) then collected data on major repeat offenses from the official court registry system two to four years later. Serious repeat offenses were defined as "having at least one arrest charge for violent, serious property crime, or substance-related offenses". Children with mental health issues may lack the same amount of impulse control as their classmates, perhaps leading to criminal behavior. More so, children with mental disadvantages may not be able to learn from their mistakes which results in relapse. The juvenile court system sees a higher rate of trauma exposure, post-traumatic stress disorder, and other mental health challenges in children (Dierkhising, 2013). Research by Hammond (2007) suggests that as many as 70% of juveniles involved in the juvenile justice system experience one or more mental health conditions. Predictions made by McReynolds, Schwalbe, and Wasserman (2010) estimate that 52.8% of these young individuals will re-offend.

2.4.4 Parental or family criminality

The likelihood of children and young people developing criminal behavior is significantly influenced by parental criminality (Beaver, 2012; Nijhof 2009). Research has shown that parental criminal history, especially fathers with criminal records, can be used to predict adolescent recidivism (Huan, Ang, & Lim, 2009). Huan et al. (2009) emphasized that

parental crime contributes to increased recidivism among adolescents. The re-arrest of 1,949 child offenders in California was significantly impacted by various family pathology factors, such as family violence and parental criminality. Nijhof et al. (2009) found a strong association between the high frequency of a child's crimes and the offenses of the father. When a parent has a criminal record, the chances increase that their son will also become involved in criminal activities. According to a study, boys are more likely to exhibit aggressive behavior leading to criminal activities if their father has a criminal history compared to boys with non-criminal fathers (Nijhof et al., 2009). Another way in which parental criminal behavior could contribute to re-offending is by making criminal activity seem normal. For instance, when a child observes their parents participating in illegal activities, they may begin to perceive these actions as acceptable and even desirable. This may lead the child to imitate their parent's behaviour to an extent of committing crime. Based on Gottfredson and Hirschi (1990), a deficiency in self-regulation can account for criminal behavior. Additionally, parents who fail to recognize, handle, and discipline their children's deviant actions are more inclined to raise children with limited self-control (Gottfredson & Hirschi, 1990). Likewise, criminal parents often display a lack of self-control, resulting in ineffective parenting practices, which in turn fosters low self-control in their children. Due to the child's limited self-control, they are unable to resist satisfying their immediate desires, leading to criminal behavior (Gottfredson & Hirschi, 1990). The criminality of parents is reflected in their parenting approaches. Criminal parents are more likely to employ inadequate parenting techniques (Nijhof et al. 2009).

2.4.5 Stigmatisation and lack of support.

When children who have been in contradiction with the law face stigmatisation and lack of support, they may feel alienated and alone (Duekkin 2007). This can lead to feelings of anger,

resentment, and frustration, which may ultimately lead to criminal behaviour. Stigmatisation can take many forms, including being labelled as a “bad child”, being treated differently by peers and adults, and being denied opportunities. When children feel that they have no support, they may turn to crime as a way to cope with their feelings of isolation and despair (Agnew 1991). This is especially true when a child does not have a supportive home life or positive role model to look up to. Drawing from the foundational concept of social control theory, the family plays a crucial role in preventing repeat offenses (Hirschi 1969). Research has shown that individuals with strong connections to conventional individuals are more likely to exhibit lower levels of misconduct (Agnew 1993; Baier & Wright 2001; Duekin, Wolfe, and May 2007; Krohn & Massey 1980; Loeber & Stouthamer-Loeber 1986; Sampson & Laub 1990).

2.5 PROCESS OF REHABILITATION OF CHILD OFFENDERS.

Rehabilitation is the process of providing information and skills to child offenders and children in need of care and protection in order to resolve behavioral issues while meeting acceptable intellectual, social, moral, and economic requirements. Adolescents are often viewed as deserving of special treatment due to being in their formative years, and it is believed that any illegal behavior during this period may not necessarily continue into adulthood. As a result, rehabilitation is especially appealing for use with teenagers.

2.5.1 Delinquent behaviour.

Typical adolescent behavior, regardless of race, often involves minor delinquent activities. These behaviors are common in neighborhoods and schools with minimal law enforcement presence. For instance, this could involve a police officer attending a party without taking anyone into custody, or a teacher handling disruptive behavior or in-school fights without involving the legal system (Wilson 2013).

2.5.2 Referral.

After being arrested or referred, a young person becomes involved in the juvenile justice system. Although most referrals come from the police, educators, parents, alleged crime victims, or other community members can also suggest a child for involvement (Wilson & Hoge 2013).

2.5.3 Intake or Diversion.

Wilson and Hoge (2013) state that once a child is referred, intake officials at the juvenile court or probation agency, as well as attorneys in the prosecutor's office, are responsible for deciding whether the case should be officially processed in juvenile court, handled informally (diverted from court), or dismissed.

2.5.4 Transfer or Wavier.

During the intake phase, adolescents facing particularly severe charges may be moved out of juvenile facilities to be tried as adults, for example, for second-degree murder at the age of 17. In some areas, transfer decisions can be made by prosecutors, while in the majority of states, a juvenile court judge decides based on a prosecutor's or intake worker's request (Mulvey & Schubert 2012). Many nations have legislative measures that automatically transfer minors accused of certain crimes, although some of these states also enable judges to return kids to juvenile court in at least certain situations (Mulvey & Schubert 2012).

2.5.5 Detention.

Following the appropriate handling of juvenile court cases, the next step is to decide whether to detain the minor until their adjudication hearing or to permit them to remain at home before the adjudication period (Mulvey 2012). In the majority of countries, judges only order pre-trial detention if the minor is deemed to pose a risk to the community or a flight hazard. Usually, a detention hearing takes place within 24 hours of the arrest or referral.

2.5.6 Adjudication.

2.5.7 Disposition.

After a delinquent juvenile is determined, the next stage involves a dispositional hearing, which bears similarities to a sentencing hearing in adult court. Preceding this hearing, a probation officer typically conducts an investigation into the circumstances, interviews the young individual, and puts forth a recommended intervention plan. At the hearing, a judge reviews the plan, solicits additional input from the prosecution, defense counsel, and potentially the young person and their family, and makes a decision regarding the case's disposition. (Lipsey 2010).

2.5.8 Juvenile corrections (*including probation and residential custody*).

After a delinquent juvenile is determined, the next stage involves a dispositional hearing, which bears similarities to a sentencing hearing in adult court. Preceding this hearing, a probation officer typically conducts an investigation into the circumstances, interviews the young individual, and puts forth a recommended intervention plan. At the hearing, a judge reviews the plan, solicits additional input from the prosecution, defense counsel, and potentially the young person and their family, and makes a decision regarding the case's disposition. (Lipsey 2010).

2.5.8 (I) Probation.

The most frequent outcome for adjudicated delinquents is probation. In 2018, probation was the result in 63% of all adjudications, which totaled 139,000 cases. Children on probation receive therapy either at home or in a residential facility.

2.5.8. (II). Placement.

An estimated 62, 000 young people were separated from their families and relocated to residential facilities (Pizzanchera et al 2020). According to Pazzanchera (2020), these

facilities have a diverse set of characteristics. There are large group homes or residential treatment institutions that are similar to the child welfare and mental health systems. Some are only staffed, and others are run by states, local governments, private corporations, or non-profit groups.

2.5.9 Aftercare.

After being adjudicated, children who are removed from their homes and placed in a correctional institution or other residential facility may enter a period of aftercare in which they are watched and supported when they return to the community (Sickmund et al.). Aftercare offers a support system and framework to help people remain on track, maintain their recovery, and limit the likelihood of relapse. Overall, aftercare is an important step in the healing process that should not be disregarded.

2.6 CHALLENGES FACED IN INTERGRATING CHILD OFFENDERS INTO SOCIETY.

After completing their probation, individuals who have been convicted face a number of challenges (Davis, Bahr, and Ward, 2012; Seiter & Kadela, 2023; Shinkfield & Graffam, 2019). These challenges hinder their rehabilitation and increase the risk of reoffending.

2.6.2 Challenges in mending family and community relations.

After probation, juveniles often receive little to no family support after their detention period thus they do not feel like they fit back in the community. In addition after probation, integrating child offenders back into the community is challenging since the child's family, friends and community at large receive them with a cold shoulder which also may result into relapse or recidivism. As a result, many former juvenile offenders endure rejection from their families and communities. Thus, when ex-offenders are rejected, they are more prone to associate with criminals. Peer pressure and influence from such friends will no doubt lead to recidivism (Zondi 2012). Family and community support is essential for reintegration, thus

unavailability of support may result in children becoming destitute, finding it difficult to be back on their feet, start associating with criminals, lack of basic needs such as shelter, clothing at cetera.

2.6.3 Inferiority complex.

Many children often feel inadequate after being on probation for a long time, as it can lead to a sense of stagnation in their lives. According to Davis et al. (2012), Shinkfield and Graffam (2009), and Small (2005), rapid changes in the outside world while individuals are on probation often make it challenging for them to cope, resulting in low self-esteem and doubt. If these consequences are not addressed, they can hinder reintegration and increase the likelihood of reoffending.

2.6.4 Struggle with change of environment.

Most ex-child offenders struggle to adjust to their new surroundings. The probation environment is distinguished by its emphasis on routine and culture, and as a result, a kid might become used to the rituals and ways of living, making transitioning to outside life difficult over a lengthy period of time. Therefore there is need for psychological help in order for the child to reintegrate with others. By the virtue that mot child offenders struggle to get family acceptance some children would rather want to spend their lives under probation than at their homes thus making it difficult to reintegrate them with their families and community at large. Adopting attitudes and lifestyles that make it challenging to reintegrate into society upon release is common among young people who spend time in jail (Davis et al 2012; Shinkfield and Graffam 2009). The jail environment differs significantly from regular society, and upon release, offenders are thrown into a probationary world that is completely different from what they knew before (Davis et al 2010). This makes adjustments difficult, and the resulting stress and pressure can contribute to recidivism.

2.6.5 Lack of after care services.

The difficulties in transitioning after jail might be attributed in large part to a dearth of after-care programs for former offenders. The supervision of the offender during their adjustment to new circumstances and support in dealing with transitional challenges is part of the aftercare process. Examples of aftercare services include counseling, food assistance, temporary housing, and ensuring their financial needs are met (Altschuler & Armstrong 2001). These services play a critical role in the successful reintegration of the individual. Albertus (2010) emphasizes that the first six months post-release are the most challenging for ex-offenders as they grapple with the harsh realities of re-entry. Hence, aftercare is of utmost importance. Muntingh (2001) states that upon release, ex-offenders need assistance in five key areas: employment, financial aid, housing, coping mechanisms, and family and social support. The lack of these resources and after-care programs makes it difficult to rehabilitate young offenders into society.

2.7 Gaps in literature.

There are several gaps in literature on factors influencing recidivism or relapse among former child offenders. There is lack of research on the unique risk factors that may predispose children to recidivism. For example little is known about the factors such as family structure, socioeconomic status, and trauma history may impact a child's likelihood of recidivism.

In addition, there is lack of longitudinal research that tracks children over time to see how their risk factors or relapse change over time. Without these understandings, it is difficult to develop interventions that are tailored to the needs of children at different stages of development. In addition, longitudinal research helps in identifying certain risk factors before they become more or less important, and how these risk factors interact with each other over

time. Moreover, this type of research helps in understanding how interventions and programs affect a child's long term outcomes.

More so, there is lack of research on the effectiveness of different interventions and programs aimed at reducing recidivism among children. Unavailability of this knowledge makes it difficult to make evidence based decisions about programs to investigate in and how to help children at risk of reoffending. There is need for research that evaluates the effectiveness of both short-term and long-term interventions, as well as well as research that compares the effectiveness of different types of interventions, for example, cognitive behavioural therapy and family therapy. Additionally, research is needed to determine how to best implement interventions in real world setting and how to ensure that they are culturally appropriate.

2.8 Chapter summary.

This chapter discussed about a theoretical framework that suitably explains the study. The chapter reviewed literature on the extent of recidivism, risk factors of relapse, drivers of relapse amongst former child offenders and process taken under child rehabilitation. The chapter also echoed various publications that have been studies and explored by various schools of thought highlighting the gaps in literature in relation to the topic being researched.

CHAPTER 3: RESEARCH METHODOLOGY.

3.0 INTRODUCTION.

The sections delves on the methods that will be used to investigate the factors that influence relapse among children. The chapter will describe the research design that is going to be employed, study population and sampling methods that are going to be used to select the participants for the study, provide an overview of the instruments that will be used to collect data, including questionnaires, interviews, and focus groups and data analysis procedures that will be used to analyses data and answer the questions.

3.1 RESEARCH DESIGN.

The study made use of a case study because it allowed the researcher to use in-depth exploration and provided more detailed and nuanced information in understanding the factors that influence the relapse of former child offenders. Case study can be understood as a research design that focuses on an in-depth examination of a particular case or group of cases. Creswell (2014) describes a case study as a qualitative research approach in which the researcher conducts an in-depth analysis of a case, which is typically a project, event, process, activity, individual, or group. The study familiarised itself with this design because it enabled the researcher to have an ability to capture the context and lived reality of participants. Another rationale of using this design was because it was flexible for the researcher to collect data because the researcher was able to do in-depth interviews and a focus group. All in all this method aided the researcher to gain a better understanding of the individuals being studied and drew more accurate conclusions about their behaviour.

3.2 STUDY POPULATION.

The study population is a subset of the target population from which the actual sample is drawn. Barbour (2014) defines a target population as a comprehensive set or collection of

components from which one chooses to draw certain conclusions during the research project. As a result, the target demographic was recruited from the Mt Hampden-based Northcot Training Institute. Basically the institute accommodates not more than 60 trainees including both boys and girls. Deriving from this target population, the study population encompassed 19 girls and 36 boys of which the girl's population is minimum compared to boys since boys are the ones with the high rate of committing crime and or even recidivism.

3.3 SAMPLE.

3.3.1 Sample size.

The sample size may be defined as the number of individuals or observations included in a research. Coghlan and Brannick (2014) define a sample as a subset of respondents drawn from the target population. The researcher used and emphasized the notion of theoretical saturation to recruit 10 girls, 12 boys, and three caregivers to participate in the study. The researcher utilised the theoretical saturation in finding participants since method reaches a point at which no new information or insights will be gained from the data, and any additional data would not contribute to a better understanding of the research topic. In addition, the researcher was helped by the supervisor of the institution and other staff on duty to attain participants, hence this did not consume most of the researchers time in finding information and useful response from participants.

3.4 SAMPLING TECHNIQUE.

The study used non-probability sampling strategies, including availability sampling and purposive sampling. A sampling technique is the practice of examining a population by collecting and analyzing data. Kothari (2013) defines a sampling methodology as a specific

strategy prepared and implemented in data collecting to obtain a sample from a specified population. The techniques indicated above will be mirrored in the following sections.

3.4.1 Availability sampling technique.

Creswell (2014) defines availability sampling as a non-probability sampling approach that collects data from members of a target population who are readily available to participate in the study. In this instance, the researcher used the strategy since it focuses on gathering information from individuals who are readily available and eager to engage in the study. In convenience sampling, population of interest is usually difficult to access or hard to reach, making the technique convenient and practical approach for data collection. Availability sampling technique is characterised its nature of being cost-effective, time efficiency, and real-world applicability, particularly when engaging with participants who have experienced relapse, as in the case of former child offenders. The technique aligns with ethical considerations by allowing researchers to engage with participants who are willing to share their experiences, potentially leading to a more ethical approach to data collection. All available subjects were invited to participate. The researcher adopted availability sampling to select a sample of children both boys and girls to participate in the research at Northcote Training Institute in Mt Hampden thus participants were readily available within the proximity of where the research was being carried out.

3.4. 2 Purposive sampling technique.

Purposive sampling is a non-probability sampling approach that picks units depending on the sample's needed properties. It's a delicate and careful approach. Purposive sampling, according to Sharma (2017), is a non-probability sampling strategy that is chosen based on a population's unique attributes or characteristics as well as the study's objectives. The purposive sampling approach is also known as the judgmental technique since sample

members are picked solely based on the researcher's knowledge and judgment. The researcher made use of the purposive technique because it allowed the researcher to select individuals who have specific characteristics and or experiences that are suitable to the study. In addition, the technique was particularly useful since the technique was more time and cost effective and also it helped in ensuring that samples are rich in information that is relevant to the research questions.

3.5 Data collection

3.5.1 Data collection techniques.

The systematic gathering and measurement of information on specific variables of interest enable researchers to address study questions, test hypotheses, and evaluate results. As outlined by Creswell (2014), data collection involves a methodical process for obtaining and quantifying data from various sources to facilitate the analysis of study findings and the answering of important questions. Data collection methods were employed in the research to gather information from participants, utilizing both qualitative and quantitative techniques such as focus group interviews, in-depth interviews, and structured interviews.

3.5.1.1 Focus group interviews.

Focus group interviews are a form of qualitative research approach in which small groups of individuals debate a certain issue, allowing researchers to obtain insight into participants' thoughts, opinions, and experiences. Focus group discussions help spark new ideas and insights that the researcher could not have gotten otherwise. According to Neuman (2014), focus group conversations are an exploratory approach used to elicit specific information about a topic or issue from a group of 6-12 individuals. The researcher held focus group discussions with two groups of boys and girls, a total of eight trainees. The rationale for using focus group interviews was that they assisted in identifying the various factors that lead children to relapse into criminal behaviour and echoed different factors that could reduce

recidivism among children, as well as uncovering information that the researcher may not have known to inquire about in individual interviews. The researcher noted that focus group discussions are relevant because they are less time consuming and cost effective compared other techniques. In addition, the researcher made use of this technique because it was easier for the researcher to gather information since trainees play together in accordance to their behaviour.

3.5.1.2 In-depth interview.

Conducting extensive individual interviews with a limited number of participants to gain insight into their viewpoints on a specific topic is known as in-depth interviewing, a qualitative research approach. According to Coghlan and Brannick (2014), an in-depth interview is a detailed conversation between an interviewer and an interviewee involving comprehensive questioning. The purpose of conducting in-depth interviews with former juvenile delinquents at risk of reoffending was to gather comprehensive and detailed information about their experiences. This form of interview necessitated for active listening thereby understanding the responses, feelings and encounters of former child offenders. In addition, in-depth interviews helped the researcher to explore the complex and nuanced nature of the factors that lead to relapsing into criminal behaviour, at the same time giving an opportunity to develop a deeper understanding of the topic through one-on-one interactions. Another reason for using in-depth interviews was that it gave the researcher to tailor questions to the specific experiences of each individual, which resulted in a more meaningful and useful data. Since in-depth interviews gives room for rapport building, it gave room for participants to feel at ease and open up especially considering sensitive questions that a participant might believe to be their secret.

3.5.1.3 Key informant interview.

Key informant interviews are one-on-one conversations with persons who have highly informed viewpoints on a specific area of the program being assessed (Sharma 2017). The researcher can conduct face-to-face interviews with key informants that include a few loosely organized and typically open-ended questions aimed at eliciting the key informant's ideas and feelings. The purpose of key informant interviews is that it captures nuanced and detailed information that may not be easily accessible through other research methods, providing valuable perspective and insights for the research study. Another rationale for using key informant interviews was that the researcher was able to gather contextual understanding of the unique challenges and circumstances faced by former child offenders, including the specific triggers and barriers to successful reintegration and rehabilitation. Thus, the study found it relevant to interview care givers who had knowledge on the day to day living of the children under probation including the superintendent of the organisation.

3.5.2 DATA COLLECTION TOOLS.

3.5.2.1 In-depth interview guide.

The researcher made use of in-depth interview guide to gather information from respondents. In-depth interview guides allowed the researcher to explore the complex, individual experiences of child offenders who have been involved in the criminal justice system. The researcher picked in-depth interview guide because the method provided space for participants to share their perspectives and stories in their own words, which were powerful and meaningful way to understand their experiences. Additionally, the method was flexible enough for the researcher to adapt the interview to each individual, rather than being limited to a predetermined set of questions. This simply means that the researcher could tailor the questions to the specific experiences and perspectives of each participant, rather than trying

to fit everyone into the same structure, and this made data collected by the researcher more meaningful and relevant since participants felt more comfortable and open in sharing their stories.

3.5.2.2 Key informant interview.

During the key informant interviews, the researcher utilized a guide containing both open-ended and closed-ended questions to gather information from caregivers at Northcort Training Institute in Mt Hampden. The key informant interview guide proved to be beneficial as it enabled the key informants to pinpoint crucial factors, validate findings, and explore the potential for customized interventions when investigating the factors affecting the relapse of former child offenders.

3.5.3 Data collection procedure.

Prior to performing the research, the researcher sought for authorization from the Human Resources department in Harare to conduct it at Northcort Training Institute in Mt Hampden, which is run by the Department of Social Development. The researcher also obtained permission from the institution's superintendent to conduct the research because it was within the scope of important responders.

3.6 DATA PRESENTATION AND ANALYSIS.

Data analysis is the process of interpreting and drawing conclusions from the data that the researcher would have collected whilst involving various methods such as statistical analysis, thematic analysis, and content analysis. Sharma (2017) is of the view that, data analysis is a systematic process of finding and reviewing interview and data transcripts, observation notes, and other textual materials collected by the researcher in order to gain a better understanding of the phenomena under investigation. The demographic data was collected and presented in a table so that it could be easily analysed and understood. Thematic analysis was chosen as

data analysis technique because it allowed for the identification and examination of patterns and themes within the data. This was especially useful in exploring peoples, experiences and perceptions, which was relevant to the research questions about the factors leading to the relapse of former child offenders into criminal behaviour. This type of analysis allowed for a deeper understanding of the data and more nuanced interpretation of the results.

3.7 ETHICAL CONSIDERATIONS.

Ethical considerations encompass the ethical values and principles that need to be considered when carrying out research. Coghlan and Brannick (2014) define ethical considerations as the morally upheld standards in research that delineate what should or should not be done during research. The next section aims to outline the ethical considerations that were implemented during the conduction of this research.

3.7.1 Confidentiality.

The researcher promised confidentiality to the participants since the respondents have criminal records and may be concerned about their information being shared with others or used in a way that could cause them harm. According to Creswell (2014), one aspect of confidentiality to consider is whether or not certain participants prefer their identities to be kept private. The reason for maintaining secrecy was a question of respect and trust. The participants were allowed to retain ownership of their voices in matters of maternal health, exercise their freedom in decision-making, and keep their identities private. The researcher's confidentiality boosted the respondents' trust and confidence, making them more at ease sharing their information. As Israel (2013) noted, participants in social science research might hesitate to disclose sensitive personal information if they fear it will be made public. Consequently, maintaining secrecy was essential in bolstering the participants' trust in the researcher, leading them to share more information about the study's topic.

3.7.2 Anonymity.

Anonymity refers to the research practice in which participants' identities are kept completely confidential and cannot be traced back to them. In other words, data is collected and analysed without identifying participants by name or other identifying information. In accordance to Hollway and Jefferson (2013), anonymity is the process of keeping the participant's identity secret or hidden in order to avoid being identified. The rationale of using this ethic was that anonymity helps to protect participants from any negative consequences that could result from their participation. This was especially important given that former child offenders may have criminal records and could face discrimination or other negative outcomes if their identities were revealed. Anonymity also encouraged more open and honest responses from respondents which in turn lead to more reliable and accurate data collection.

3.7.3 Voluntary participation.

In Sharma's (2017) definition, voluntary participation refers to a research participant's ability to freely decide whether or not to take part in a research project. This principle means that all participants have the freedom to decide to join without facing any form of pressure or influence. Furthermore, all participants have the liberty to opt out or terminate their involvement in the research at any point without feeling compelled to continue. Voluntary participation enabled participants to feel comfortable and safe to share their experiences whilst helping in building trust between the participants and the researcher. Without voluntary participation, there was probably a risk of participants not being able to be honest enough and forthcoming with their responses thus the reason why the researcher considered voluntary participation as an ethical consideration.

3.8 Feasibility.

Feasibility refers to the practical aspects of performing a research project. Neumann (2014) defines feasibility as anything that can be done, effected, or accomplished. The feasibility of

the study was seen in various factors. One of the factors was that, the proximity of where the research was carried out was not more than 5 kilometres away from Harare Central Business Town which made it easy for the researcher to travel time to time. Another advantage was that the institution was readily available to assist the researcher to gather information from the trainees or participants for the researcher's research.

3.9 Limitations.

The study was limited by various factors such as difficulty in recruiting a representative sample of participants because former child offenders were difficult and hard to reach population since they were not willing to participate due to fear of their confidential criminal records. This also made it difficult for the researcher to obtain accurate and reliable data from participants as they struggled to disclose or recall some of their experiences.

3.10 Summary

The methodology used was outlined in this chapter. It also provided details about the research design, study location, sample population, and data collection approach. Ethical considerations such as anonymity, informed consent, and confidentiality were also emphasized in the chapter. Finally, the chapter elucidated the process of data analysis and interpretation.

CHAPTER 4: DATA PRESENTATION AND ANALYSIS.

4.0 INTRODUCTION.

The centres on the presentation of data and the discussion of findings regarding the factors influencing the relapse of former child offenders at Northcot Training Institute. The study aims to study the frequency of juvenile relapse into criminal activities within the institution. The study inculcated 25 participants of which 8 were girls, 12 boys and 5 key informants through whom in-depth interviews and a focus group discussion were administered. Data was showcased and examined using thematic analysis.

4.1 DEMOGRAPHIC CHARACTERISTICS OF RESPONDANCE.

According to Sharma (2017), demographic traits are identifiable characteristics of a population. Demographic characteristics can also relate to factors within a population, such age, gender, educational level, and so on. Understanding participants' demographic features aids data analysis and allows researchers to make conclusions based on certain genders or age groups of respondents (Sharma, 2017). The demographic features of the respondents were displayed as follows.

Category of respondents	Intended total	Sex		Actual total	Total Percentage
		Female	Male		
Juvenile offenders	20	8	12	20	100%
Key informants	5	3	2	5	100%

4.1.1 Distribution of respondents by gender.

The sample comprised of 25 respondents, of which 10 were boys, 8 were girls and 5 key informants. Within key informants, 3 were female and 2 were male. The sample highlights that boys are the most to commit criminal offenses and at high risk of recidivism compared to girls. Research indicates that boys generally have a higher prevalence of involvement in criminal activities compared to girls, which contributes to the higher relapse rates among boys. Additionally, societal and environmental influences, such as peer pressure and exposure to delinquent behaviour, may impact boys more significantly, leading to a higher likelihood of relapse into juvenile criminal activities. Furthermore, the specific challenges faced by boys, including issues related to substance abuse and mental health, may also contribute to their higher rates of relapse into offences compared to girls. On the flip side, girls have lower chances of relapse because research indicates that girls often appear in court for different reasons than boys, and their cases are disposed of differently, potentially leading to different outcomes and lower rates of relapse. In addition, societal and environmental factors such as the influence of peer pressure and exposure to delinquent behaviour impacts girls differently, contributing to a lower likelihood of girls relapsing into criminal offences.

4.1.2 Distribution of respondents by educational level.

Out of the 25 participants, 2 key informants had reached A-Level educational standard and 3 key informants had practising certificates in social work. Of the 20 children, 5 girls and 5 boys did not reach grade seven and neither did they have any certificate. The other 3 girls had grade seven certificates along with 5 boys. 2 boys were in secondary education whilst 1 girl has never been to school before. The disparity in educational attainment between juvenile girls and boys, particularly among those at risk of relapse can be attributed to several factors in relation to what has been analysed above. Research suggests that a majority of girls, as

compared to boys, may have little access to adequate education opportunities, potentially leading to lower educational attainment among at-risk juvenile girls. Additionally, individuals entering the criminal justice system often come from socioeconomically deprived sectors of society and may not have had sufficient access to education prior to their involvement with the justice system. These systemic challenges contribute to the observed trend of lower educational attainment among at-risk juvenile girls compared to boys, potentially impacting their likelihood of relapsing into criminal activities.

4.2 THE EXTENT TO WHICH RISK FACTORS DRIVE REOFFENDING AMONG CHILD OFFENDERS.

The respondents noted that substance abuse, peer influence, mental health issues, and parental or family criminality are the most the critical factors that exposes juveniles to relapse into criminal activities despite services rendered to them at the time of the first offence. Due to the fact that trainees (juveniles) at Northcort come from different backgrounds, risk factors that exposes one trainee to relapse differs from the other, which was highlighted by the superintendent of the institution prior to the investigation. Northcort admits children from a proper home set up and vice versa, children from the streets and those who were abandoned by their parents who come through the channelling of other institutions. Amongst the trainees, 5 highlighted that substance abuse is one of the serious factor that causes recidivism, 4 noted that peer influence also exposes them to relapse. The other 3 participants highlighted that stigmatisation and lack of support results in relapse whilst 1 key informant highlighted that parental criminality play its own role to recidivism.

4.2.1 Substance abuse.

Substance abuse significantly contribute to recidivism among juveniles through various factors and mechanisms. 5 of the trainees participating highlighted that drugs are the only factor that are inevitably forcing them to relapse into bad tendencies which will lead them

back to probation where there would have been before and nothing can be done about that because no matter what, drugs are like their daily bread. Studies has also shown that juvenile drug offenders may exhibit higher rates of recidivism compared to other juvenile offenders, indicating a strong association between substance abuse and reoffending. One male trainee highlighted that;

“Sister isusu tiri vemuma streets saka kutotiuza kwamunenge muchiita kunoku totongobatsirikana pakuti tenenge tichiwana chikafu chemahara zese nehembe, asi chokwadi ndechekuti kutiza hedu tagara tozongotiza because mu town glue tovera patadira pasina kumbonzi hee ma drugs akashata hee munofa hee kuzodini. Otherwise glue ne dombo ndotozvida kudarika chikafu”. (“sister we are from the streets, bringing us here is only advantageous due to the fact that we get free food and clothes but otherwise truth be told we will keep on absconding because in town we sniff glue whenever we want to without anyone educating us about drugs, otherwise we love glue and crystal myth more than these free clothes and food”). (Male participant 16 years).

Another informant similarly concurred that;

“Inini neshamwari dzangu kakechi 3tichidzoswa panapa sezvamazvinzwira, but sometimes totomboshinga kugara but street rinenge richideedza because uko hatina anotiudzira zvekuita which is also why kumba takatotiza. Ko ma drugs akanaka kudarika kana school chaiyo. Patiri panapa kana pane akapasa grade 7 ndiudzei because matonyeperwa”. (“as for me and my friends, it is third time being admitted here as you have heard, but sometimes we really want to stay but the street will be calling because there no one tells us what to do which is also the same reason we ran away from home. After all drugs are very nice and we love them more than even

going to school and if anyone amongst my friends told you that they passed their grade 7 you have been told a lie. (Male participant 17years).

Another informant during the group interview highlighted that;

“Hapana kana chinhu one chakandikoshera kudarika glue. Zvekuti ndambobatwa mutonazi ndounzwa panapa imwe nyaya. Otherwise ma drugs akanaka boy’s dzangu”. (“There is nothing that is important to me more than taking glue. Otherwise being caught and brought back here is another story otherwise drugs are good my boys”). (Female participant 17 years).

These responses confirm that drugs are indeed one of the threatening risk factors that inevitably force children to be second time offenders or even more because withdrawal effects are difficult to manage and contain thus the children will always find a way to abscond and go back into the streets to take drugs. Lack of education has also perpetuated in the close understanding of its absence and its link with drug abuse. There for, one can argue that the government is at some point failing to curb drug abuse amongst children and in as much as they are capturing street kids, they should be kept at institutions with higher security such as gated institutions so that whoever gets admitted will not be able to abscond no matter how hard withdrawal effects hits back. In addition, the male population is the most vulnerable population exposed to drugs compared to female population at Northcort Training Institute.

4.2.2. Peer influence.

Peer influence encompasses the impact of social dynamics on decision making, where individuals may choose to engage in certain behaviours or activities due to the influence of their peers. Participants highlighted that their peers are the ones who make them get involved in criminal activities. Due to the reason that their peers are the only people that they almost spend a day with, it becomes difficult to become immune to pressure from their peers. Environment and peers have a strong impact on juvenile recidivism, taking for instance in

ghetto environments. This is where most people at a younger age are getting themselves involved into thieving, drug intake, and rape and at cetera thereby forming a gang of their own which makes it difficult for a child to shun away from probably after probation.

One of the participants highlighted that;

“Zvakangofanana nepanapa, ndakauya nenyaya yekuba, but ndakasvikosanganawo nevanoita zvema drugs ndikatofuririkawo ma drugs takutorova isu and besides pandakambodzokera kumba for mwedzi mitatu shamwari dzangu dzadzatondisuwa and handikwanise kubuka ma friends angu nenyaya isina basa. Tosimbisa ghetto redu ndoinonzi bro code. Ndinepamwe pandinotomboti hanchatambe navo but handina chandokwanisa kuita nezvazvo nekuti ndoshamwari dzacho dziriko areaz kwandogara”.(“it’s just the same, I came here because of unlawful entry but having arrived here I also met people involved in drugs and I got influenced and I’m now taking drugs too. Besides all that, when I was at home for three weeks, my friends had missed me and I can’t ignore my friend’s worse with petty issues. There is a time where I told myself that I can’t continue playing with these people but I realised I can do nothing about it because those people are the only people I can play with from where I stay”).**(male participant 16 years).**

Another participant noted that;

“Hapana ndozvitongoriko even kana paden, vandakaberekwa navo vese vanorova ngoma so papi pachu handisiri rini ndakauraya Jeso. Ndega ndenchitoziya kuti ndrikubhaiza ndotomboti izvi handichabate but vanhu vanogara navo vanorova so ndopedzeserawo ndatongorova sinte”(I can possibly do nothing, even at home, my siblings drink codeine or broncleer so there is no way I can shun away from that and I’m not the one who killed Jesus. I sometimes tell myself that I should stop drinking

but the people I stay with makes it difficult for me not to take so I end up doing what others are doing”). (Male participant 14 years).

This evidently show that peer influence is one of the risk factors that causes juveniles to relapse even after probation because friends influence a certain persons’ behaviour either in a positive or negative manner. Associating with negative influenced people increases the risk of recidivism which also work hand in glove with the environment of which one comes from.

4.2.3 Mental health issues.

The presence of mental health issues can significantly contribute to the relapse of juvenile offenders. The simultaneous occurrence of mental illness and substance use disorders among this demographic presents intricate obstacles. Children with mental health issues handle things differently thus these children do not have the same level of impulse control as their peers which may result in criminal tendencies.

During a focus group interview, a respondent concurred that;

“Mentally I am not okay when I don’t smoke marijuana, and when I don’t, I feel lonely, frustrated and hopeless thereby I might just end up feeling like I am being trapped in a circle of behaviour that I find difficult to control, which is the same reason I always find myself at this institution”. (Male participant 17 years)

Another respondent highlighted that;

“I always feel rage whenever I am denied to go out with my friends because my parents knows that they are the same people who influence me to take drugs. Sometimes the feelings I get whenever I argue with my colleagues here, I feel like I want to kill and I even fail to control myself either. But what I know when the feeling is over, I regret whatsoever feelings and action I might have portrayed which makes me feel and believe that mentally I am not okay”. (Female participant 17 years).

During the interview, a key informant concurred and highlighted that;

“Mental health and drug and substance abuse are closely intertwined in relation to the trainees we admit here either first timers or second timers. Dues to the economic instability, the government is failing to provide facilities that provide comprehensive support that addresses both their mental health issues and factors contributing their criminal behaviour, thus, they desire access to effective mental health treatment which we do not offer which may result in recidivism and as well as opportunities to rehabilitation and reintegration into society. (Care giver at Northcort Training Institute).

That the findings highlight that drugs and substance abuse work side by side and results in recidivism among child offenders. In addition, if mental health issues and substance use are left untreated, the interaction between these two elements eventually intersects with criminal behaviour, potentially impacting the probability of relapse among child offenders.

4.3.4 Parental criminality.

Parents with criminal records are found to be one of the reasons leading to recidivism among child offenders. Usually high frequency of recidivism is closely linked to the father’s offenses. Children with criminal parents committing criminal offenses may normalize criminal activities and some point find it desirable and acceptable resulting in recidivism. Criminal parents also lack control over their children since they also lack control in themselves which results in children being unable to resist the need to reoffend.

Key informant highlighted that;

Behavior is learnt, so children learn criminal activities from their parents and criminal parents always find it difficult to control their children because they also lack self-control. Thus, the probability of children reoffending is high. (Care giver at Northrcot training institute).

Another respondent highlighted that;

“I find it difficult to shun away from thieving because that is what my father does to provide food at the table. Sometimes we don’t really get everything that we want or what I want so I end up stealing other peoples’ belongings. My father taught me everything and even when I go back home I relive the moment and end up at the same place again. (Male participant 17).

Another respondent concurred that;

“I am following the steps of my parents it is just that they never get caught. I have learnt all the skills especially from my father and since it is what makes us survive I don’t care how many times I get brought back here.”(Female respondent 16 years).

The findings highlights that children relapse in criminal behaviors because their parents are also criminals. This is caused by factors such as modelling behavior. Children often learn by observing the behavior of their parents. If a parent I involved in criminal activities, the child may be more likely to view such behavior as acceptable or normal, leading to an increased risk of engaging in similar activities themselves. In addition criminal parents have limited monitoring and supervision of which the two prospects are important against delinquent behavior thus resulting in recidivisms.

4.3 TO WHAT EXTENT DOES REHABILITATION SERVICES AFFECT OR INFLUENCE THE RELAPSE OF FORMER CHILD OFFENDERS.

Rehabilitation services can significantly influence the relapse of former child offences. Rehabilitation services play a crucial role in addressing underlying issues that may contribute to criminal behavior and in providing support for successful reintegration into society. Be that as it may, rehabilitation services for children, while crucial, can sometimes fall short in addressing certain factors, potentially leading to relapse. Ares that rehabilitation services go wrong are as follows;

4.3.2 Unaddressed underlying issues.

Rehabilitation services may fail to adequately address the underlying emotional, psychological or environmental factors that contributed to the child's initial involvement in criminal behavior. Without addressing these causes the risk of relapse remains high.

A key informant concurred that;

Due to the fact that the government is suffocated in terms of institutions, here we end up admitting training who do not fit to be admitted here in as much as they would have committed a crime. Taking for instance children with mental health issues which might have been caused by substance abuse are supposed to be admitted at mental facilities before coming here, but the government falls short of such institutions thus we end up admitting them here which reduces the effectiveness of our services since the underlying causes of offence would not have been addressed to. This then results in the relapse of child offenders since all the services rendered would have been less effective and we cannot completely blame a child for that.

The above findings highlights that the government does not have enough resources to cater for juveniles in relation to their offence and the underlying causes of offence. Therefore there is need to properly admit children in suitable institutions that are fit to address the underlying cause of offence before addressing the offence.

4.3.2 Lack of continued support.

Aftercare and ongoing support are essential components of successful rehabilitation. If children do not receive continued support and guidance after completing a rehabilitation program, they may struggle to maintain the progress they made during treatment, increasing the risk of relapse.

A key informant noted that;

After care is very important since it encompasses post-intensive care and provides dedicated follow-up appointments, which can help who mainly suffer from addiction and prepare them for recovery due to additional home support. This ongoing support and follow-up care are essential in preventing relapse and supporting the long-term recovery of children who have struggled with addiction. Lack of after-care services is the major reason I can say that it causes relapse in most children because we don't provide that.

The above information notes that aftercare is a critical component of the treatment process for children recovering from addiction, as it provides ongoing support, helps individuals recognize early signs of relapse, and extends the reach of treatment beyond the probation setting.

4.3.3 Lack of resources at probations.

The lack of resources at probation offices can significantly contribute to relapse of former child offenders. When probation offices are understaffed or under-resourced, it becomes difficult to provide adequate support and supervision of these individuals. For example, the lack of qualified staff may lead to infrequent check-ins or insufficient monitoring of the child offenders, making it easier for them to engage in risky behavior or revert to previous criminal activities.

A key informant concurred that;

Due to limited resources such as care givers against the number of children admitted here, children are suffocated with counseling services and programs that help to keep them in track, thus, they revert to their old behavior.

The above information highlights that limited resources can impact availability of essential programs and services that are designed to support the rehabilitation and reintegration of

young offenders. This include counselling, educational support, and mental health services, all of which are crucial in helping former child offenders stay on track and avoid relapse.

4.4 TO WHAT EXTENT DOES THE COMMUNITY PLAY A PART IN THE RELAPSE OF CHLD OFFENDERS?

In communities, several loopholes can inadvertently force individuals to relapse into criminal behavior. These include inadequate reentry support, which leaves individuals vulnerable to relapse after release from probation. Moreover, difficulties in reintegrating into the community, insufficient community-based support can further exacerbate the risk of relapse among child offenders.

4.4.1 Inadequate reentry support.

Inadequate reentry support from the community can significantly contribute to the relapse of child criminals. When these individuals are released from juvenile detention or correctional facilities, they often face numerous challenges in readjusting to society. Without proper support, they may struggle to find stable housing, gainful employment, or access to education and mental health services. As a result, they may be more likely to fall back into negative patterns of behavior and criminal activities. The lack of supportive community can leave these young individuals feeling isolated, hopeless, and without the necessary resources to make positive changes in their lives. This lack of support can create a circle of recidivism, where these individuals are more likely to reoffend due to the absence of a nurturing and rehabilitative environment.

A respondent highlighted that;

The last time I went back home, I remember I could not make friends of my own because no one really wanted to talk to me because I have a juvenile record. It was to an extent where even my family did not want to see me around them. They did not verbally say it but I could feel it so I ended up isolating myself from everyone else

which made me feel so lonely. That same feeling just gave me a thought of doing something that could take me back to where I came from because here I make friends of my own and no one does not ignore me or refuse to play and talk to me. (Male participant 16 years).

Another respondent similarly highlighted that;

The thought of going back home again stresses me very much. At home I really don't have friends except being around my grandmother. It is so boring to an extent that I prefer this place because I will be around other children like me. (Female respondent 16 years).

This information highlights that, the community is crucial in providing the necessary support and resources to help child criminals successfully reintegrate into the society and avoid stigmatization which may cause relapse. Without proper support, these individuals may struggle to find stability and may be more likely to fall back into negative patterns of behavior.

4.5 CHAPTER SUMMARY.

This chapter has outlined the results concerning factors influencing the relapse of former child offenders in Mt Hampden at Northcort Training Institute. The findings were derived from data collected at Northcort Training Institute, and the analysis was connected to research goals and objectives through thematic content analysis. The subsequent chapter will delve into a summary of findings, conclusions, and recommendations.

CHAPTER 5: SUMMARY, CONCLUSION, AND RECOMMENDATIONS.

5.0 INTRODUCTION.

This section provides an overview of the research study analysis and presentation in the initial four chapters. It then delivers conclusions and recommendations based on the examined data regarding the factors that influence the relapse of former juvenile offenders at Northcort Training Institute. The aim of the recommendations is to address the research themes and assist in mitigating the issues influencing the relapse of former child offenders.

5.1 SUMMARY

This research study examined the factors influencing the relapse of former child offenders at Northcort Training. The study utilised a case study and employed in-depth interviews and as well a focus group discussion to collect data from 25 respondents comprising of 12 boys, 8 girls and 5 key informants who worked as care givers at the Institute. Key informants gave rich data since they worked with the children and data was retrieved through key informant interviews.

The study employed the Risk Need Responsivity theory to understand reasons why children relapse into criminal behaviours. The theory is comprised of three components that are risk, need and responsivity. Risk refers to the likelihood that individuals will likely to reoffend. Need refers to the factors that are associated with criminal behaviour such as substance abuse and lack of support whilst responsivity refers to the individuals ability to respond to treatment and interventions. The model is of the view that relapse is a result of a combination of risk factors such as substance abuse, child abuse, mental health issues and at cetera. Unmet needs such as lack of life skills, financial instability, and lack of support. Responsivity, the lack of and the ability of an individual to respond to treatment. Thus basically, the theory suggests

that there is need to address risk factors exposing children to relapsing in order to find effective measures that results in children responding to treatment in a positive manner.

The study found out that boys are the ones who are at high risk of relapsing and the population of boys relapsing is very high compared to girls. The study also noted that boys are also at high risk of being affected by peer pressure, substance and drug abuse compared to girls which increases chances of boys relapsing into criminal behaviours. On the flip side, the research study also noted that girls are the least educated compared to boys. This is because of various reasons such as diversified socio economic deprived societies which mainly considers boys to be educated more than girls since girls will be married off. In addition, the study shed light on the fact that mental health is closely linked to substance abuse. Thus there is need to address the issue of substance abuse in order to suppress the exposure of minors being exposed to mental health issues which in turn reduces recidivism.

The study highlighted the risk factors that perpetuates in children relapsing in criminal tendencies which are parental criminality. Since behaviour is learnt, through modelling, children usually copy what their parents does especially their fathers thereby increasing the risk of children relapsing into criminal offenses. Another risk factor that exposes children to relapse is substance abuse. The need to take drugs and the aggressive impact of withdrawal effects is a pull factor of recidivism amongst child offenders. In addition the community also plays a part in the relapse of former child offenders. This is so because the society sometimes makes it difficult for children with juvenile record to reintegrate back into the society due to stigmatisation thus, children resorts back to committing another offense.

Moreover, the study revealed that recidivism is sometimes caused by loopholes found within the institution or probations. For example, due to economic hardships, institutions fall short of employers and resources which results in children not receiving proper aid and methods to

mitigate relapse. These resources may include labour, counselling, and programs useful to reduce recidivism.

5.2 CONCLUSIONS.

5.2.1 Extent of risk factors driving relapse in juveniles.

Risk factors such as parental criminality, substance abuse, mental health issues, and the community are key risks that affect children and causes relapse or recidivism among juveniles.

5.2.2 The extent on how rehabilitation services affect or influence the relapse of child offenders.

The institutional sector plays a role in causing children to relapse due to economic hardships within the Zimbabwean economy. This is due to lack of resources including employees, lack of **continued** support, and failure to address underlying issues.

5.2.3 Extent on how the community cause relapse among former child offenders.

The issue of inadequate re-entry support is a loophole found within the community in the sense that the community lacks knowledge on accepting children from correctional facilities thus, the community stigmatises children with juvenile records.

5.3 RECOMMANDATIONS.

The study's discoveries have been presented in the previous section on the factors influencing the relapse of former child offenders. These findings prompted the researcher to develop subsequent recommendations which are as follows:

5.3.1To the government

- The government should build mental health facilities at correctional services such that health providers are able to identify the cause of relapse amongst children especially those with drug addiction such that they do not get services that is not applicable.

- Should also fund organisation with enough resource be it labour so that every child is catered for.

5.3.2 To the CSOs

- Should fund rehabilitation centres in their quest to develop programmes that reduces relapse among children such as substance abuse treatment programmes.
- Develop initiatives and programmes that educates the society and promote smooth re-entry of children with juvenile records and suppress stigmatisation.

5.3.3 To the rehabilitation centres.

- Rehabilitation centres should enquire for grant proposal so that they enhance security. For example Northcort has high risk of children absconding because it is not gated, so children abscond back into the streets and starts doing drugs.
- Develop programmes that reduce recidivism especially programmes that curb drug and substance abuse.

5.3.4 To the community.

- Community members should actively participate in programmes, community workshops and seminars that aim at promoting and reducing risk factors exposing children to relapse.
- The community should also be able to be willing to be educated on issues of accepting children who would have relapsed back into the society.

5.4 Chapter summary.

The chapter provided an overview of the study's findings, including a summary of key points, conclusions, and recommendations focused on strategies to mitigate the likelihood of former child offenders relapsing or reoffending.

REFERENCE:

- Agnew, R (1991). *A longitudinal test of social control theory and delinquency*. Journal of research in crime and delinquency 28:26-56.
- Agnew, R (1993). *Why do they do it? An examination of the intervening mechanisms between Social control, variables and delinquents*. Journal of research in crime and delinquency 30:245-66.
- Albertus, C (2010). *Offender reintegration in South Africa: A complementary crime prevention measure*. Open Society Foundation for South Africa.
- Altschuler, D.M. & Armstrong, T.L. (2001). *Reintegrating high risk juvenile offenders into communities: experiences and prospects*. Corrections Management Quarterly 5(1):79-95.
- Bilge, A. & Keskin, A. (2012). *An evaluation of the effectiveness of anger management education enriched by psychodrama*. Journal of Psychiatric Nursing, 8(2): 59-65.
- Ayebami, T.V & Janet K. (2017). *Efficacy of anger management strategies for effective living among adolescent and youths*. An International Journal 25(1): 47-58.
- Baier, C.J. & Wright, B.R.E. (2001). *If you love me, keep my commandments: meta-analysis of the effect of religion and crime*. Journal of the research and crime and delinquents 38:3-21.
- Babbie, E.R. (2016). *The Practice of Social Research*. (14th Edition). Cengage Learning
- Barbour, R. (2014). *Introducing Qualitative Research: A Student's Guide*. New Delhi: Sage Publications.
- Barbour, R. (2014). *Introducing Qualitative Research: A Student's Guide*. New Delhi: Sage
- Barbour, R. (2014). *Introducing Qualitative Research: A Student's Guide*. New Delhi: Sage Belmont.
- Coghlan , D., & Brannick , R. (2014). *Doing Action Research in your Organisation. Approach*. Delhi: Sage Publications.
- Coghlan , D., & Brannick , R. (2014). *Doing Action Research in your Organisation. Approach*. Delhi: Sage Publications.

- Davis, C., Bahr, S.J., Ward, C. (2012). *The process of offender reintegration: Perceptions of what helps offender's reenter society*. Criminology and criminal justice.
- Derzon, J.H., & Lipsey, M.W., (2000). *The correspondence of family features with problem, aggressive, criminal and violent behavior*. Unpublished manuscript. Nashville, TN: Institute for Public Policy studies, Vanderbilt University.
- Farrington, T (2000). *Thousand Oaks, CA: Sage Publications* (pp.211-246).
- Greenburg, D.M. (2010). *Relapse in criminal behaviour*: Washington, D.C.
- Hollway, W., & Jefferson, T. (2013). *Doing Qualitative Research Differently: A Psychosocial Approach*. Delhi: Sage Publications.
- Hollway, W., & Jefferson, T. (2013). *Doing Qualitative Research Differently: A Psychosocial Approach*. Delhi: Sage Publications.
- Israel, M. (2013). *Research Ethics and Integrity for Social Scientists*. London: Sage publications.
- Israel, M. (2013). *Research Ethics and Integrity for Social Scientists*. London: Sage publications.
- Kaseko, E. (1993). Juvenile justice in Zimbabwe: *the need for Reform*. Journal of social development in Africa, 8 (1):11-17.
- Mantingh, L. (2005). *Offender rehabilitation and reintegration: taking the white paper on corrections forward*. Cape Town: Civil Society Prison Reform Initiative. <http://cspri.org.za/publications/research>
- Masango, M.J. (2014). *Aggression, anger, and violence in South Africa*. Pretoria: University of Pretoria.
- Mcaffrey, M. (2011). Florida Department of Juvenile Justice: 2009-2010 Comprehensive Accountability Report. Retrieved July 15, 2013, from <http://www.djj.state.fl.us/>
- McCord, J.2010. *Some child-rearing antecedents of criminal behavior in adult men*. Journal of Personality and Social Psychology.

Nadeau, A. M. (2007). *A study of mental illness as a casual factor in recidivism among inmates at the adult correctional institutions of Rhode Island* Retrieved from <http://digitalcommons.ric.edu/>

Negniri, S. (2022). *Definition of rehabilitation for research purposes*: National Institutes for Health.

Neuman, W. (2014). *Social Research Methods: Qualitative and Quantitative Approaches*. Essex: Pearson.

Neuman, W. (2014). *Social Research Methods: Qualitative and Quantitative Approaches*. Essex: Pearson.

Newsday Zimbabwe February 2, 2019. *Dealing with child offenders*.

Ngetich, C. K., Murenga, H., & Kisaka, W. (2019). *Effectiveness of community service orders in rehabilitating offender's behaviour in Kericho County, Kenya*. International Academic Journal of Law and Society, 1(2), 58-77.

Nkosi, S. (2012). *The impact of diversion programmes on behaviour modification to diverters*. Kwa-Zulu Natal: University of Zululand (Mini-dissertation-MA).

Puzzanchera, C., Adams, B., & Sickmund, M. (2010). *Juvenile Court Statistics 2006- 2007*. Pittsburgh, PA: National Centre for Juvenile Justice.

Ryan, P. R., Abrams, L. S., & Huang, H. (2014). *First-time violent offenders: probation, placement, and recidivism*. Social Work Research, 38(1) 7-19. doi:10.1093/swr/svu004

Snyder, H.N. & Hustzler, J.L. (2010). *The serious juvenile justice offender: the scope of the problem and the response of juvenile courts*. Washington, DC: National Centre of Juvenile Justice.

Seiter, R.P. & Kadela, K.R. (2003). *Strategies for ensuring trustworthiness in qualitative research project*. Education for information

Sharma, R. (2017). Social Science Research techniques. *International Journal of Applied Research*, 749-752.

Sharma, R. (2017). Social Science Research techniques. *International Journal of Applied Research*, 749-752.

- Shinkfield, D.A.J & Graffam, J. (2009). *Community reintegration of ex-offenders type and degree of change in variables influencing successful integration*. International journal of offender therapy and comparative criminology, 53(1) 29-42.
- Sullivan, D. & Tiff, L. (2008). Handbook of restorative justice. London: Routledge. Tonry, M. (2011). *Recidivism and Criminal Career* Brookings Institution: U.S Department of Justice.
- Small, R. (2005). *The importance of employment to offender reintegration*. In Forum of corrections Research. Correctional services of Canada, 53(1)29-42.
- Sullivan, C. J., & Letessa, E. (2011). The coproduction of outcomes: *An integrated assessment of youths and program effects on recidivism*. Youth Violence and Juvenile Justice 9(3), 191-206. Doi: 10.1177/1541204010393754.
- Tremblay, R.E., & LeMarquard, D. (2013). *Individual risk and protective factors*. In child delinquents: development, Interventions, and Service. The United Nation Convection on the Rights of Children (UNCRC), (2022).
- UNICEF; (2002). *Child care practices in Zimbabwe*. Harare: UNICEF
- UNICEF; (2013). *Report on the role of social work in juvenile justice*. Available at: http://www.unicef.org/ceecis/UNICEF_report_on_the_role_of_social_work_in_juvenile_justice.pdf. Accessed 13 June 2015.
- UNICEF; (2013). *Zimbabwe annual report*. Harare: UNICEF.
- Van der Put, C. E., Stams, G. J. J. M., Hoever, M., Dekovis, M., Spanjaard, H. J. M., van der Laan, P. H. & Barnoski, R. P. (2011). *Changes in the relative importance of dynamic risk factors for recidivism during adolescence*. 152 International Journal of Offender Therapy and Comparative Criminology, 56(2), 296-316. Doi: 10:177/0306624X11398462
- Zondi, C.Z. (2012). *Community participation in community correction operation and offender reintegration*. International Journal for Cross-Disciplinary Subjects in Education, 3(3):763-771

APPENDICES

APPENDIX 1: KEY INFORMANTS INTERVIEW GUIDE

My name is Gutu Vimbai and I am a fourth-year student at Bindura University of Science Education, studying Social Work. As part of completing the degree programme, students are required to conduct individual research. Therefore, I am conducting a research on the topic **‘factors influencing the relapse of former child offenders’**. The research focuses on identifying and analysing the factors that influences recidivism amongst child offenders. You are kindly requested to be one of the key informants in this research study. Be reminded that your responses will be kept confidential and anonymous and will be used strictly for academic purposes. Also, your participation in this study is voluntary. I am going to engage you in an interview which will not last for more than 30 minutes as part of data collection. You may choose to excuse yourself at any part during the interview.

Start Time:

Date:

QUESTIONS

Section A: Biographic Information

Respondent.....

Institution

Job title.....

Educational Level.....

1. What are the common triggers or stressors that lead to relapse among former child offenders under probation?
2. How do you address the effectiveness of current probation programs in addressing the unique needs of former child offenders and preventing relapse?
3. What role do family dynamics and support system play in the successful reintegration of former child offenders, and how they influence the risk of relapse?
4. In your experience, what are the most significant challenges faced by former child offenders during their transition from probation to independent living, and how these challenges contribute to the risk of recidivism?
5. Are there specific community-based resources or programmes that have shown success in reducing relapse rates among former child offenders?

Section B: intervention strategies.

6. What evidence based intervention strategies that have shown promise in addressing the specific need of second time offenders and reducing the risk of relapse?
7. Are there specific interventions strategies or programmes designed to address the unique need of child offenders?

Section C: Challenges faced.

8. What are the key obstacles in fostering positive community reintegration for former child offenders, and how do these challenges influence the risk of relapse?
9. What are the challenges encountered in providing tailored rehabilitation and reintegration support for former child offenders, considering their unique developmental and psychological needs?

APPENDIX 2: INDEPTH INTERVIEW GUIDE.

My name is Gutu Vimbai and I am a fourth-year student at Bindura University of Science Education, studying Social Work. As part of completing the degree programme, students are required to conduct individual research. Therefore, I am conducting a research on the topic ‘**factors influencing the relapse of former child offenders**’. The research focuses on identifying and analysing the factors that influences recidivism amongst child offenders. You are kindly requested to be one of the key informants in this research study. Be reminded that your responses will be kept confidential and anonymous and will be used strictly for academic purposes. Also, your participation in this study is voluntary. I am going to engage you in an interview which will not last for more than 30 minutes as part of data collection. You may choose to excuse yourself at any part during the interview.

Start Time:

Date:

QUESTIONS

Section A: Biographic Information

Respondent.....

Institution

Educational Level.....

Age.....

1. Can you share your personal experiences and insights regarding the factors or circumstances that contributed to your relapse? How do you think these may differ based on gender?
2. In your own opinion, what are the most significant challenges you faced during the process of rehabilitation and reintegration?
3. What role do your parents play in aiding to relapse?
4. How do you perceive the intersection of mental health, substance abuse, and are there gender-specific considerations in addressing these complex challenges?

APPENDIX 3: FOCUS GROUP INTERVIEW GUIDE.

My name is Gutu Vimbai and I am a fourth-year student at Bindura University of Science Education, studying Social Work. As part of completing the degree programme, students are required to conduct individual research. Therefore, I am conducting a research on the topic ‘**factors influencing the relapse of former child offenders**’. The research focuses on identifying and analysing the factors that influences recidivism amongst child offenders. You are kindly requested to be one of the key informants in this research study. Be reminded that your responses will be kept confidential and anonymous and will be used strictly for academic purposes. Also, your participation in this study is voluntary. I am going to engage you in an interview which will not last for more than 30 minutes as part of data collection. You may choose to excuse yourself at any part during the interview.

Start Time:

Date:

QUESTIONS

Section A: Biographic Information

Respondent.....

Institution

Educational Level.....

Age.....

1. Can you share your experiences and insights regarding the factors or circumstances that contributed to your relapse? How did these factors impact your journey towards rehabilitation and reintergration.
2. In your own opion, what are the challenges you have faced during the process of rehabilitation, and how did these risks influence relapse?
3. How do you perceive the role of your parents, peer relationships, and the community in aiding more to your relapse?
4. What are the key protective factors that have been effective in supporting your recovery and preventing relapse?

5. How do you believe mental health challenges, substance abuse issues have resulted into your relapse?
6. What are your thoughts on the effectiveness of current probation and rehabilitation programs in addressing the unique needs of children who have experienced relapse, and what improvements would you suggest based on your own experiences?

APPENDIX 4: CONSENT FORM



**BINDURA UNIVERSITY OF SCIENCE EDUCATION
FACULTY OF SOCIAL SCIENCE AND HUMANITIES
DEPARTMENT OF SOCIAL WORK**

INTERVIEW CONSENT FORM

Introduction

Dear Participant,

My name is Vimbai Gutu. I am a fourth-year student at Bindura University of Science Education working on a Bachelor of Science Honours Degree in Social Work. As part of the degree requirements, the student is expected to do a research project, which I cordially welcome you to engage in. Before deciding to engage in the research, you are welcome to discuss it with anybody you feel comfortable with. If there are any words you don't understand, please ask and I'll explain. I am thus humbly requesting you to assist me in carrying out my study by taking a few minutes of your time to reply to the following questions as honestly and freely as possible. Your cooperation and support is greatly appreciated.

Title of the study

Factors influencing the relapse of former child offenders.

Purpose of the study

To examine factors influencing recidivism amongst former child offenders at Northcort Training Institute in Mt Hampden.

Ethical considerations; privacy, confidentiality and voluntary participation

Be reminded that your participation in this study and in this interview is confidential. Your responses will be treated with confidentiality and will **ONLY** be used for the purposes of this research. Your participation is based on a voluntary basis. Therefore, you have the power to decide whether you feel comfortable or not to be interviewed. You may decide to withdraw from the interview at any moment.

Contact details

If you have any other questions you can contact me on the following details

Email; gutuvimbai99@gmail.com

Phone number; +263774587330

If you are willing to partake and contribute to and in the study, you can kindly fill your details in the spaces below.

Participant signature (penname)

Signature of researcher.....

Date.....

With thanks

Gutu Vimbai