

Empowering Youth in Remand Home Against Risk Taking Behaviors for Effective Transition to Independence

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ABSTRACT This study adopted series of intensive and comprehensive training in behavior modification strategies to empower the youth in a remand home against risk taking behaviors for effective transition to independence. The pre-post experimental research design was used for the study. The subjects for the study were inmate youth in a remand home in Ibadan, Oyo State. The 56 sample sizes were within age range of 10 – 22 years selected through purposive sampling technique. The instrument for study was Transition to Independent Living Questionnaire (TILQ) developed by the researchers. Five point Likert scale was used to gather data. Simple frequency counts and percentages were used as statistics for data analysis. The outcome of the treatment program indicated a reduction in the risk behavior of youth in the remand home. Also, intervention program reduces the risk of delinquent behavior among youth who are already involved in risk behaviors. A comprehensive community prevention strategy was therefore recommended to address the early and late onset behaviors and ferret out their causes and risk factors.

INTRODUCTION

Youths in remand home are thought to have many risk behaviors of difficult transition to independence, such as poverty, homelessness, criminal activity and unwanted pregnancy. The safest family environment for a child is the home in which the biological parents are married. Contrary to current theory about the effects of marriage, it provides a safe environment for all family members, one in which juvenile delinquency and fatality are lowered dramatically (Bownes and Ingersoil 1997).

Juvenile delinquency is prevalent in communities of abuse characterized by the absence of marriage, prevalence of drug and alcohol abuse, and a primary dependence on welfare. Children who grow up in these “communities” show signs of permanent damage. Moreover, as statistics reveal over time, many prove to have been damaged for life. From these communities of delinquents come society’s “super predators” (the psychopathic criminals of tomorrow), violent gang members, and other hostile, depressed and frequently even suicidal young people (Pew Partnership 2002).

The increase in severe juvenile delinquency has another serious ramification. The evidence suggests that Nigeria will face increased levels of serious violent crimes (murders, rapes, assaults

and armed robbery) in the hand of delinquent individuals when they reach their mid-to-late teenage years (Salaam 1990). Early childhood victimization has demonstrated a long-term consequence for delinquency, adult criminality and violent behavior.

Delinquency affects boys and girls in different ways. Girls are not likely to show the effects in external behavior, but instead will have problems of low self-esteem, depression, anxiety, somatic complaints, mood swings and lower levels of social skills. Boys suffer both internalizing and externalizing problems (such as looting, cruelty to others, truancy, lying, stealing, skipping school, destroying things and associating with bad friends who get into similar trouble) as well as lower levels of social skills (Stevenson and Larson 1991).

The role of substance use and associated risk behavior in male mortality and morbidity has been acknowledged in numerous studies (Lupton 2000; Newborun and Shiner 2001). The association between alcohol and drug use, other risk behaviors and mental health problems is also well established in a growing body of literature studies which have also found an association between gender roles and mental health, including a range of conduct disorders such as anti-social behavior, sexual deviancy, aggressive and violent behavior, schizophrenia and suicide

(Kilmartin 1994). So there appears to be a close and complex association between risk-taking behavior, substance use, health (physical and mental) and gender roles and identity.

Psychogenic theory- these are theories which favoured psychiatrists, especially those of a psycho analytic persuasion. These theories have in common the idea that delinquency is a result of some attributes of the personality of the child, an attribute which the non-delinquent child does not possess or does not possess in the same degree (Greenwood 1996).

One type of psychogenic theory was that every human being is endowed with a kind of inborn or instinctual anti-social impulses, commonly called the Id. Most people, in the course of growing up, acquire capacity for prudence, commonly called ego. They also incorporate into their personalities, as conscience or super-ego the moral code of their society. The ego and super ego together normally suffice to hold the Id in check. This imperfect mastery of the id may be a result of faulty training or parental neglect (Philip 1993).

The second type of psychogenic theory does not assume that the impulse to delinquencies is itself inborn. Rather, it views delinquency as a symptom of, or a method of coping with some underlying problem of adjustment. The delinquent differs from the non-delinquent children. The delinquent and criminal differ from a normal, law – abiding person in possession of unusually imperious Id drive or faulty ego and super ego development resulting in the eruption of Id into illegal acts. The delinquency is often thought of as related to underlying problem of adjustment as a fever is related to the underlying infection (Jaffe et al. 1996).

The mental conflict variant of psychogenic theory is that as a result of a disturbed family situation, a child may have psychological problems and these problems may find their expression through delinquency. Psychogenic theories of both classes recognize the importance of the child's social environment in producing the character structure or the problem of adjustment but give it relatively a weight in determining the particular manner in which it finds expressions (Mendel 2000).

For the first class of psychogenic theories, the Id is already there at birth in all people. It does not become criminal through experiences.

It is criminal from the very start and never changes. What is acquired through experience is the shell of inhibition. For the second class, delinquency is a symptom or mode of the familiar “mechanisms” of substitution, regression, displacement, compensation, rationalization and projection. If other children exhibit the same behavior, it is because they have independently contrived the same solution (Dwyer et al. 1998).

This paper, therefore, was designed to determine preparedness of the foster youth in remand home transiting out of care to independent living.

Youth homelessness is different to the general homeless experience. A study of young homeless people in Melbourne found the most commonly reported reason for them. Leaving home was due to conflict with parents, with other reasons including anxiety or depression, desire for independence or adventure, violence at home, and personal alcohol and substance abuse (Rosenthal 2006).

The conflict causing initial break from home can often be resolved through early intervention making this a critical time for active support (Mallet 2010).

Young people leaving care encounter difficulties far earlier in life than their peers, with those not experiencing secure and stable care most at risk of outcomes such as low levels of educational attainment, marginal employment, transitional housing, poor mental health, and lower expectations of the future (McDowall 2009).

A variety of factors can contribute to a young person becoming involved in the juvenile justice system, including substance abuse, poor parental supervision, problems with school or work, poor personal or social skills, homelessness, and neglect and abuse (Department of Human Services 2009).

A research with vulnerable young people has shown, that they, like other young people, are capable of forging positive, independent lives, but to do this they require ongoing and consistent care, support and recognition from adults who they can trust and rely upon and relationship with people who value them (Mallet 2010).

Services which work with more vulnerable young people need to have a strong focus on building or rebuilding healthy and stable relationships with family members where appropriate, or with other significant adults.

Objectives

This study intends to identify the symptoms of risk behaviors among the delinquent children in remand home; generate awareness of delinquent behaviors in children; suggest strategies for orienting foster parents on curbing delinquent behavior; promote effective independent living and positive and peaceful relationship among the children; and, to provide the foster parents with skills of delinquency prevention.

METHODOLOGY

The Design: For the present study, pre-post experimental design is adopted.

Subjects: The subjects for this study were inmate youth in a remand home in Ibadan, Oyo state. They were purposive sample of 56 (fifty – six) ranging from age 10 – 22 with an average age of 16 years.

These subjects were in four categories viz.:

- i. Criminal offenders with cases pending in court,
- ii. Beyond parental control children,
- iii. Purely abandoned children,
- iv. Found children.

The subjects consist of 18 (eighteen) females and 38 (thirty-eight) males. Twenty- six (26) were Christians while thirty (30) were Muslims. None of the subject who participated in this study has stayed less than six weeks in the remand home.

Instrument: Transition to Independent Living Questionnaire (TILQ) was developed by the researchers. It consisted of twenty items with five point likert rating scale as “not really likes me = 1 and very much like me 5. The split half reliability of the instrument was calculated using Pearson Product Moment Correlation. It yielded 0.68.

Treatment Program: The following intensive and multiple contacts, weekly and daily programs were carried out for six consecutive weeks at one hour per week with at risk youth to enhance their effective transition to independence.

- Identification and discussion of at risk factors, its implication on the lives of the youth,
- The youths were also trained in personal qualities that are associated with reduction in delinquent behaviors such as:
- Problem solving and reasoning skills,

- Training in social capacities and productive sense of purpose,
- Behavior monitoring and reinforcements ,
- Continuous progress programs,
- Positive youth development programs,
- Moral reasoning,
- Thinking skills,
- Social skills training,
- Assertiveness training.

RESULTS

The scores of the data collected from the study was subjected to simple percentage.

Table 1 indicates the educational level of the study sample in the Juvenile Remand Home in Ibadan, Oyo State. Participants with primary school educational level were 10.6%, junior secondary school 19.5%, senior secondary school 16.6%, universities undergraduates 12.5%, polytechnics 33.8%, NCE 3.5% while 3.5% had zero level of education.

Table 1: Educational background of youth in the study sample

S. No.	Educational attainment	No. of youth	Percentage of youth
1	Primary school	06	10.6
2	Junior secondary school	11	19.6
3	Senior secondary school	09	16.6
4	University	07	12.5
5	Polytechnic	19	33.8
6	NCE	02	3.5
7	No Education at all	02	3.5
Total		56	100.0

Table 2 shows the frequency of reported youths' use of tobacco, alcohol and drugs in the last one month, weekly and on daily basis.

Table 2: Youth reported use of tobacco, drugs, or alcohol by frequency

S. No.	Item	Used in past 1 month	Weekly use	Daily use
1	Tobacco	(31) 55.4%	(29) 50.21%	(18)32.1%
2	Marijuana	(28) 50%	(12) 21.4%	(10)16.4%
3	Alcohol	(20) 53.3%	(14) 25%	(8)14.3%
4	Inhalants	(15) 26.7%	(6) 10.7%	(4) 7.1%
5	Other drugs	(8) 14.3%	(5) 8.8%	(3) 5.4%

Youths were asked a series of questions about participation in delinquent behavior. Twenty-one percent 21% of the youth reported that they

Table 3: Youth pre-post participation in risk behaviors

S. No.	Risk behaviors	Delinquent youth study pre-treatment	%	Post treatment	%
1	Had unprotected sex	41	72	24	42.9
2	Pregnant	3	5	Nil	Nil
3	Smoke cigarette over last 30 days	33	58	33	58
4	Drink alcohol over last 30 days	15	26	11	19
5	Marijuana use over last 30 days	13	23	13	23
6	Run away	39	68	Nil	Nil
7	Stealing	13	22	7	13
8	Arrested	36	64	Nil	Nil
9	Depressive symptoms	20	36	8	14.3

have been in at least one physical fight, 5% reported shop lifting, and 15% reported that they were involved in gang activities in the month preceding the interview.

When asked about delinquent activity over their lifetime, 38% have threatened someone with a weapon. About 31% of the youth have run away from home overnight.

Forty- two percent of the youth reported that they have been arrested and 48% have had to stay in jail or detention.

Length of time in care had little bearing on reported risk behaviors. Youths care longer than 8 weeks, but other risk behaviors were similar for all youth.

In Table 3, youth were asked a series of questions about participation in risk behavior prior the commencement of the treatment program. 41 (72%) of the youth reported that they had been involved in unprotected sexual relationship, 5% reported of unwanted pregnancy, 58% reported smoking cigarette in the last 30 days. 26% participated in alcohol intake in the last 30 days. Marijuana use "ever" 23%. Run away youth record indicated 68%, stealing 22%. Youth arrested were 64% and those that experienced depressive symptoms were 36%.

Post- treatment results revealed 42.9% engaged in unprotected sexual intercourse, 19% smoked cigarettes, 16.1% consumed alcohol, 7.1% still participated in Marijuana use, 13% continued with stealing behavior, no arrest was made within the period and 14.3% experienced depressive symptoms.

Almost all (82%) of the youth reported receiving individual counseling while in foster care. 56% participated in group counseling and 44% received drug/alcohol counseling (Table 4). Majority 65% reported participating in Independent Living Services. Employment services were ren-

dered to 30% while youth organization services were enjoyed by 35% of the respondents.

Table 4: Service to youth in juvenile remand home

S.No.	Service	Percentage
1	Individual counseling	82
2	Independent living training	65
3	Group counseling	56
4	Drug/Alcohol counseling	44
5	Employment service training	30
6	Youth organization	35

DISCUSSION

In this study there were two emancipation interviews with the youth. A pre- and post emancipation interview also included reports on their background and placement histories of the youth in care as well as their risk behaviors prior to emancipation.

The outcome of the treatment program indicated a reduction in the behaviors of the youth in the remand home. It was found that intervention reduces the risk of delinquent behavior among youth who display one or more risk factors or the escalation of delinquent behavior among youths who are already involved in risk behaviors. Intervention includes programs that target high risk youths or already delinquent youths. These findings support Jaffe et al. (1996) who explain that the delinquent differs from the non-delinquent in that the delinquent has frustration, deprivations, insecurities, anxieties, guilt feelings or mental conflicts which differ in kind or degree from those of non-delinquent children. The delinquency is often thought of as related to underlying-problem of adjustment as fever is related to the underlying infection. The findings also lend support to the work of Mallet (2010) which says that the conflict causing break from

home can often be resolved through early intervention making this a critical time for active support.

Table 4 shows the kind of services that were available to the delinquent youth in remand home (82%), of the youth reported receiving individual counseling, 44% received drug/alcohol counseling, employment services training 30% and youth organization program 35%.

The findings of this study indicate that youth care which lingers longer than eight weeks had a slightly higher rate of physical aggression than youth in care less than eight weeks support the findings of Pew Partnership (2002) which says that juvenile delinquency is prevalent in "communities of abuse" characterized by absence of marriage, prevalence of drug and alcohol abuse, and a primary dependence on welfare. He further explained that children who grow up in these "communities" show signs of permanent damage. From these, according to him, come society's "super predator" (the psychopathic criminals of tomorrow), violent gang members, and other hostile, depressed and frequently even suicidal young people. The outcome of the treatment program in this study supports the findings of McDowell (2009) which indicated that young people leaving care encounter difficulties far earlier in life than their peers, with those not experiencing secure and stable care most at risk of outcomes such as low levels of educational attainment, marginal employment, transitional housing, poor mental health, and lower expectation of the future.

The percentage of delinquent activity of youth over their life time as revealed in this study corroborates the assumption of Mendel (2000) that the mental conflict variant of psychogenic theory as a result of disturbed family situation of a child if mixed up, may have psychological problems and these problems may find their expression through delinquency. This simply implies that the child's social environment produces the character structure or problem of adjustment.

Most delinquent youths begin their risk-taking behaviors during adolescence, yet the youths who commit most serious violent acts, and who continue their delinquent behavior into adulthood, began at childhood. The finding corroborates that of Philip (1993) who found that imperfect mastery of it may be as a result of faulty training or prenatal neglect. It follows, therefore,

that youth delinquent programs need to address both early and late onset deviant behaviors. Thus, a comprehensive community prevention strategy will address both onset patterns and ferret out their causes and risk factors.

This finding is in line with that of Mallet (2010), who in his research with vulnerable young people found that they like other young people, are capable of forging positive, independent lives, but to do this, he further said, requires ongoing and consistent care, support and recognition from adults who they can trust and rely upon and relationship with people who value them. He emphasized that services which work with more vulnerable young people need to have a strong focus on building and rebuilding healthy and stable relationships, with family members where appropriate, or with other significant adults.

CONCLUSION

This research indicates that Independent Living Education combined with variety of support services have both short-term and long-term effects on crime and anti-social behaviors. Approaches that provide only didactic information or emphasize fear, arousal, moral appeal, or self-esteem development are largely ineffective, reducing deviant behaviors. Approaches that emphasize resistance skills training aimed at specific behavior problems, to reduce substance use and other problem behavior produce short-lived effects in the absence of continued instruction.

The most effective delinquent prevention strategies feature multiple components and contexts (family, school, peers, media), are developmentally tailored over a broad range of social competency, skills are based on a strong theoretical foundation; are delivered over a long period of time to continually reinforce skills; and rely on teaching practice skills (for example, frequency role playing, rehearsal of skills, and behavior modeling).

REFERENCES

- Bowens D, Ingersoil S 1997. Mobilizing communities to prevent juvenile crime. *Office of Juvenile Justice and Delinquency Prevention Bulletin*, 125: 475-506.
- Department of Human Services (Juvenile Justice) 2009. *Annual Report 2008- 2009 Sydney, NSW Government*. Sydney: NSW Government.

- Dwyer K, Osher D, Warger S 1998. *Early Warning, Timely Response: A Guide to Safe Schools*. Washington D.C.: U.S. Department of Education.
- Greenwood P 1996. Responding to juvenile crime: Lessons learned. *Future of Children*, 6(33): 80-81.
- Jaffe W, Wolf P, Zak C 1996. The role of family in curbing juvenile crime. *Office of Juvenile Justice and Delinquency Prevention Bulletin*, 125: 55-75.
- Kilmartin CT 1994. *The Masculine Self*. New York; Macmillan.
- Lupton D 2000. *Risk*. London: Routledge.
- Mallet S 2010. Looking backwards, moving forward: Implication for policy of a longitudinal study on youth homeless in parity. *Office of Juvenile and Delinquency Prevention Bulletin*, 11: 129-151.
- McDowall J 2009. *CREATE Report Card 2009- Transiting from Care: Tracking Progress*. Sydney: CREATE Foundation.
- Mendel R 2000. *Less Type More Help. Reducing Juvenile Crime, What Works and What Doesn't*. Washington D.C. American Youth Policy Forum.
- Newburn T, Slener M 2001. *Teenage Kicks Young People and Alcohol: A Review of the Literature*. New York: Joseph Rowntree Foundation.
- Pew Partnership 2002. Adolescent Health Violence Prevention. From <<http://www.pewpartnership.org/familieschildren/youthdev/preventviolence.html>> (Retrieved November 22, 2006).
- Philips S 1993. Family violence as a determinant factor in juvenile maladjustment. *Journal of Forensic Sciences*, 37(6): 1633-1639.
- Rosenthal D, Uhr R, Payne J 2006. Why do homeless young people leave home? *Australian and New Zealand Journal of Public Health*, 30: 281-285.
- Salaam AO 1990. *Screening for Signs and Symptoms of Juvenile Delinquency in Kajola Local Government Area of Oyo State*. Unpublished. Department of Guidance and Counseling, University of Ibadan, Nigeria.
- Stevenson C, Larson C 1996. The Juvenile Court: Analysis and recommendation. *Future of Children*, 6(3): 57-59.