

**SOCIAL PROBLEMS FACED BY MALE JUVENILE OFFENDERS IN
SECURE CARE CENTRES IN THE NORTH-WEST PROVINCE.**

STUDENT NAME: TSHOKOLO REGGY MOUMAKWA

STUDENT NUMBER: 17022347

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SUPERVISOR: Dr. M. de Chavonnes Vrugt

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DECLARATION

I undersigned declare that this dissertation is my own work and was never submitted to any other university before. I also declare that research ethics and processes were observed when conducting and compiling this research document.


Signature

DATE: October 2015

DEDICATION

This research is first and foremost dedicated to my mother. I would like to extend my heartfelt gratitude to her for being the pillar of my strength through all the challenges that I have been through. If it was not for her I would not be where I am today. This research is also dedicated to those children detained in secure care centres: I would like to thank them for the time and effort they invested in this study. I also extend my gratitude to my supervisor, Dr. de Chavonnes Vrugt who believed in me; thank you so much for your guidance and support.

I thank the North-West University (Mafikeng Campus) particularly the Human and Social Sciences Faculty, for giving me the opportunity to undertake this research. No words can account for the contribution they have made towards this research.

ABSTRACT

A high percentage of crime in South Africa is committed by children and this is a disturbing factor. Prior to 1994 children who committed crimes were treated in the same way as adults who were arrested. In 1995, new legislature was drafted which made provisions that children in conflict with the law must be treated differently from adult criminals. This amendment of apartheid laws allowed for children to be removed from adult prisons and allowed them to be detained under supervision in juvenile facilities, often with their parents. Such a restorative justice system made provisions for the development of Child Justice Act No. 75 of 2008. This Act enshrines the rights of children who are in conflict with the law. The act also made provisions for the establishment of secure care centres; institutions meant for the detention of juvenile offenders. The centres were established to rehabilitate children and ensure their safety from the community and from themselves.

There are thousands of children detained in these centres in South Africa. Some of them are awaiting trial while others are under crime-diversion programmes. Despite what is intended with these secure care centres, there are problems faced by juvenile offenders housed in such centres. One of the major challenges facing juveniles in the centres is gangsterism. It is the purpose of this study to identify the problems facing juvenile offenders in three secure care centres located in North-West Province, South Africa.

ACRONYMS

CCTV	: Closed-Circuit Television
CCRC	: Child Correction and Rehabilitation Centre
CJCP	: Centre for Justice and Crime Prevention
CYCC	: Child and Youth Care Centre
IMC	: Inter-Ministerial Committee of Young People at Risk
IDP	: Individual Development Plan
JJA	: Juvenile Justice Act
NGO	: Non-Governmental Organization
OJJDP	: Office of Juvenile Justice and Delinquency Prevention
SCC	: Secure Care Centre
UNICEF	: United Nations International Children's Emergency Fund
USA	: United States of America

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CHAPTER 1

ORIENTATION OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

Historically juveniles awaiting trial were detained with adults in correctional service facilities worldwide but after 1994 legislature in South Africa made provisions for the establishment of secure care centres. A secure care centre is a place where juveniles awaiting trial are kept for purposes of rehabilitation. According to Bingman (2005: 04) secure care centres are a relatively recent development in the criminal justice system, first coming to prominence in the early 19th century. In the 1940s detention of juveniles was rare in United States. Authorities expected parents to solely deal with the delinquent behaviour of their children. As urbanization of America continued and the traditional ability of parents to monitor their offspring wrinkled, government decided to detain children who commit crime. This decision led to juveniles being imprisoned with adult offenders, a practice that resulted in young offenders learning more in criminal behaviour through the tutelage of their incarcerated peers. The largest urban area in USA, New York City, began to incarcerate juveniles with adults after the opening of the New York State penitentiary in 1797 (Bingman, 2005: 04). The need to move juveniles away from adults' penal system soon became apparent.

Bingman (2005: 04) states that once American government realised the need to separate youth offenders (juveniles) from adults inmates, courts traditionally focused on providing rehabilitation for juveniles rather than punishment. By the 1940's, 53 secure care centres had been constructed around the USA to address the issue of separating young offenders from adult inmates (Bingman, 2005: 04). Martin (2005:243) states that secure care centres are roughly comparable to adult jails and were established as an alternative to separately holding juveniles in jails. The secure care centres are residential facilities with regimented schedules and living conditions. Like jails, detention centres are secure temporary pre-adjudication institutions that are used to house accused offenders until the final disposition of their cases.

Bezuidenhout and Joubert (2003: 182) state that the South African criminal justice system was marked by a dark apartheid history with lengthy periods of incarceration of juvenile offenders in correctional facilities. Children were arrested and detained in prisons for long periods of time while awaiting their trial. Skelton (as cited by Bezuidenhout and Joubert, 2003: 191) states that the death of Neville Snyman in 1992 was a watershed moment for the movement working towards the reform of South Africa's juvenile justice system. Neville Snyman was only 13 years old when he and a group of friends broke into a local shop in Robertson and stole sweets and cold drinks. This crime caused Neville to be detained in police cells with other offenders believed to be under the age of 21. He was beaten to death by his cellmates while in the police cell an experience which led to the amendment of correctional services act No. 17 of 1994. On the 08 May 1995, President Nelson Mandela signed an order that brought the Correctional Services Amendment Act 17 of 1994 into operation. Section 1 of the Correctional Services Amendment Act 17 of 1994 substituted section 29 of the Correctional services Act 8 of 1959 and prevented the holding in police cells or prisons of juveniles under the age of 18 years for longer than 24 hours after arrest (Bezuidenhout and Joubert 2003: 182).

According to Dlungwana in her media statement dated 23 July 2007, the need for secure care centres in South Africa is derived from the Child Care Act No. 74 of 1983 (as amended). Section 29 of the Act (as cited by Dlungwana in her media statement) specifically addresses the establishment and maintenance of the secure care centre for children who are in conflict with the law and have been charged with serious offences as stipulated in Schedule 2 of Section 29 of the Correctional Service Act of 1985 (Dlungwana, 2007: 03). The provision of Section 29 prohibits the detention of any child under the age of 18 in any Correctional Services holding facility or police cell. Therefore the intention is to ensure that these secure care centres do not resemble a prison or police cell in any way. The primary concern and focus of the Department of Social Development in dealing with children in conflict with the law is the well-being of the offender as a child and not the offence that they are alleged to have committed. The main responsibility for the department is to protect and rehabilitate young offenders hence the establishment of the secure care centres

The core function of a secure care centre is to rehabilitate juveniles in a safe and conducive environment. It is important to note that secure care centres in most of the European and American countries are commonly referred to as “Juvenile Detention Centres”. A Juvenile Detention Centre in European context is a temporary and safe place of custody for juveniles who are accused of reprobate conduct subject to the jurisdiction of the court who require a restricted environment for their own or the community’s protection while pending legal action. Juvenile Detention Centres provide a wide range of helpful services that support the juvenile’s physical, emotional, and social development (Roush, 2008: 01). For the purpose of this study these facilities will be referred to as secure care centres (SCC).

In these secure care centres there are different professionals working as a team to rehabilitate juveniles and to develop them as children. However, there are social problems faced by juveniles which impede on the rehabilitation progress of these juveniles. According to Vance (2005: 02) juveniles detained in Juvenile Detention Centres around USA are involved in an alarming high number of serious incidents including suicidal attempts, physical assaults, major rule violation and self-abusive behaviour. Aforementioned incidents are similar to social problems faced by young offenders detained in secure care centres in South Africa. Holbrook (2010: 01) states that a nationally conducted survey indicated that more than 13, 000 claims of abuse were identified in Juvenile Detention Centres around the USA from 2004 – 2007. This attests to the reality that challenges faced by juveniles in secure care centres are not only a national but also a global problem.

Investigation was launched by Department of Justice in 2005 at a juvenile facility in Plainfield, Indiana, where children sexually abused one another (Kaiser and Stannow, 2010: 02). Investigations discovered that juveniles detained at Plainfield juvenile centre engage in sexual acts with younger juvenile offenders. In 2007 it was discovered that more than 750 juveniles across the state of Texas had experienced alleged sexual abuse by officials responsible for protecting them. That number was generally thought to under-represent the true extent of such abuse because children are afraid to report sexual abuse mainly because staff commonly instruct their favourite inmates to beat up children who complain (Kaiser and Stannow, 2010: 02).

The mission of secure care centres is to provide an enabling, caring, safe and secure environment, and services which are integrated, holistic and developmental in nature for children in conflict with the law (Department of Social Development in Blue print on the Minimum Norms and Standard for secure care facilities in South Africa, 2010: 68). According to Smith (2003: 02) secure care centres must be safe for the occupants and ought to provide access to counselling, mental health services, general health services, education, recreation, and legal assistance for the incarcerated inmates. Commonly, incarcerated juveniles should have access to programmes which are designed to help them get out of gangs and crime related activities; hence the primary goal of juvenile detention is rehabilitation rather than punishment. Depending on how long someone is ordered to stay at a secure care centre, they may also be required to take part in certain programmes related to their offence.

The major role of social workers in secure care centres is to protect the rights of juveniles in these facilities. Despite the role played by social workers and other relevant role players, juveniles who are familiar with the setting of secure care centres find loopholes within the system and ways of oppressing and abusing other juveniles. Juveniles are aware of their rights and they know that juveniles are not to be punished for displaying uncontrollable behaviour. Intervention measures that are there to control or modify the behaviour of juveniles include counselling sessions, multi-disciplinary team meetings and signing of behaviour management measures document which have proven not to be effective. From this researcher's perspective, juveniles who oppress others capitalize on the fear that they instil in those juveniles oppressed: they even go to such a point that they intimidate them not to report the abuse they endure. Out of fear of being abused again juveniles who are initially abused choose not to report such incidents to social workers or any staff member. One of the rationales for conducting this study derived from the realization by the researcher that juveniles are oppressed by other inmates in secure care centres but those oppressed are afraid to raise their concerns.

1.2 STATEMENT OF THE PROBLEM

Worldwide juvenile offenders in secure care centres face several challenges including dealing with physical assault, intimidation, bullying from other juvenile offenders and gangsters.

According to Gonzalles as cited by Vance (2005:02) the Texas Juvenile Probation Commission reported that from 2001 till April 2003, 893 suicide attempts and 264 physical assaults occurred in secure care centres in Texas. In Texas again it is estimated that more than 30, 000 juveniles are injured per year as a result of physical assaults. Kaiser and Stannow (2010: 01) state that Troy Erik Isaac was repeatedly raped by fellow inmates in a juvenile centre while detained in Texas and this made him suicidal as he started cutting his wrist with razors. According to Neary (2010: 01) a national survey of about 9000 juveniles held in detention centres around USA established that 12 percent said they had been sexually victimized by other inmates or staff.

Habib (2009: 03) in his study conducted at Kabul Juvenile Centre (Afghan capital), a 17 year old boy was assaulted and killed by two older inmates. A 16 year old boy who was placed in this facility after running away from home indicated that older boys threatened and beat younger ones and forced them into sexual acts. His story was backed up by another boy who described the culture of gangs in this Juvenile Centre. According to the U.S. Department of Justice (2005: 01) the Santa Cruz Country Juvenile Hall is an innovation in this California detention centre that began to experience serious gang problems among inmates. Despite having addressed the overcrowding issues with a new classification system, the Juvenile Hall had serious gang problems, manifest especially in assaults between rival Nortenos and Surenos gang members in the facility. Members of these two violent gangs were housed in separate units within the facility but this did not stop the violence.

According to du Plessis (2006: 01) juvenile delinquency is a growing trend in South Africa and the country is ill-equipped to appropriately deal with children who commit crime. Children awaiting trial in detention in the past were used by adults to commit crime as they were detained together with adults and the sentencing of children to life imprisonment remains a major challenge for the judicial system as South Africa had no concrete laws for dealing with juvenile offenders. In 2005, 30 000 South African children were successfully taken out of the legal system and diverted into educational and therapeutic programmes instead of serving sentence or awaiting trial at a correctional facility (Du Plessis, 2006: 01). Du Plessis (2006: 01) states that in 2006 children in conflict with the law were dealt with in terms of the Criminal Procedure Act which did not adequately provide procedural protection measures for juvenile offenders.

Bartollas (2002: 513) states that detained juveniles in South Africa generally find the institutional atmosphere oppressive, and points out that when troubled juveniles are housed together with other troubled juveniles, they influence one another, encouraging bad behaviour instead of correcting it. For this reason some of the goals/aims of detaining juveniles separate from adult inmates remain unmet. Residents are expected to wear the same uniforms, have their mail censored and have to surrender most of their personal possessions; in effect they are stripped of anything providing a sense of security, identity, or independence. They also must deal with the restriction of physical movements, with strip search each time they return to the institution from court or hospitals. There are those juveniles who find institutionalization stressful from the day they arrive to the day they leave. This is because they are moved from their homes after arrest and forced to live with people they have never met before, they are introduced to a complete new environment. Gaining the acceptance of peers is one of the early stresses arising out of confinement. All new comers are tested, and it is necessary for them to walk a fine line: to appear strong enough such that predatory peers do not exploit them but yet not too strong such that residential leaders look on them as a threat to their own social positions.

Based on the researcher's observation and experience as an employee in a secure care centre in Mahikeng, North-West Province children who are admitted in the facility appear to be incessantly nervous and scared, not knowing what to expect. They are faced with the challenge of finding ways of coping in an environment totally different from the one they are coming from. Gaining the acceptance of other juveniles in the facility is a stressful experience for them. For them to be accepted by other juvenile offenders, new inmates are expected to join one of the gangs in the facility after being subjected to physical assault or bullying. Choosing not to join gangsters by new comers (newly admitted juveniles) also subjects them to bullying, physical assault, discrimination or sexual assault.

These challenges impact on the behaviour of juveniles in many ways including being stubborn, submissive, uncontrollable or even suicidal. Juveniles become submissive and accept gang membership not because they want to but because they are trying to avoid being victimized. Accepting gang membership impacts on or delays the progress of modifying offenders'

behaviours as they experience pressure from senior gang members to behave uncontrollably in the facility. Behaving uncontrollably can include causing chaos in the centre by either abusing other children or being disrespectful towards staff members at any given time. Those who opt not to be submissive to gang membership often use their physical strength to protect themselves by fighting those who want to oppress them. This does not last long as eventually such inmates get overruled by groups of juveniles in the facility, and the only option they have is to give up and accept gang membership.

Social problems faced by male juvenile offenders in secure care centres are so prominent yet overlooked by the media and researchers. The rationale for undertaking this study is to identify and explore the challenges faced by juvenile offenders in secure care centres located in North-West Province and to enlighten social service providers and policy formulators of the phenomenon.

1.3 DEFINITION OF CONCEPTS

1.3.1. CRIME

According to Arbetman, O'Brien and McMahan as cited in Tshiwula (1998:03) crime is an act one does or fails to do in violation of a law. It is transgressive behaviour for which the state has set a custodial or penitentiary penalty. The constitution of the Republic of South Africa stipulates that every person has to abide by the laws of the country and respect the rights of other people and as stipulated in the constitution of South Africa, transgression is punishable under the law.

1.3.2. SECURE CARE CENTRE

Department of Social Development in Blue print on the Minimum Norms and Standard for secure care facilities in South Africa (2010: 03) defines a secure care centre as an institution of intervention which ensures the appropriate physical, behavioural and emotional containment of children who are awaiting trial or who have been sentenced. Such a facility provides an environment, milieu and programmes conducive for the care, safety and healthy development of each young offender while at the same time ensuring the protection of the community.

1.3.3. PROBLEM

Hornby (2005:1156), states that “problem” is defined as something that is difficult to deal with or difficult to understand. Charon and Vigilant (2006:04) define a problem as an existing condition that is inconsistent with or threatening to society’s normative and most important values.

1.3.4. SOCIAL PROBLEM

According to Charon and Vigilant (2006:04) a social problem is an existing condition that is social in origin which can harm many people and which in turn can harm the society.

1.3.5. MALE

According to Hornby (2005:894) the word “male” refers to belonging to the sex that does not give birth to babies. It refers to gender that cannot conceive or give birth to offspring.

1.3.6. CUSTODY

Hornby (2005: 361) states that custody refers to the legal right to take care of somebody or keep something. It also refers to the state of being in prison or secure care centre while awaiting trial and or convicted by court of law.

1.3.7. JUVENILE OFFENDER

According to Lyell and Lamprecht (1999: 05) a juvenile offender is someone who falls under the age of 18 years and has acted in an unlawful way or one who has violated the law. A juvenile offender is therefore someone under the age of eighteen years who violated the rights of others and is put on trial by the court of law.

1.3.8 NORTH-WEST PROVINCE

Wikipedia (2012:01) reflects that North-West province is one of the nine provinces of South Africa and its capital city is Mahikeng. The province is located about 300 kilometres to the west of the highly populated centre of Gauteng. North-West was formed after the end of apartheid in 1994, and includes parts of the former Transvaal province and Cape Province, as well as most of the former Bantustan of Bophuthatswana. Much of the province consists of rural areas, scattered trees and sprawls agricultural and mining activities and small consumerist towns.

1.4. RESEARCH QUESTIONS

- ❖ Which social problems are prevalent in secure care centres?
- ❖ How do these social problems affect the rehabilitation progress of juvenile offenders in secure care centres?
- ❖ How do intervention measures applied in secure care centres address the social problems faced by juveniles?

1.5. AIMS AND OBJECTIVES OF THE STUDY

1.5.1. AIM

The aim of this study was to explore, explain and describe the social problems faced by juvenile offenders within secure care centres.

1.5.2 OBJECTIVES

According to Bruggemann (2006:17) an objective refers to specific activities that need to be accomplished in order to attain goals and each objective should be SMART and meet five criteria that are specific, measurable, attainable, realistic and time-bound. The following were the objectives of this study:

- ❖ To explore and describe which social problems are prevalent for juveniles in secure care centres in North-West Province.
- ❖ To explain and describe how these social problems impede on the rehabilitation progress of juveniles in Mafikeng, Klerksdorp and Rustenburg secure care centres.
- ❖ To determine the effectiveness of intervention measures applied to address social problems faced by juveniles.

1.6. SIGNIFICANCE OF THE STUDY

The significance of this study can be summarized as follows:

- ❖ This study identifies social problems faced by juveniles and assists in developing programmes which specifically address those problems.
- ❖ The findings of this study could assist different social service providers who are directly dealing with juvenile offenders, with knowledge on social problems faced by juveniles in secure care centres.
- ❖ The findings could further necessitate the review or amendment of existing policies and acts regarding the incarceration of children in secure care centres.

1.7. ASSUMPTIONS OF THE STUDY

The following were the assumptions of the study:

- ❖ There are social problems which affect the rehabilitation progress of juveniles which need to be addressed.
- ❖ Juvenile offenders in secure care centres are exposed to gangsterism and deviant behaviour imposed on them by other hardened juvenile offenders.
- ❖ Juveniles in secure care centres are subjected to bullying and intimidation from other juvenile offenders in the secure care centres.

1.8. LIMITATIONS OF THE STUDY

The following were the limitations of the study;

- ❖ The study is limited to three secure care centres situated in Mahikeng, Klerksdorp and Rustenburg in the North-West Province and the sample selected from the population do not represent the whole population because the same social problems are not faced by everyone in different secure care centres.
- ❖ The findings of the study cannot be generalised as the study is based in secure care centres that are situated in North-West Province. This is due to the fact that people differ and behave according to the contextual environment they come from therefore challenges might not be the same.
- ❖ Participants could have possibly responded selectively due to their fear of being victimized by other inmates or staff members but to overcome this, the researcher explained that no one would have access to their responses except the researcher. Participants signed consent forms which might have made them reluctant to give valuable information.

1.9. ETHICAL ASPECTS

The researcher ensured that the participants were treated with respect and dignity in that their views pertaining to this study were not altered but captured verbatim. The participation was voluntary because a consent form was designed specifically for participants to sign as their way of giving consent to taking part in this study. Participants were interviewed individually and their anonymity was guaranteed. The data collected was coded and the recordings during the interviews are kept safe and locked up by the researcher. Voice recordings of participants during interviews were only accessible to the researcher to assist with the data analysis process and in this way confidentiality was assured. Access to the final research document is controlled by the university as the study was about children in conflict with the law. After the interview process the researcher held debriefing sessions and no complications arose after the interviews with participants. The proposal for this study and ethical clearance was approved by North-West

University (Mafikeng Campus) and permission was granted to conduct the research. Thereafter permission was also obtained from the management of the secure care centres; and the directors of Department of Social Development. (Annexure C)

1.10. THE STRUCTURE OF THE DISSERTATION

CHAPTER ONE

- Orientation of the study.

CHAPTER TWO

- Literature study related to secure care centres and theories opted for in the study.

CHAPTER THREE

- Research Methodology.

CHAPTER FOUR

- Data presentation and analysis.

CHAPTER FIVE

- Main findings and recommendations.

CHAPTER 2

LITERATURE STUDY RELATED TO SECURE CARE CENTRES AND THEORIES OPTED FOR IN THE STUDY.

2.1. LITERATURE STUDY

This chapter outlines the relevant literature and theories consulted by the researcher in compiling this research document. The contents of this chapter reflect on the history of secure care centres around the world, including South Africa. The literature review also reflects on the social problems faced by juveniles detained in secure care centres (juvenile detention centres) across the world. Despite the principles of secure care centres, this study clearly shows that there are problems which exist in secure care centres, problems whereby inmates are oppressed by other inmates or by staff members. This chapter also outlines the act and policies governing the establishment and the running of secure care centres in South Africa and the role of social workers in these institutions.

2.1.1. HISTORY OF SECURE CARE CENTRES WORLDWIDE

During the 18th and 19th centuries, the majority of the American population lived in rural areas where communities were closely knit and citizens' lives were well integrated. The primary mechanism governing young offenders at that time was an informal network made up of church structures, the family, and a strong network of community members. With new development and construction of cities in the late 18th and early 19th centuries and relative anonymity of the burgeoning urban context, informal social controls came to be less effective in dealing with juvenile misconduct. The influx of Western European immigrants and rural Americans migrating to cities in search of employment in the manufacturing sector created both a juvenile delinquency problem and a concerted effort for its control. According to Hogeveen (2012: 01) secure care centres detain young offenders placed in custody by a juvenile court for the purpose of awaiting trial. In principle, juvenile centres are reserved for the most dangerous offenders from whom society needs protection or for those who are most likely to escape before their cases ever reach the court.

Hogeveen (2012: 01) further states that detention centres such as reformatories and schools of industry were proposed and established in 19th-century to rehabilitate deviant youths. Some institutions offered deviant boys disciplinary programmes that emphasized education, athletics, training in skills and religious guidance designed to remake delinquents into respectable citizens of the working class who could respect authority and demonstrate self-control. In 1998 there were 121 public and 310 private juvenile detention centres in the United States. These facilities admit approximately half a million juvenile offenders every year with the majority residing in public facilities. Between 1985 and 1995 the average daily population in American detention centres increased by 72% and the expenses of detaining young offenders escalated in operating costs. Despite increasing costs and greater attention devoted to alternatives to custody, detention continues to be a popular solution to juvenile deviance among justice officials, the public and politicians (Hogeveen, 2012: 01).

According to Lotse (2006: 33) in Afghanistan a country-wide assessment of the situation of children in conflict with the law and their detention was conducted jointly by the Ministry of Justice of Afghanistan and UNICEF in late 2002. Following that, a policy document on action plan was drafted by the Ministry of Justice to improve juvenile justice system in Afghanistan. Key to that plan was the development of a Juvenile Code, which was drafted at a high level inter-agency working group and came into force in early 2005 (Lotse, 2006: 33). The Juvenile Code prohibits usage of handcuffs by police when arresting children, unless the child arrested pose imminent threat to themselves or others. The document also made provision for the usage of handcuffs only where the police official suspect risk of flight by the juvenile offender. The law of dealing with juveniles in Afghanistan clearly explain that within 24 hours of arrest police must notify the child's parents and social services institutions. The child's parents have the right to demand the child's release on bail immediately after the child's apprehension. The police must within 24 hours complete the first investigation report and refer the matter on to the prosecutor to complete the investigation. This period may be extended to 48 hours, in which case the prosecutor has the authority to hand the child over to his/her parents.

Lotse (2006: 34) states that countrywide (Afghanistan) assessment of the situation of children in conflict with law and deprived of their liberty conducted in 2002 found that, due to general

breakdown in the justice system, children were being detained for long periods without appearing before the court for which this contravene the law stipulated in Juvenile Code of Afghanistan. Although under the laws in place at the time most of these children should have been placed under the guardianship of their parents pending trial, the majority were being kept in pre-trial detention. The Juvenile Code as cited by Lotse (2006:34) indicates that children who are detained must temporary be kept in a safe and secure location, and have the right to social, education, vocational, psychological and health services. Under the new Juvenile Justice Code, children who are subjected to detention should be kept in Juvenile Rehabilitation Centres (formerly Child Correction and Rehabilitation Centres). In 2006 most of these centres were located within adult prison buildings, and some are a little more than a separate room where children are detained apart from adults. The Children's Unit of the Afghani Independent Human Rights Commission as cited in Lotse (2006: 35) conducted regular monthly visits to the CCRCs and other places of detention. It raised several concerns about the conditions of children in detention, including:

- Poor nutrition,
- Lack of adequate health facilities,
- Lack of adequate space and recreation facilities,
- Mixing of adults with children in many parts of the country, and
- Lack of qualified staff to provide counselling and rehabilitation services.

Interventions by the Children's Unit have helped to improve the quality of education and health care for children, and it has been successful in lobbying for the separation of children from adults in Mazar-e-Sharif and Kandahar (juvenile detention centres found in Afghanistan); Lotse (2006: 35).

In Bangladesh, according to Lotse (2006: 39), the justice system for both children in conflict with the law and children in need of protection are governed by the Children Act, 1974 and the Children Rules, 1976. Although this legislation has been in place for almost 30 years, Bangladesh has yet to implement a full comprehensive, separate system for children in conflict with the law. In recent years there has been significant impetus for reform of the juvenile system.

The government has appointed a high level Juvenile Justice Task Force and has identified priority areas for action. A new National Social Policy on Models of Care and Protection for children in conflict with the law has been drafted to address both children in conflict with the law and children in need of protection. Lotse (2006: 46) states that there are three secure care centres for the detention of child offenders, these centres are under the responsibility of the Department of Social Services of the Ministry of Social Welfare. There are centres for boys at Tongi and Jessore, and one for girls at Konabari. These are large institutional centres (150-200 children each), and care for a mix of children in pre-trial detention, child offenders under the age of 16 who have been sentenced by the courts and children voluntarily admitted by their parents for being “uncontrollable”. The secure care centres provide general education up to primary level and some vocational training. Children also participate in weekly cultural programmes, sports and exercise. Each has at least one social case worker on staff to provide individual and group counselling and to promote behavioural change.

Although the stated objective of these centres is to promote the rehabilitation and reintegration of children, practically these centres do not have the required skills or resources to fulfil this objective effectively and have been criticised for being simply places of confinement. Lotse 2006:46 stated that concerns raised by various reports include:

- The quality and quantity of food is insufficient;
- Vocational training programmes do not provide certificates of qualification and necessary equipment is generally inadequate;
- While the Child Development Centres aim to provide an individual case management approach, they do not have adequately trained and qualified staff to fulfil this function;
- Corporal punishment and other degrading forms of punishment are used in all the institutions, including beatings, hanging by tying hands with a rope, and handcuffing. Corporal punishment is officially sanctioned under the Children Rules, which permit “caning not exceeding ten stripes” as a punishment for violating any one of the 30 stipulated rules of conduct;
- Many children have limited family contact. The institution rules themselves are quite restrictive on family contact, stating that children are permitted only two letters per

month and two visits by parents per month. This limited privilege may be cancelled as punishment, or increased to 10 visits every 10 days on condition of good behaviour.

In 2000, India introduced a new Juvenile Justice Act 2000 (Lotse, 2006: 63). The Act governs both children in conflict with the law and children in need of protection, but has introduced greater conceptual distinction between these two categories of children. This means that the act aims to create a separate system of justice for children at every stage, distinct from the criminal justice system for the adults. The implementation of the Juvenile Justice Act 2000 varies significantly from state to state. However the process of drafting rules and promoting awareness on the new law has created a significant amount of synergy and impetus for reform. The Juvenile Justice Act 2000 calls for the establishment of special juvenile police units to deal with children in conflict with the law and children in need of protection. Every police station must have at least one officer designated and specially trained as the “juvenile or child welfare officer”. The act requires that all children apprehended by police officials for their misconducts be placed under the charge of the special juvenile police unit or the designated police officer who shall immediately report the matter to a member of Board. This explains that in India children believed to have violated the law are to appear before Board designated to deal with issues of juvenile delinquency. The officer in charge of the police station must inform the child’s parents/guardian and the probation officer of the arrest. If the child is not released from police station on bail, he/she must be kept in an observation home pending appearance before the Board.

The Juvenile Justice Act 2000 as cited in Lotse (2006: 68) states that Special Homes in India are to be established by the State or voluntary organisation for the reception and rehabilitation of children in conflict with the law. Most parts of India have established one or more Special Homes and have established rules for the certification and management of the homes. Conditions in the Special Homes vary considerably across the country. No comprehensive report was available that assessed the quality and standard of care being provided. The preference appears to be for large-scale institutions, with a boarding school, rather than home-like environment. Reports of physical abuse of children in institutions persist and most institutions lack adequate facilities for education, vocational training, counselling and reintegration. Juvenile Justice Act

2000 promotes separation of children in need of protection from those convicted and in conflict with the law but in practice some of the detention centres house children of different categories under one room. This is a concern as it contravenes what Juvenile Justice Act 2000 promotes. Another concern is that, while the institutions have become more open to NGO involvement, the rules themselves continue to promote an environment based on confinement rather than community contact. For example, under the Model Rules, a child is permitted a family meeting only once per month, and there are strict limitations on leave of absence and other community contact. The rules also do not include any restrictions on discipline and use of force against children in institutions (Lotse, 2006: 69).

2.1.2. HISTORY OF SECURE CARE CENTRES IN SOUTH AFRICA

According to the Department of Social Development in Blue print on the Minimum Norms and Standard for secure care facilities in South Africa (2010: 33) in the early 1980s the detention of children without trial was a major concern to non-governmental organization, parents' committees and political activists in South Africa. Towards the end of 1980s, political detention of children drew to an end, but children continued to be held in custody awaiting trial. Running parallel to the issue of children in conflict with the law, the care system for those children needing care and protection was also in need of urgent transformation. The limited numbers of residential institutions and youth care systems had historically been inaccessible to the majority of children in the country. By the early 1990s situation within the system got to be area of concern and it was linked to the lack of adequate detention facilities for children in South Africa. Poor salaries for child and youth care workers, the lack of adequately trained managers and staff in many facilities, the inadequate subsidization of non-government facilities and the high ratio of children to staff are also linked with the crisis situation of detention facilities (Department of Social Development in Blue print on the Minimum Norms and Standard for secure care facilities in South Africa, 2010: 33).

In 1994 the government of National Unity came into power, and one of its first actions was to draft legislation to prohibit the detention of children awaiting trial in prisons and police cells (Department of Social Development in Blue print on the Minimum Norms and Standard for

secure care facilities in South Africa, 2010: 33). The Correctional Services Amendment Act No. 17 of 1994 amended section 29 of the correctional services act (as cited by Department of Social Development in Blue print on the Minimum Norms and Standard for secure care facilities in South Africa, 2010: 33) so that children under 14 years awaiting trial could never be held for longer than 24 hours in police cells, and those over 14 (but under 18) charged with serious offences could only be held for 48 hours in police cells. The act prompted that juvenile offenders must appear before court before 48 hours lapse. The aim of the legislation was to ensure that in the majority of cases young people would be released into the care of their parents or guardians to await trial and where this was not applicable, they would be held in a Place of Safety. Because the success of the legislation depended on the infrastructure of Places of Safety being available, careful planning, preparation and training of stakeholders were necessary.

On 08 May 1995 the Correctional Services Amendment Act No. 17 of 1994 was promulgated with immediate effect (Department of Social Development in Blue print on the Minimum Norms and Standard for secure care facilities in South Africa, 2010: 33). According to Nicholas, Rautenbach and Maistry (2010: 249) this legislation was to prevent children from being kept in police custody or prison for any offence. All children awaiting trial in police custody or prison had to be released or placed in places of safety. In 1995 there were 829 children in South African prisons awaiting trial, and approximately the same number in police cells. These children all had to be brought to court within 24 or 48 hours, and either released into the care of their parents or guardian or transferred to places of safety (Department of Social Development in Blue print on the Minimum Norms and Standard for secure care facilities in South Africa, 2010: 33). Nicholas, Rautenbach and Maistry (2010: 249) state that due to high number of young offenders referred to places of safety which had limited accommodation children in conflict with the law escaped from Places of safety. Young people also failed to attend their court hearings as they absconded shortly after having been left at the Place of Safety. In May 1996 this legislation was amended, which again made it possible to detain children in police custody or prison to avoid abscondment and failure of juveniles to appear at court. Initially it was agreed by policy formulators that only children arrested for serious/violent crimes would be held in police detention or prison but this was however, not equally applied by all magistrates' court. In 1999, 47.3% of children awaiting trial in prison were not detained for serious/violent crimes, but also

economic crimes such as theft or house-breaking (Nicholas, Rautenbach and Maistry, 2010: 249).

According to the Department of Social Development in Blue print on the Minimum Norms and Standard for secure care facilities in South Africa (2010: 33) as children arrived in large numbers at the doors of the Places of Safety, the existing crisis deepened sharply. Staff was unable and in some cases unwilling to care for these children, and concerns were raised for the safety of other children already in Places of Safety for care and protection reasons. In the blueprint on minimum Norms and Standard for secure care centres compiled by Department of Social Development in Blue print on the Minimum Norms and Standard for secure care facilities in South Africa (2010: 33) the government responded to this crisis by recommending the establishment of the Inter-Ministerial Committee of Young People at Risk (IMC). The committee was appointed to analyse situation and investigate conditions in residential facilities such as Places of Safety, School of industry and reform schools (Department of Social Development, 2010: 33). The investigation was undertaken in 1995 on state owned and state-run residential facilities and it yielded the following information:

- Whilst many children who had committed crime were awaiting trial in correctional facilities, some of these children were placed in Places of Safety together with children who were placed there in terms of Child Care Act No 74 of 1983.
- There was no system in place that ensured that children were placed in facilities in the provinces where they lived. This resulted in further disintegration of families as in most cases parents did not have the means to visits their children. Reintegration and reunification processes were non-existent.
- Children in residential facilities were cared for by staff that was not sufficiently qualified in child and youth care, resulting in the quality of care being compromised. The ratio of staff to children was extremely high. Professional staff such as social workers, and psychologists was unevenly spread in residential facilities, with some facilities having no access to professional services.

- A number of children in all categories of the facilities claimed to be victims of emotional, physical or sexual abuse. As well as assault by members of staff, children are also often the victims of assault by other young people in the facilities, due to lack of adequate programming and supervision.

This background is an extract from a situational analysis completed in 1996, by the IMC and Secure Care facilities were not in existence then and juveniles were detained in places of safety, police cells and correctional centres (prisons) to await trial. It is this investigation and the crisis of children being kept in prisons and in police cells with adults that precipitated the origins of these Secure Care facilities. The Department of Social Development took up the challenge to put corrective action into place and established secure care centres for children awaiting trial.

The Department of Social Development is currently working on a strategy to increase the 22 Secure care centres situated around nine South African provinces that are supposed to house children awaiting trial or sentenced (Slamdien 2014: 04). An estimated 2027 children can be accommodated in the 22 secure care centres across South Africa. Alternatively only convicted juveniles that have been found guilty of committing a crime are sent to a reform school but there are only four in the country, three in the Western Cape which serve only the province, and one in Mpumalanga which serves the other eight provinces. The other seven provinces have no reform schools. The reform schools in the Western Cape namely Faure, Eureka and Denovo youth care centre can accommodate 360 children. Ethokomala reform school is located in Mpumalanga and can house 160 boys only. Together, the four reform schools can accommodate 520 youth (Slamdien 2014: 04 and Blose 2002: 04).

Table 1 below lists secure care centres and their locations which exist in South Africa.

Table 1. Locations of Secure care centres in South Africa

PROVINCE	NAME OF SECURE CARE CENTRE	TOTAL CAPACITY OF THE INSTITUTION
GAUTENG	Walter Sisulu CYCC	150 children
	Protém secure care centre	120 boys
	Mogale secure care centre	350 boys
EASTERN CAPE	Sikhuselekile SCC	50 children
	John x Merriam SCC	100 children
NORTHERN CAPE	Marcus Mbetha Sindisa SCC	30 children
	Springbok SCC	51 children
	De Aar centre	51 children
NORTH-WEST	Mafikeng Secure care centre	48 children
	Matlosana SCC	48 children
	Rustenburg SCC	48 children
	Reamogetswe SCC	35 children
FREE STATE	Bloem secure care centre	35 children
LIMPOPO	Polokwane SCC	160 children
	Mavambe SCC	70 children
	Polokwane place of safety	30 children
WESTERN CAPE	Clanwilliam SCC	60 children (boys only)
	Horizon SCC	195 children (boys only)
	Lindelani SCC	60 children (boys only)
	Vredelus SCC	76 children (girls only)
	Outeniqua SCC	140 children (boys only)
	Bonnytown SCC	120 children(boys only)
Total		2027

Despite the high number of children who are in conflict with the law in South Africa, not all secure care centres in the seven provinces mentioned above are full to capacity. This is because secure care centres are built for children who are at risk of endangering themselves or community members; hence they are established to protect the offenders and the community

members. Other children who are in conflict with the law are referred for diversion programmes on an outpatient basis as the Child Justice Act No. 75 of 2008 stipulates that incarceration of children should be as a measure of last resort.

Pelser (2008: 01) states that South Africa has high levels of crime and that what distinguishes the country from other countries with similar high crime rates is the violent nature of criminal activities in South Africa. Pelser also submits that South African children aged 12 to 22 are generally the ones highly victimized with violent crimes and this victimization commonly occurs in places believed to be safe for children. Such places include amongst others schools and at home. To take the three most common crimes as examples (Pelser, 2008: 01) observes that:

- 52.4% of the victims of theft reported that their property had been stolen at school and roughly one in three (31.2%) said it had been stolen at their homes. Almost one in two victims said they knew who had stolen their property (46.2%), and, more than half of these indicated they knew the perpetrator by name (55.7%).
- Assault was typically reported to occur at school (26%), in public places (21.6%) and at home (19.6%) and 92.9% of the victims said they were aware of the identity of the perpetrator.
- Robbery was typically reported to take place in the streets of the victim's residential area (32%), at school (13.7%) and at home (7.6%). The perpetrators were identified as "known community members" (37.7%); learners at school (20.8%), other friends or acquaintances (10.7%).

Pelser (2008: 01) avers that in a research conducted by the Centre for Justice and Crime Prevention, data from this research indicates that the classmates of the victims were identified as the primary perpetrators of school violence (94.4% for threats; 94.1% for assault; 55.4% for robbery and 29.5% for theft). However, educators were themselves identified as the perpetrators in 5.8% of the thefts, 5% of the threats and 4.6% of the reported robberies. More worrying, however, is that 50.9% of the primary school respondents reported that their teachers had

assaulted them as did 14.9% of the secondary school respondents. The point of the descriptive statistics presented above is simply to demonstrate quantitatively what most South Africans know intuitively: for a significant number of South Africans, and particularly young South Africans, victimisation, crime and violence is a very common experience. Pelser submits that with such statistics of violent crimes there are very few safe spaces for children in South Africa. These criminal activities impact negatively on the socialization and psychological development of young children and youth. Pelser (2008: 04) further observes that as Giddens puts it: “Self-identity is not something that is just given but something that has to be routinely created and sustained in the reflexive activities of the individual.”

Pelser (2008: 04) further quotes Bourdieu who writes of “habitus” as that formation “inherited from our individual and collective histories and traditions [that] guide[s] us in responding to cultural rules, contexts and events. [Habitus] gives rise to and serves as the classifying basis for individual collective practices. It helps shape our world view and locates our practices in certain social environments, producing and reproducing existing cultural practices. In this context habitus produces a predisposed yet seemingly normalised way of seeing the world and acting within it.”

In other words, what is observed, felt and done by people we live and relate with, shape one’s own view of what is “normal”, “routine” and “everyday”. This then provides the framework for the development of self-identity and understanding of what is required to “connect” or “fit” or “achieve” in the “normal” environment. Our observations are also what give us the principles and morals of life. It is in this way that a “culture” develops and is replicated. In social development theory: “... when the processes of socialisation integrate opportunities for interactions with others with the necessary involvement, participatory skills and reinforcement, a social bond develops. The creation of social bonds is set within a context whereby structural influences and individual characteristics make available differing opportunities both pro- and antisocial for young people.”

In South Africa, this cultural theme has a long history. Initially taken up 22 years ago by the late Qoboza Pelser (2008:05) wrote in *City Press* in April 1986 about “the dark, terrible beauty” of

the courage of the young township fighters, and acknowledged “a great shame that this is our heritage to our children: the knowledge of how to die, and how to kill.” So, consistently exposed to crime and violence in the key institutions of their (juvenile offenders) socialisation, their homes, schools and immediate social environments a significant proportion of South Africa’s youth has learned and internalised this behaviour and so replicates it (Pelser, 2008: 05). Indeed, there is research that indicates that crime, and often violent crime, is a primary means for many young South Africans to connect and bond with society, to acquire “respect”, “status”, sexual partners and to demonstrate “achievement” amongst their peers and in their communities (Pelser, 2008: 05).

According to Pelser (2008: 06) these are essential human desires but, as we are all too aware, the positive avenues for meeting these desires are mainly through a sound education leading to career-oriented employment. These avenues are, for too many young South Africans, constantly out of reach. In sociological terms this resonates with Merton’s strain theory – the structural divide between the cultural goals of society as expressed in the “material possessions, symbols of status, accomplishments and esteem that established norms and values encourage us to aspire to” and “the distribution of opportunities to achieve these goals in socially acceptable ways.” So, for Merton (in Pelser, 2008: 06): “If one fails to meet human desires through positive ways antisocial behaviour develops and the person will violate the law to acquire his personal desires.” Excluded by the debilitating effects of poverty, dysfunctional home environments, poor education, lack of appropriate skills and unemployment, this “underclass” cannot access the dominant or mainstream culture and yet is incorporated into it and is constantly aware of and seeks to achieve its primary symbols of conspicuous wealth and acquisitive consumption. Lacking access to legitimate pathways of achieving society’s normative goals, a significant proportion of South Africa’s youth has “normalised” illegitimate means – crime and violence – of acquiring the prevailing symbols of “success,” to demonstrate cultural compliance, individual status and “control” over their environments. Thus, for a significant proportion of young South Africans, crime and violence has been normalised, become “culturally acceptable”, mainly through consistent experience and exposure in the key institutions of their socialisation that is their homes, their schools and their immediate environments (Pelser 2008:06).

2.1.3. LEGAL FRAMEWORK FOR JUVENILES

Under the heading legal framework the researcher highlights laws related to the treatment of children who committed crime in South Africa. Since the country's legislature discourages direct imprisonment for juvenile offenders, service providers including Magistrate courts and Probation Officers are expected to attend to children in conflict with the law according to available Acts and Policies.

According to the Child Justice Act No. 75 of 2008 which was implemented in April 2010, the arrest of a child who is believed to have committed an offence must be done by a member of South African Police Services. The South African Police Services official is obliged to inform the child's parents of the arrest made on their child and inform the probation officer (a social worker) from Department of Social Development within 48 hours after the arrest has been made. The probation officer who is a social worker by profession assesses the child within 24 hours and thereafter compiles what is called a Pre-Trial Assessment report which is presented at the preliminary court inquiry. Once assessment has been done by the probation officer, the child is taken to appear before the magistrate in what is referred to as preliminary inquiry by the South African Police Services officials. The preliminary court inquiry is an informal pre-trial procedure which is inquisitorial in nature; and may be held in a court or any other suitable place. Its objectives are (a) to consider the assessment report of the probation officer, (b) to establish whether the matter can be diverted before plea, (c) identify a suitable diversion option, where applicable, (d) ensure that all available information relevant to the child, his/her circumstances and the offence are considered in order to make a decision on diversion and placement of the child, (e) determine the release or placement of the child pending the conclusion of the preliminary inquiry, the appearance of the child in a child justice court or the referral of the matter to children's court where applicable. Government Officials obliged to attend this preliminary inquiry include the Magistrate, Prosecutor (both from Justice Department), Probation Officer (Department Social Development), child arrested, lawyer (Legal Aid) or private lawyer, and the child's parents/guardian.

During the inquiry the probation officer presents the Pre-Trial Assessment report that she/he compiled. Probation officer's report must assist the preliminary inquiry magistrate to determine

the following three aspects: firstly, whether the youth's case has to be put on trial or it can be diverted whereby the child will have to attend either residential or non-residential diversion programmes. Secondly, it assists the magistrate to decide on whether the child is safe to be released under the custody of his/her parents/guardian; and there are conditions which are made to prevent the youth from committing another offence after his release. Thirdly, the Pre-Trial Assessment report must assist in determining whether the child has to be detained or not and if detained a specific juvenile detention institution (secure care centre) must be recommended by the probation officer. This decision must be reached as a measure of last resort after all available options have been considered and exhausted. The Child Justice Act no. 75 of 2008 clearly stipulates that the detention of children must be as a measure of last resort and this must never be compromised. During the inquiry if the magistrate realizes that the child is a risk to himself and the community that child will be detained at a Secure care centres pending his next court appearance. For the child to be admitted at the secure care centres, a warrant of detention which has the youth's names and next court date is required including the pre-trial assessment report compiled by the probation officer. The warrant of detention must state clearly that the child is referred to the secure care centre whether to await his trial, await designation to school of industry, or is there at the secure care centre for residential diversion programmes (Child Justice Act No. 75 of 2008). Nicholas, Rautenbach and Maistry (2010:258) state that the following are some of the rights of an arrested child:

- To be managed in such a way as to respect the legal status of the juvenile, promote the well-being of the juvenile and avoid harm to her/him with due regard to the circumstances of the case;
- To have his/her parents/guardian or legal representative present during the arrest, assessment process and court appearance;
- To have legal representation as state expense;
- To clothing, food and medical care while in custody;
- Not to make a statement that may be used as evidence in a court of law;
- To be separated from adults while in detention. Girls must be searched and guarded by female police officials;

- To have the criminal charges and his/her rights as an arrested person explained in his/her home language; and
- To be brought before a court of law within 48 hours after arrest. People younger than 12 must either be released or appear before a court of law within 24 hours of being arrested.

Probation Services Amendment act No. 35 of 2002 provides the legal framework for the management of offenders placed under the supervision of a probation officer. The Amendment of the act introduced a new occupational class, i.e. assistant probation officers. The act states that the Minister of Social Development may appoint people as assistant probation officers. The area of responsibility for assistant probation officers is supervision and monitoring of people in conflict with the law. Organising and participating in crime prevention programmes is key performance for the assistant probation officers. The role is further entrenched in section 4A(2) of the Probation Services Amendment Act, which states that the duties of the assistant probation officers include (a) the monitoring of a child subjected to home-based supervision and (b) the monitoring of persons subjected to supervision. The Act also allows the assistant probation officer to fulfil the role of family finder in cases where the family members have not been located prior to the young person's assessment or first appearance in court. The appointment of assistant probation officer certainly has the potential to enhance the work of probation services and provide more effective and efficient service delivery. In a number of instances probation officers may be overburdened with high statutory caseloads (both adults and young offenders), which may reduce their effectiveness in their facilitation and monitoring of probation programmes for young offenders. The additional support of the assistant probation officer may thus ensure the fulfilment of these key functions, especially in cases where young offenders have been placed under home-based supervision.

Children's Act No. 38 of 2005 as amended provides for the establishment of children's courts and the appointment of commissioners of child welfare for the protection and welfare of certain children, for the adoption of children, and for the establishment of certain institutions for the reception of children and for their treatment after reception. This act was amended in 1996 to provide for legal representation for children and for the registration of shelters. Placement of children in shelters such as places of safety, reform schools and school of industry are to be done

according to the rules stipulated in the children's act. The 1998 amendment provides for the rights of certain natural fathers where adoption of their children born out of wedlock has been proposed, and for certain notices to be given. The 1999 amendment provides for the establishment of secure care facilities and for the prohibition against the commercial sexual exploitation of children. The new Act provides for more comprehensive management of the welfare of children. The relevance of the Act in the management of children in conflict with the law is the provision in the Act that allows for the conversion of criminal matters involving children as accused in the children's court. The social worker who has assessed the child concerned plays a significant role in motivating for the conversion of the criminal matter to a children's court matter. If the conversion is agreed upon by the relevant court prosecutor and magistrate, then the criminal charges are withdrawn against the child concerned.

It is imperative to take note that not all children after arrest are detained to await trial as there are those juvenile offenders who are released under parental custody as awaiting trial after their preliminary inquiry at a Magistrate's court. There are those children (after arrest) who are included in diversion programmes (level 1 diversion) administered by service providers (Khulisa & Nicro) contracted to the Department of Social Development as stipulated in section 53 3K of Child Justice Act No 75 of 2008. Diversion programmes (level 1 diversion) can either be therapeutic or educational and are to be facilitated by officials from Khulisa or Nicro. Juveniles are to report once a week to the offices of Khulisa or Nicro depending on the order given by court to the particular juvenile offender.

Those juveniles who are perceived to be dangerous to the community are placed in secure care centres either as awaiting trial or in-house diversion (Level 2 diversion). Section 53 4b of Child Justice Act No 75 of 2008 made provision for children to be placed under in-house diversion in secure care centres. Some of the secure care centres in the country are administered directly by the Department of Social Development and others by private companies contracted to the Department of Social Development. In secure care centres children can be admitted as awaiting trial or level 2 diversion programmes. Convicted children, where direct imprisonment is recommended by Prosecutor and Probation Officer, are placed either in juvenile prisons administered by the Department of Correctional Services or they are placed at Reformatory

schools. If a probation officer is of the opinion that a juvenile who committed crime is a child in need of care s/he can recommend that the case be diverted to children's court according to Children's Act No. 38 of 2005 as amended. Thereafter that child can be placed in one of the school of industries to continue with his studies or can be placed at a place of safety. Schools of industry and places of safety are directly administered by the Department of Social Development.

Correctional Services Act No. 111 of 1998 mainly focuses on the management of offenders within the country's penal system. The act allows for the detention of children in prison, but states that all children younger than 14 may not be held in prison. The Act also makes reference to ensuring opportunities for young imprisonment. Imprisonment of youth offenders is generally viewed as a last resort. The Act also allows for the placement of sentenced offenders under community correctional supervision. These prisoners complete their sentences in the community under the supervision of a correctional officer. Failure to comply with the terms of this supervisory process may lead to offenders completing the rest of their sentence in prison. Allowing offenders to serve their sentence in the community may be very beneficial to youth offenders in terms of maintaining contact with their families and having opportunities to complete their schooling or educational training in the community rather than in a prison environment. The personal circumstances and the nature of the youth offender's crime may be significant factors in determining the suitability for community-based correctional supervision.

Furthermore, in order to enhance the effectiveness and efficiency of managing children in the criminal justice system, the concept of a 'one-stop' justice centre has been proposed and piloted on a number of occasions since the 1990s in South Africa. The concept is based on the strategy that management of child justice cases should occur on the same premises. All the relevant role players such as social workers, court officials, police and child care workers are located in one dedicated building away from the traditional magistrates' courts. This ensures a more child-centred approach to managing children in conflict with the law. Stepping Stones in Port Elizabeth and Mangaung One Step centre in Bloemfontein are examples of one-stop justice centres. It is envisaged that these centres will be established in all the provinces of South Africa Nicholas, Rautenbach and Maistry (2010:265).

2.1.4. PRINCIPLES OF SECURE CARE CENTRES

According to Theron (2000: 07) the main principle of secure care centres is to protect the rights of young people in the facilities. The placement of a young person in secure care centres should be on the basis of “the least restrictive and most empowering.” Only youth between the ages of 14 and 17 who have committed serious offences and who have been appropriately assessed to be a threat to society and/or themselves and/or other young people should be detained in a secure care centre. An appropriately trained and competent multi-disciplinary team should deliver an effective service to the young person and his/her family within the community and within the secure facility. Secure care centres require child and youth care staff who are highly competent in secure care services and a manager who is both competent in child and youth care and in management. Staff should be employed and/or retained in positions for no other reason than their being the most competent and suitable for the position.

Containment of youth physically, behaviourally and emotionally should be effective, but respectful of the person’s well-being and dignity. No child shall be detained in degrading conditions within secure care centres as that will not be carrying out the principles of secure care facilities. Interventions and physical structures should be of such a nature that young people or staff cannot be physically, socially or emotionally hurt. Behaviour management should be based on the principles of care and discipline, rather than punishment and control. The goal of behaviour management is to develop responsible behaviour but not to punish children.

Regardless of the length of stay, each young person should have a developmentally appropriate plan (intervention plan) and programme of care and treatment and should participate in this plan and make changes to it. Practically this programme of care are referred to as Care Plan which is an initial plan drafted by the probation officer and social workers stationed in secure care centres will draft Individual Development Plan (IDP) for each juvenile offender in their care. A young person should be respected with regard to cultural and religious differences and should have contact with family and friends unless the court or a team of Child and Youth Care experts has deemed such contact inappropriate. Every juvenile should have personal privacy, adequate free time and be able to secure their own possessions, and be protected from all forms of exploitation and abuse. Despite what the principle says pertaining to juvenile possessions most secure care

centres do not allow juveniles to or utilize their personal belongings. Belongings such as clothing, toiletry and jewellery are taken away from juveniles and kept in a lockable area which will be given to them when they leave the facility. The control of juvenile personal belongings differs from one centre to the other. They should be given the developmental opportunities and experiences which enable them to learn respect and care for others. Juvenile offenders should be given the opportunity to participate in sport, cultural and recreational activities but no young person should be forced to participate in these activities. Secure care facilities should have clear grievance procedures for staff and complaints procedures for youth. Each young person should be informed of how to use such procedures. The facility should provide a programme and material, which afford the maximum opportunity for growth and development, while also meeting the need to prevent abscondment, harm to any person, or damage to property. The environment, milieu, and resources at secure care centres should be of such a nature that staff is empowered to perform their tasks effectively, and young people are provided with every opportunity to develop maturity and responsibility in a context of caring relationships. All staff working in the secure care centres with youth, including senior personnel who manage the centre, should be held accountable to the Child and Youth Care ethical code of conduct; (Theron, 2000: 07).

2.1.5. SOCIAL PROBLEMS FACED BY JUVENILES IN SECURE CARE CENTRES

There are several social problems which can confront inmates while detained in secure care centres and for this study the researcher focused on problems of overcrowding, health care, gang problems, sexual abuse, inadequate meals and staff complement employed in secure care centre. These social problems are discussed into detail below:

2.1.5.1 ENVIRONMENTAL ASPECTS

The norm for accommodation in secure care centres is that five children should be accommodated per room and provision should also be made for a single room that may be utilized for children with special needs (Department of Social Development in Blue print on the Minimum Norms and Standard for secure care facilities in South Africa, 2010: 04). Austin, Johnson and Weitzer (2005:02) state that over the past 15 years overcrowding in detention

facilities has become more common in American countries. Between 1990 and 1999 the number of juvenile cases involving detention increased and as a result juvenile detention facilities had more residents than available beds. Crowding can create dangerous situations in terms of facility management; it also is detrimental to the rehabilitation and treatment of children who are detained. Overcrowding creates harmful situations because the ratio of juveniles to child and youth care workers increases beyond what is expected and this limit or puts constraints on the supervision of juvenile offenders. Schwartz and Willis (2013:16) stated that in 1998 the number of juveniles in detention centres on any given day has skyrocketed around the United States. This contributed to an increase in the number of facilities reporting overcrowded conditions. There has been a steady increase in the number of overcrowded facilities and the proportion of incarcerated youth housed in such institutions.

Mackay (2001: 14) states that children at Westville prison (in Western Cape) were accommodated in four cells in two sections. The big boys are on one side of the prison and the smaller boys are on the other side. This is believed to offer better protection for the boys but overcrowding is a problem. Due to overcrowding at Westville prison, prison cells designed to accommodate a number of 19 young people had to deal with an intake of 55 to 90 young offenders. The beds have been removed to create space and children sleep on the floor using mattresses and the place is crowded. Children share toilets that have no doors and the centre has inadequate shower facilities. Holbrook (2010: 02) reported that conditions in California Juvenile Halls included severe overcrowding, with teenagers sleeping on the floors. Flores (2005:02) further states that crowded conditions can also give rise to violence whereby children are more likely to be transported to emergency rooms as a result of injuries sustained during interpersonal conflicts in crowded facilities. Overcrowding can also lead to increased institutional violence, high operational costs and significant vulnerabilities to litigation to improve the conditions of confinement.

2.1.5.2. HEALTH CARE

According to the Department of Social Development in the Blue Print on the Minimum Norms and Standard for secure care facilities in South Africa (2010: 107) each child in a secure care centre

must be unconditionally provided with appropriate and relevant health care. In case of emergency the child should be taken to the nearest health facility for treatment and appropriate referrals. Shirk (2009:01) states that by all accounts, 17-year-old Omar Paisley died an excruciating death while detained at Miami-Dade Regional Juvenile Detention Center. For three days, Omar lay on a concrete bunk, weeping and moaning and begging for help. "Ain't nothing wrong with his ass," a licensed practical nurse proclaimed after a cursory examination. By the time the nurse agreed to summon an ambulance, Omar was delusional. By the time the ambulance was actually called, Omar was dead of a ruptured appendix. No one who watched him die even tried to resuscitate him.

Omar's death would be tragic and because it occurred while he was locked up in a juvenile detention centre and investigation was launched to look into juvenile's health condition in detention facilities. "We were appalled at the utter lack of humanity demonstrated by many of the detention workers charged with the safety and care of our youth," the grand jury declared in an investigative report (Shirk 2009:01). Omar's death in June 2003 brought attention to the quality of health care in juvenile justice facilities, a topic that historically has received little scrutiny. A grand jury, a select legislative committee and a state inspector general have investigated the staff missteps that preceded Omar's death, along with the general state of the medical care that the Florida Department of Juvenile Justice provides to the 52,000 youths admitted to secure detention each year, according to Shirk (2009:01).

According to Shirk (2009:01) from October 1999 till September 2000, 47 youth died while in custody in the United States. No one knows how many deaths could have been prevented with better medical care. But Earl Dunlap, executive director of the National Juvenile Detention Association as cited by Shirk (2009:01), says: "I can say to you with no equivocation that health care in juvenile detention and correction centres, as a whole, is extremely inadequate." Although many juvenile facilities around the country provide exemplary health care, the following examples illustrate the opposite:

- Less than a year before Omar died, state quality control inspectors had labeled health care at Miami-Dade as "minimal" (Shirk 2009:01). Many detainees never received physical

examination, record-keeping was haphazard, and requests for care were often ignored, the inspectors reported. In 2000, a girl suffered a miscarriage and went for more than a day without medical attention, despite severe bleeding and acute pain. At the time of the incident, the center's policy gave staff up to 72 hours to respond to a request for medical assistance (Shirk, 2009:01).

- Shirk (2009:01) states that at the California Youth Authority, several teams of outside experts reported the previous year that health care was "not commensurate with community standards of care" and that the agency's mental health services for juveniles did not meet the required standard. Youth sometimes waited two weeks for treatment of fractures. At one facility, narcotic pain medication was never prescribed, even for excruciating conditions (Shirk, 2009:01).

- Louisiana is reinventing its health care system for juvenile inmates as a result of a settlement reached in 2002 of civil rights lawsuits challenging conditions of care (Shirk, 2009:01). The lawsuits, filed in 1998, alleged a pattern of diffident or cruel care, particularly for residents with mental problems, who were sometimes hog-tied or isolated rather than being offered treatment. Cook County, Ill., is working on a plan to improve health care at its detention center, the nation's largest, after the settlement in 2002 of a lawsuit alleging that youth had difficulty accessing medical and mental health care and other services; (Shirk, 2009:01).

According to Shirk (2009: 01) a national survey of detention facilities in 1994 found the rate of gonorrhea to be 152 times greater among confined males and 42 times greater among confined females than among unconfined youth. The survey illustrates that health care and health condition of young offender in detention facilities is really inadequate. Each month, nearly 1,000 incarcerated youth commit "suicidal acts". The National Center on Institutions and Alternatives as cited by Shirk (2009:01) says that 108 killed themselves between 1995 and 1999. In short, teens in detention and correctional facilities have "significant medical, dental and psychological problems," says Dr. Robert as cited by Shirk (2009:01). Aside from the moral and legal obligations to care for locked-up youth, self-interest provides another compelling reason: youth is less amenable to rehabilitation if they are battling physical or mental illness. "If we are going to try to rehabilitate these kids, we need to provide both medical and psychiatric services. "Otherwise it's not likely that they're going to get better" (Shirk, 2009:01).

2.1.5.3. GANG ACTIVITIES IN SECURE CARE CENTRES

Gang activities may be directed to juveniles and to staff members in a secure care centre. These may vary from mild attacks similar to verbal bullying to severe physical or sexual abuse. Inmates who are in gangs portray behavioural problems as they rebel against the rules of the secure care centres. Their behaviour can only be modified through engaging them in rehabilitation programmes facilitated by social workers but this becomes difficult as those in gangs are reluctant to attend programmes as expected.

According to Howell (1998: 04) three surveys have assessed youth gang problems in juvenile detention and correctional facilities across the US. The OJJDP-funded Conditions of Confinement: Juvenile Detention and Correction Facilities study included a survey of all detention and correctional facility administrators (as cited in Howell 1998:04). Administrators in detention centres and training schools were asked to estimate the proportion of confined juveniles who had problems in particular areas, including gang involvement. In both the detention centre and training school populations, facility administrators estimated that about 40 percent of the confined youth were involved in gangs. A 1990 Juvenile Correctional Institutions survey found that from 160 respondents, more than 78% of responding institutions, reported gang problems within US detention facilities. Of the 150 reported assaults on staff members, 11 resulted in hospitalization. Approximately one-third of all responding institutions reported one or more incidents in which violence involving gang members resulted in serious injury (Howell 1998: 04).

Gangs clearly present significant problems in juvenile detention and correctional facilities. There is evidence that, in addition to contributing to institutional violence, gangs form in these facilities and recruit members there (Howell 1998: 04). The formation of gangs probably is related to inmates' need for protection from other inmates and these institutions become hunting grounds for gangs as they utilize the centres to grow their membership. Programmes are needed to break the cycle of street level youth gang involvement, further involvement in juvenile detention and correctional facilities and prisons, and continued gang involvement in the communities to which former inmates return. Dolan (2007: 01) state that Andrien Dufresne, a juvenile programme

worker at Long Creek Youth Development Centre was attacked by three juvenile inmates and left him dazed and bleeding but still conscious as he was dragged across the floor and locked in the youngest inmate's room. He was attacked shortly after midnight at the South Portland facility whereby his attackers used playing cards to block their room door from locking, according to an internal investigator's report obtained by the Portland Press Herald cited by Dolan (2007:01). Dufresne suffered bruises and abrasions all over his face and an elbow, a concussion and rib and abdominal injuries in the attack. He was taken to Maine Medical Center in Portland by ambulance for treatment. Dolan (2007:01) further state that Long Creek inmates have assaulted staff members 188 times since 2007 but details of when the attacks took place or description of the nature of the assaults were not provided.

Slamdien (2014: 04) state that Andre Williams (14years old) spent three years in Pollsmoor maximum security prison, near Cape Town, where he had little choice but to join the prison's gang culture by becoming a member of one of the infamous numbers gangs, the 26s. He's still a teenager, but the tattoos on his arms contradict his young age. Although Williams spent three years behind bars as awaiting trial, he was never convicted for the crimes charged with and after been remanded 57 times his case was truck off the roll. Williams was then released on the 29th June 2013. According to Dissell (2014: 04) in December 2013, a detention officer suffered a fractured nose, lacerated tongue, concussion and other injuries after an 18 year old inmate punched him in the face and got him in a choke hold on the floor. It was also reported that some residents (inmates) have been charged with assaulting officers infrequently.

Korth (2014: 04) reported that an officer at Scotts Bluff County is believed to have been strangled by an inmate. The officer was transported to Regional West Medical Centre following the incident and was declared brain dead by doctors. According to Dissell (2014: 04) an official working in one of the detention centres indicated that current policies focus on punishing or firing detention staff members for defending themselves and not holding inmates accountable if they injured staff members. This is because detention officers are not classified like correction officers working in jail, so inmates do not face increased penalties for assaulting staff like they are for assaulting police and correction officers. The juvenile detention centres' policies are

based on non violent physical interventions that use the least amount of physical force needed to protect an officer, inmate or facility property.

2.1.5.4. SEXUAL ABUSE

According to Kaiser and Stannow (2010: 02) a survey conducted by the Bureau of Justice Statistics around Texas indicated that 12.1 percent of juveniles reported that they had been sexually abused at their current facilities. That is approximately 3, 220 out of the 26, 550 who were eligible to participate in the survey. Nakiya (in Murray, 2011: 01) says she endured abuse in Pennsylvania's Juvenile Detention Centre. She endured cruel jokes and sexual abuse because she was a lesbian. USA government study has confirmed that hundreds of American teenagers are repeatedly raped or sexually assaulted while detained in juvenile detention centres across the country (Murray, 2011: 01). A whopping 20 percent of all the youth that have been victimized by male and female staff members "entrusted with protecting and counselling youth" in a survey said that they had been sexually violated by their detention facility's personnel "on more than 10 occasions (Murray, 2011: 01).

Sapien (2013: 02) states that the USA Justice Department first discovered the shocking form of sexual abuse in 2010 where there conducted an investigation on children detained in juvenile detention centres. The study included 9000 children and about 10% of them reported that they had been sexually abused by staff while under their care. The USA Justice Department released its second report and this time researchers surveyed more than 8,700 juveniles housed in 326 facilities across the country (Sapien 2013: 02). All facilities house more than 18,000 juveniles, representing about one quarter of the nation's total number of youngsters living in detention centres. In their report drawn from their second survey on juveniles in custody, the Justice Department researchers estimate that 1,390 juveniles (nearly 8%) in the facilities they examined have experienced sexual abuse by the staff supervising them. Sapien (2013:02) further identified that there was 20% of juveniles who claimed to have been victimized by staff and they indicated that this abuse happened on more than 10 occasions.

Fleder and Friedman (2014:01) confirm that South African prisons are facing challenge of sexual violence on inmates. A survey in 2007 by the Judicial Inspectorate of Correctional Services established that about half of all inmates admitted that sexual abuse occurs either “sometimes”, “often” or “very often.” The stigma of rape when perpetrated against people of the same sex contributes to making sexual abuse in prisons a taboo subject. Fleder and Friedman (2014:01) further note that this kind of abuse is a clear violation of human rights as well as the protection granted to inmates under South Africa’s Bill of Rights, which states that “everyone who is detained, including every sentenced prisoner, has the right to conditions of detention that are consistent with human dignity.” This explains that inmates deserve to be protected from any form of abuse including sexual abuse. Sexual violence is widely accepted by both inmates and prison authorities as part of the prison experience in South Africa. Staff members receive no training on preventing or responding to sexual violence; reports from inmates show that staff members are aware of the extent of sexual violence and sometimes even encourage it. Inmates who have been sexually victimized often take the scars of abuse home with them and they often take it out on children and women as they want to reclaim their masculinity (Fleder and Friedman, 2014:01).

2.1.5.5. INADEQUATE FOOD

The norm of secure care centre as stipulated in the Blue print on minimum Norms and Standard for Secure care centres in South Africa, the resources in the kitchen and dining room should ensure the safety and hygienic preparation of food. The menu and meal portion must be planned by dietician and juveniles must have three meals and two snacks a day (Department of Social Development in Blue print on the Minimum Norms and Standard for secure care facilities in South Africa, 2010: 89 and 122).

Mackay (2001: 14) in her study conducted in 2001 stated that nutrition is a major concern in the Westville prison near Durban (Secure care centre). Children say they are always hungry as they are served not enough meal portions to fill their stomach. Staff report deterioration in food supplied although a plan is followed. A meal consists of protein, starch, coffee, milk, five slices of bread and gravy per meal. Hygiene in the kitchen is increasingly a concern. Mackay (2001:

14) further identify that the kitchen and cells at Westville prison used to be sprayed regularly but this has not been done for some time so the cells and kitchen are infested with cockroaches. According to analysis done by Community Law Centre in prisons around South Africa (2010: 24) children in prison generally complained of being hungry and at some facilities they complain of losing weight. During this analysis children also complained that food was tasteless and insufficient and that they felt hungry all the time. At Pretoria local prison, children said the food served to them was unhealthy and sometimes contained of hair and nails (Community Law Centre, 2010: 24). Those detained at Johannesburg prison reported that food tasted bad and was not well cooked, and one boy complained that it had given him a stomach ache; (Community Law Centre, 2010: 24).

2.1.5.6. UNDERSTAFFING

Norms and standards as stipulated in the Blue print for secure care centres clearly explain that one Child & Youth Care Worker is to be responsible for eight children (inmates) and a social worker is to be responsible for 30 inmates in secure care centres; (Department of Social Development, 2010: 100). At night a child & youth care worker is to be responsible for 20 inmates. When looking into the study conducted by Mackay in (2001:14), understaffing means that there are only six staff members on duty in the day for more than 500 juveniles at Westville prison near Durban (secure care centre). The shortage of staff is made worse by the fact that warders might have to accompany children to hospital, attend to relatives on visitation and often the sections are left with even fewer officials (Mackay, 2001: 14). Mackay again state that the Constitution of South Africa clearly state that every child has the right to be protected from maltreatment or abuse and due to shortage of staff, children are not properly supervised. Due to lack of supervision complains of abuse are being reported by inmates often. There should be one adult (staff) on duty to attend to the needs of children in every cell. One adult on duty at night responsible for over 500 children offers little protection against abuse. Kempinski (2010: 01) state that there is an extensive abuse within detention centres due to unsupervised children that should be addressed by the media. Principles of Secure care centres require a high number of staff: child ratio of at least 1 competent adult to every 8 young people. No child and youth care worker must be made to supervise more than eight young offenders as this will lead to improper

supervision. Manager has the responsibility for offering support to his staff and should be on calling range on a 24 hour basis. For every 16 juvenile offenders there must be two child and youth care workers to supervise them. Over weekends and holidays where number of staff members decreases due to those who are not working during weekends and holidays there must be additional employee deployed to intensify supervision of inmates (Theron, 2000: 7).

Generally, Kempfski (2010: 01) argues that several detention centres abuse and neglect children. In several cases, the mistreatment of adolescents in these facilities has resulted in gruesome deaths. These sickening results would normally receive extensive attention from the media; however, they did not. This is because many of the management in control of the facilities do not want to endanger their business and cover-up the stories of abuse. This is practiced mostly by non-government run facilities. In an associated press survey, over 13, 000 claims of abuse have been filed against centres in U.S.A (Kempfski, 2010: 01). These declarations include physical abuse, mental, and sexual abuse. Several specific cases of physical abuse include beating, use of pepper spray from workers to the improper force of not prescribed medications. According Holbrook (2010: 01) in 2006 child advocates have harshly condemned the conditions under which young offenders are housed in states across the USA lawsuit was filed against facilities in eleven states for supervision that is either abusive or harmfully negligent. At least five juveniles died after being forcibly placed in restraints in facilities run by state agencies or private facilities with government contracts since January 2004 (Kempfski 2010: 01). In the American States between 2004 and 2007 at least twenty-four juveniles died in Juvenile Detention Centres from suicide and natural causes or pre-existing medical conditions (Kempfski, 2010: 01).

In 2006, reported conditions in California Juvenile Halls included severe lack of education opportunities lack of mental health care or rehabilitative programmes; isolation for over twenty-three hours a day; use of excessive force including beatings and inappropriate administration of medication (Holbrook 2010: 02). According to Murray (2011: 01) statistics show that lesbian, gay, bisexual and transgender youth in Juvenile Detention Centres experience abuse more than their heterosexual peers. LW (not his real name) stated that he suffered emotional and physical abuse at the hands of other children as well as staff simply because he was openly gay. Murray (2011: 02) state that the report indicates that juveniles are targeted by homophobic staff who act

according to personal bias instead of protecting children from attacks. Staff sometimes instigate or facilitate fights or sexual abuse between youth who are gays or lesbians.

2.1.6. ROLE OF SOCIAL WORKER IN SECURE CARE CENTRES

Different professionals render services in secure care centres including educators responsible for education and vocational programmes for inmates; child & youth care workers whom are responsible for the care and supervision of inmates; professional nurse responsible for health care services; and social workers responsible for the counselling and therapeutic programmes. Psychologists are responsible for the psychological aspects of juveniles detained in secure care centres whereas Occupational Therapists are responsible for assisting juveniles who have learning difficulties or work placement challenges. For the purpose of this study the researcher will focus the role of social workers in secure care centres. It is imperative for social workers to be part of the team of professionals found in secure care centres because they are responsible for modifying the behaviour of juvenile offenders through therapeutic programmes that they run.

The functions of social workers in secure care centres are to orientate children, conduct initial assessment, develop intervention plans for inmates, arrange family group conference for juveniles, conduct counselling and implement intervention programmes. According to Social Development in Blue print on the Minimum Norms and Standard for secure care facilities in South Africa (2010: 68) a social worker within secure care centre is responsible for the orientation of the juveniles. This orientation has to state clearly the rules of the facility and juveniles are to be informed about their rights and responsibility when they are in the centre. Initial assessment has to be conducted for the newly admitted juvenile offender and this has to be done within 24 hours after the youth's admission. From the assessment process an intervention plan which is the Individual Development Plan are drafted for each individual juvenile in the facility. Social workers in the Secure care centres have the responsibility to arrange and facilitate Family Group Conferences for juveniles in the centre and they also have the responsibility of planning and implementing intervention programmes (group work and outreach programmes) for juveniles in the centres.

Social workers within secure care centres have the responsibility to conduct Pre and Post-Court Counselling sessions for juveniles in the centre. Pre-court counselling is a session held with

inmates a day before their court appearance and this is done to tap on their thoughts and feelings regarding their court appearance. Post-court counselling is then a session conducted after the child had appeared at court and referred back to the facility. Progress reports on behalf of every juvenile are compiled and sent to court by social workers giving out details on the general conduct and child's response to intervention programmes. Social workers in secure care centres are also expected to provide counselling to juveniles; conduct home visits and arrange after care services. Social workers have a responsibility to link juveniles with Legal Aid officials where necessary and to ensure that the rights of juveniles are protected within the centre and at court (Department of Social Development in Blue print on the Minimum Norms and Standard for secure care facilities in South Africa, 2010: 68).

2.2 THEORETICAL PERSPECTIVE

The perspectives opted for in this study related to juvenile offenders are the Ecological perspective, Psychodynamic theory and Behaviour modification theory. These theories helped to understand and unpack matters related to juvenile offending and their psychological functioning.

2.2.1. ECOLOGICAL PERSPECTIVE

Juveniles are part of systems which exist in different communities and according to ecosystems theory a person will always be part of an environment. Environment plays an important role in the life of human beings and it helps a person to cope and adapt before he can function effectively. According to Cummins, Sevel and Pedrick (2006: 37) the ecological perspective is mainly focused on the person in environment. It is about the relationship of living organisms (which in this case are juvenile offenders) with their environment. Due to the mistakes that juveniles have made in their different communities they are forced to leave their communities and be detained at secure care centres for their own safety as legislature of South Africa dictates. Being moved from their communities implicates that they are to be placed in a different environment which require them to adapt. Secure care centres are to provide an environment that promotes personal growth and health of juveniles and this can only be beneficial to juveniles if they adapt to the secure care centre environment. A good relationship between juveniles and the

environment could refer to a good fit in the environment but if juveniles are failing to adapt within this environment that could mean a bad fit as they will experience challenges such as stress. For example secure care centres are designed in a way that they provide recreational activities for juveniles as a way of helping juveniles adapt and cope so as to have a good fit into the environment. These recreational activities can contribute to friendship and positive relationships between inmates.

The ecological perspective challenges social workers to think in much more complex patterns that capture the mutually shaping back and forth of interactions among individuals, groups, organisation and institutions (Cummins, Sevel and Pedrick 2006: 37). This is taken into consideration by the management of secure care centres as they fully understand that there is an interaction between juveniles and their environment hence management is always working towards creating conducive environment for juvenile offenders.

Ecological perspective applies to this study because juveniles in secure care centres come from different environments and for them to function effectively they have to adapt to secure care centre as their new environment. The common way that they use to adapt or cope in the new environment is by making new friends. This is where problems emanate for most juveniles as they most often choose friends who belong to certain gangs and as a result they behave as expected by that particular gang. After being accepted by friends it becomes easy for them to adapt to the environment in the secure care centres.

Juveniles get stressed and depressed by their circumstances and the surroundings in the secure care centre. Not all of them find it easy to accept how their lives developed and because of that they battle to fit positively in the new environment and they get to be influenced easily by gang members within the secure care centre

2.2.2 PSYCHODYNAMIC THEORY

Freud (in Siegel and Welsh, 2005: 68) argues that the human personality has three components which are to complement each other in order for people to function/ behave in an acceptable way.

Psychodynamic theory states that the three major components are namely; id, ego, superego. The researcher opted for this theory to understand why children commit crimes instead of being at school learning and better their future. It was discovered through the research conducted that juveniles detained in secure care centre do not have balanced personality components which are stated above; Siegel and Welsh (2005: 68). Juveniles' id personality component supersedes the other two because their superego is not well natured. Juveniles detained are mostly raised by single (as observed during their assessments conducted by Social Workers in the centres) parents who are struggling to control the behaviour of their children as they are in teenage stage of life. To these juveniles what matters most is what they desire at that particular moment and even though they are aware of the consequences of their actions they tend to turn a blind eye to those consequences. From researchers opinion these juveniles walk into the system with an unstable personality and the secure care centres are there to help juveniles have balanced personality components which will complement each other so that they as juveniles can conduct themselves in an acceptable manner when they get back to their communities.

2.2.3. BEHAVIOUR MODIFICATION THEORY

One of the core functions of secure care centre is to modify or rather to change the behaviour of juvenile offenders from unacceptable behaviour to acceptable behaviour. There are different rehabilitation programmes which are conducted in the secure care centres in order to change their unacceptable behaviour. According to Halper (2010: 03) Behaviour Modification theory is a therapeutic technique which helps to reinforce positive behaviour and punish negative ones. Secure care centres have adopted this approach and its techniques whereby juveniles are given incentives as a way of reinforcing good behaviour for conducting themselves in a positive way. Those juveniles who behave in an undesirable way are engaged in disciplinary meetings to discourage the unacceptable behaviour that was displayed by the juvenile. Halper (2010: 03) state that Behaviour Modification theory uses a scheduled approach that rewards desired behaviour and punishes undesirable behaviour. It is an effective technique used to treat many disorders such as attention deficit disorder, autism or oppositional defiant behaviour.

According to Boeree (2010: 02) behaviour modification extinguishes an undesirable behaviour (by removing the reinforcer) and replaces it with a desirable behaviour by reinforcement. Behaviour modification has been utilised to address a variety of psychological problems including substance addiction, neuroses, shyness, autism, even schizophrenia and this theory works particularly well with children. Boeree believes that Behaviour modification programmes form the core of many residential treatment facility programmes. Behaviour modification programmes have shown success in reducing recidivism for adolescents with conduct problems and adult offenders. According to Boeree (2010: 02) the token economy as technique in behaviour modification is used primarily in institutions such as psychiatric hospitals, juvenile halls, and prisons. Certain rules are made explicit in the institution and behaving yourself appropriately is rewarded with token (e.g. poker chips, tickets, recorded notes, etc). Certain poor behaviour is also often followed by a withdrawal of these tokens. The usage of token economy as a technique for behaviour modification has been found to be very effective in maintaining order in institutions. The behaviour modification theory stipulates that behaviour is learned and can be unlearned; and the use of therapeutic, educational programmes and educative recreational activities are techniques utilized by secure care centres to help juveniles change their uncontrollable behaviour. The theory explains that reinforced behaviour will continuously be displayed and the behaviour that is not rewarded will be avoided in the future.

2.2.4. CONCLUSION

This chapter summarized the literature study conducted by the researcher to see whether research understudy is researchable and the chapter has shown that problems faced by juveniles in secure care centres is a global concern. The core business of secure care centres is to rehabilitate and create an environment that is supportive and oppressive to the juvenile offenders housed in these institutions. This chapter demonstrates that juvenile offenders in secure care centres are faced with possible problems such as sexual abuse, death, physical assault and gangsterism. This is because principles of secure care centres are not fully implemented or adhered to hence this results in inmates been exposed to problems of gangsters, physical assault and bullying. Ecological perspective theory help us to understand why other juvenile offenders fail to cope

while in this institutions and the centres are mostly behaviour modification approach orientated as their mission is to modify the behaviour of juveniles through rehabilitation programmes.

CHAPTER 3

RESEARCH METHODOLOGY APPLIED IN THE STUDY

3.1. INTRODUCTION

This chapter share on how the researcher applied the mixed method as research methodology in this study. It also looks into the type of research design opted for which gave direction to how data must be collected to serve purpose of this study. Data collection methods are outlined and their importance is clearly explained by the researcher in this study. Under this chapter it is also discussed how sampling and the procedure followed during the collection of data from participants unfolded.

3.2 RESEARCH METHODOLOGY

The research under study followed the mixed method containing both qualitative and quantitative components as the researcher observe, discover, describe, compare and analyze the characteristic attitudes of themes and underlying dimensions related to youth in secure care centres. Quantitative in nature because the study also involved collecting and analysing numerical data by researcher to determine which social problems are prominently faced by juvenile offenders while in detention facilities. The researcher included qualitative components in the research methodology because the method helped to discover and explore problems facing juveniles in custody and this was achieved mainly through the use of interview schedules. The advantage of using the mixed method for this study was that the researcher was able to explore statistics as well as opinions, feelings and experiences of juveniles regarding problems they face in secure care centres.

3.3. RESEARCH DESIGN

The type of research design opted for in this study was exploratory research design. Based on the exploratory research design the researcher explored the characteristics, estimated prediction, discovered association of variable and established a specific sequence of cause and effects

relating to the topic under study. According to the researcher the main aim of the study was to explore the social problems faced by juvenile offenders in secure care centres through the usage of interview schedules and studying documents. Post democratic elections in 1994 new policies and legislature were developed which prohibited juveniles awaiting trial from being detained in prison facilities and in police custody. As a result secure care centres in South Africa were established in 1995 to remove children awaiting trial in prison and in police custody.

3.4. METHODS OF DATA COLLECTION

The following methods of data collection were used as the researcher believes that they are the ones best to explore more on participants' experiences and opinions;

- Interview schedules
- Documents Analysis

3.4.1. INTERVIEWS

The researcher utilized semi-structured interviews to collect data from youth staying in secure care centres. Interview questions entailed in the schedule were relevant ones to help the researcher collect in-depth information pertaining to the topic under study. These interviews were used to unfold participants' experiences and to uncover their problems in their lived world in the secure care centres. Through this method of data collection the researcher was able to explore the feelings and opinions of participants with regard to the social problems they encounter during the period of detention in secure care centres.

3.4.2. DOCUMENTANALYSIS

For this study the researcher studied documents compiled by secure care centres and these documents include statistics and monthly reports compiled and send to the Department of Social Development by the management of secure care centres. These documents are primary sources of data and the researcher investigated documents completed between the years 2009 and September 2013. Information documented in these reports helped the researcher to understand

the social problems experienced by juveniles in secure care centres which are recorded in the reporting documents. The researcher studied reportable incident register which is a document utilized by centres to keep record of any abuse or incidents occurring in the centre involving young offenders. This register enabled the researcher to discover what types of incidents occur in the centres and what procedures are followed to attend to children after the incident has occurred.

3.5. POPULATION AND SAMPLING

There are four secure care centres found in North-West Province and the study was conducted in three secure care centres as the fourth institution was temporarily closed by the Department of Social Development for renovations during this study. At the time of the study a total of 59 juveniles were residing in the three secure care centres in the North-West Province. From this 59 the researcher randomly selected and interviewed 34 participants (10 participants from Rustenburg, 14 participants from Klerksdorp and another 10 participants from Mahikeng Secure care centre). Klerksdorp Secure care centre accommodated 27 juveniles; Mahikeng had a total number of 18 juveniles and Rustenburg was the lowest with 14 juvenile offenders and therefore more participants were selected from Klerksdorp secure care centre. The sample was drawn from three secure care centres (situated in Mafikeng, Rustenburg and Klerksdorp) in the North-West Province and included males between the ages of 14 to 17. All participants were expected to have been in the secure care centre for a period of at least a month at the time of interview because it was assumed that they were to give in-depth information regarding topic under study. After the juveniles who meet criteria that were required for the study were secured; the researcher randomly selected participants from the residents in the three secure care centres that met the criteria using their identity centre numbers. All participants in this research project were black African males. Researcher opted to interview male juvenile offenders because the three secure care centres are dominated by male juvenile offenders with high percentages as compared to their female counterparts. During the time of study the only centre which had female inmates was Klerksdorp and it was only three female juvenile offenders.

3.6. RESEARCH PROCEDURES

The researcher wrote and defended his research proposal at the social work study group and higher degrees committee of the Human Science Faculty of the North-West University (Mafikeng Campus). After the approval by North-West University the researcher wrote a letter to the Department of Social Development requesting to interview juvenile offenders detained in the three secure care centres (Rustenburg, Klerksdorp & Mafikeng). Permission was granted by the department and first interviews were conducted at Rustenburg secure care centre in July 2013 where 10 participants were interviewed. On arrival at Rustenburg on the day of interviews the researcher was welcomed by the manager on duty that day and purpose for the visits was explained to the manager by the researcher. Juveniles were busy preparing for a soccer game to be played that day and the manager allowed the researcher to introduce himself to the juveniles and explain his purpose for the visit. Thereafter this researcher asked for the juvenile complement list before sampling. During the study ten participants who were interviewed by the researcher on one on one basis utilising private office which was allocated to him for the purpose of this interviews. After interviews at Rustenburg the researcher studied the documents completed in the secure care centres when reporting incidents of abuse and social problems encountered by juvenile offenders while in the centre. Monthly reports were also studied as they are reports entailing the running of the centres including the incidents occurred over the month.

In August 2013 the researcher travelled to Klerksdorp to continue interviewing participants for his research study. At Klerksdorp the researcher was welcomed by senior child and youth care worker on duty who prepared and made juveniles available for the interviews. Before interviews could commence the researcher was given a chance to meet with all juvenile offenders in Klerksdorp centre to explain the reason for his visit. A boardroom was allocated to the researcher for the purposes of interviews and sampling of participants was done. 14 inmates were interviewed at Klerksdorp and thereafter studied the necessary documents. The researcher completed his data collection project in Mafikeng where he interviewed 10 participants from 18 inmates detained by that time. Documents used to record abuse and social problems encountered by children were also studied. By the time of this study there were children awaiting trial and those who were on level 2 diversion programmes and the researcher had the opportunity to

interview those on diversion as well as awaiting trial. The data collection instruments were designed by the researcher based on the research problems of this study and these instruments were structured interview questions and the study of documents used by secure care centres to record and report incidents occurring in the centres.

3.7. DATA PROCESSING

Data collected from participants using semi-structured interview schedule was processed coded by themes and organised by the researcher. As for the data collected from documents the researcher processed the data manually considering the similarities in data collected through interview schedules. The two sources of data collected in this study were analysed, compared to available literature and interpreted by the researcher. Thereafter findings were formulated and recommendations were made thereof.

3.8. CONCLUSION

Through the data collection process and analysing of data collected the researcher was able to discover social problems experienced by juvenile offenders. Feelings and opinions of participants regarding the problems they encounter were explored through interviews conducted by the researcher in the three secure care centres. This chapter also attest that necessary researcher procedures were followed by the researcher to ensure that research ethics are adhered to. It also brings forth how sampling was done by the researcher to select participants who will be interviewed to gather well informed data.

CHAPTER 4

DATA PRESENTATION AND ANALYSIS

4.1. INTRODUCTION

Data analysis entails categorizing, ordering, manipulating and summarizing the information and describing this in meaningful terms. For this study interviews were conducted in the language best understood by participants which was Setswana and thereafter it was translated into English by the researcher so that it could be analyzed. Documents such as Reportable Incident register and monthly reports compiled by the management of secure care centres were studied to discover problems facing juvenile offenders. Data gathered was analysed from different angles to identify key concepts and themes which helped the researcher to understand and interpret collected data from the participants who shared their views on the problems they face in secure care centres. The researcher analysed data manually with colour-coding method and concepts were highlighted and clustered into similar categories. After data had been clustered it was analysed and interpreted.

In this chapter data obtained from participants is presented and analyzed.

4.2. PRESENTATION OF DATA

4.2.1. Age of participants

The ages of the 34 participants in this study varied between 14 and 17 years and the bar graph below illustrate the range and complement:

Figure 1: Age of participants

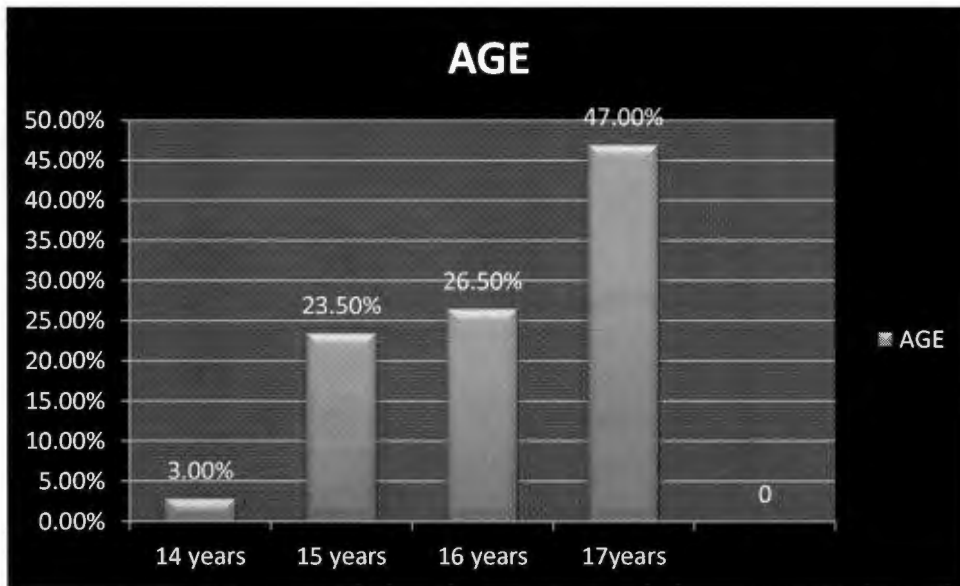


Figure 1 above illustrate the majority of participants (47%) were 17years old followed by those participants aged 16years who made 26.50% of participants. 23.50% of participants were 15years of age and only 3.00% were 14 years. The Child Justice Act No 75 of 2008 makes provision that secure care centres accommodate juveniles from the age of 14 to 17 years those who turn 18years and are awaiting trial are transferred to police custody except those who have turn 18years while on diversion programmes.

4.2.2 Duration of stay in the facility.

Participants varied in terms of their duration of stay in the facility ranging from 1 month to 12 months. It must be noted that there is no apparent irregularity in the discrepancies shown here because these are already legal referred cases and their modes of reintegration are bound to differ.

Table 2: Participants' duration of stay in the secure care centre

Duration	Number	Percentage
1- 6 months	20	58.8%
7-12 months	09	26.5%
More than 12 months	05	14.7%
Total	34	100%

Table 2 demonstrate that 58.8% of participants have been in the facility for 6 months followed by a percentage of 26.5% of participants who have been detained for duration between seven and 12 months. Although the Child Justice Act No. 75 of 2008 stipulates that juveniles are not to stay for period more than 6 months in detention facilities awaiting trial, juvenile offenders often await trial for longer than six months pending their case finalisation by respective Magistrate courts. One participant reported during the interview that he had been in the centre for eight months as an awaiting trial. He stated that this is stressful particularly when he is uncertain of what will happen during the trial of his case. According to the study 14.7% of participants have been in the facility for more than 12 months.

Participant was quoted saying that for the year he spent in the centre it has been very stress full because every-time he appear before magistrate he appears hoping that he will be released only to be returned back to the centre. "Every time I am referred back to the centre the reason given is that the court is still investigating my case." One participant was quoted saying "I feel so irritated of being in the same surroundings for so many months. This is the reason why I sometimes lose my cool and behave in an unacceptable manner".

This information was verified by researcher from the monthly reports compiled and sent to the Department of Social Development which attest that there are inmates detained in the centres for more than a year.

4.2.3. Participants views pertaining to allocated rooms

Juvenile offenders are allocated to rooms immediately after their admission and induction in the facility.

Figure 2: Opinions of participants regarding rooms allocated to inmates.

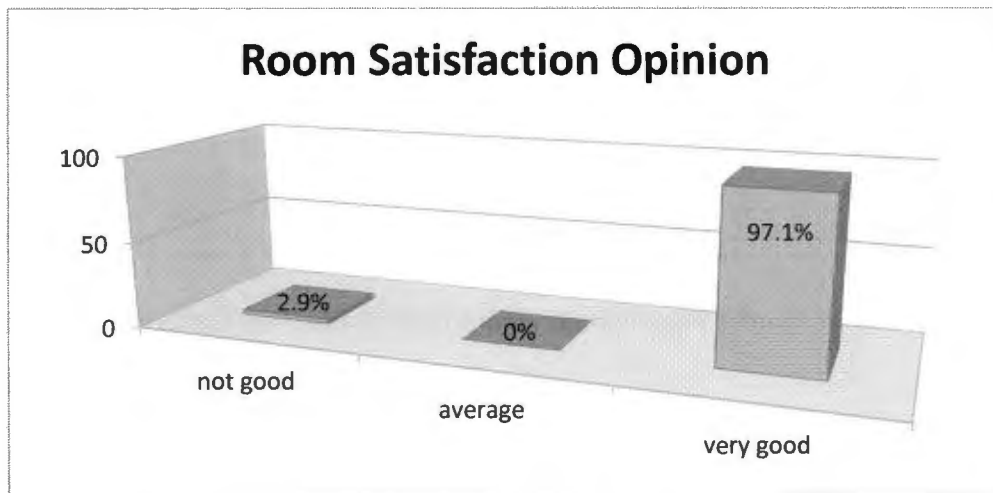


Figure 2 on room allocation shows that the majority of participants (97.1%) reported that the rooms allocated to them are very good as they meet their basic needs. Although they share showers and toilets as roommates, all rooms in the facilities have doors for privacy when using the bathroom. The rooms accommodate one to four inmates as they vary in sizes and the single rooms are allocated to inmates vulnerable to other inmates (preferably the younger inmates). Each inmate has an individual bed, table and locker to safely keep their possessions; and there is good ventilation in the rooms.

One of the participants said that “I am so happy and appreciate the room allocated to me because the rooms are totally different from police cells and have adequate space and blankets.”

Another participant said that he appreciate the room he sleeps in as it has privacy in a sense that when he has to use a toilet and shower there is a door separating the two from the main room. Another participant said that he is happy with the room allocated to him but his concern is the doors which are locked from outside and cannot be unlocked from inside. He stated that in case of emergency he has to shout to alert staff members. 2.9% of participants reported that they are

not happy with the rooms allocated to them because the rooms are locked from outside and cannot be unlocked or opened from the inside once locked. One of the participants said that the room he sleeps in is not good because it makes him dream bad things and sometimes he feel scared since two inmates were sexually abused while in their rooms. In the study of Mackay (2001: 14) at Westville Secure care centre overcrowding was raised as an issue but as compared to this study there are no overcrowdings reported in the rooms allocated. By the time of this study the secure care centres were not fully utilized as there were vacant rooms available. Theron (2000:07) emphasize the principles of secure care centres indicated that juvenile offenders must have personal privacy in the rooms and this was proven to be occurring in the secure care centres studied.

4.2.4. Safety of Children in Secure care centre

Participants had different views pertaining to the safety of children in secure care centre and this is illustrated below:

Table 3: Safety of the facility

Safety of facility	Number	Percentage
Very safe	25	76.5%
Safe	06	17.7
Not safe/dangerous	03	05.8%
Total	34	100%

Norms compiled by Department of Social Development in Blue print on the Minimum Norms and Standard for secure care facilities in South Africa (2010:68) dictate that detention facilities for juvenile offenders must ensure the safety of children in conflict with the law. The structure must involve CCTV installed, high security fence and security gates. Even though there was no CCTV installed in the three centres visited 76.5% of participants as depicted on table 3 regard the facility as very safe for them and 17.7% believe that the facility is safe. This is because they believe that there are security officers to protect them within the facility during the day and the night Child & Youth Care Workers make rounds in their rooms to check if they are sleeping well. Participants also reported that they are safe here in the facility because some of them might have been killed by other gangsters or by community members for their unruly behaviour. One

of the participants indicated that he is safe in the centre because he feels protected from the community. Even though he believes that other inmates have potential to harm him he believes that staff members can protect him from serious injuries.

One participant reported that he is safe because when he got arrested people in the community wanted to kill him so he feels that he is been protected from the community; whereas another participant reported “there are those inmates who smuggle and even decorate their own self-made weapons. This scares me because every time there is a fight these weapons are utilised to stab other inmates so I don’t feel safe here.”

One participant said that the rounds made at night to check on their well-being by staff members make him feel safe. “Those inmates are presently released and I now feel safe”. He continued by indicating that he feels safe because there is a high security fence and security gates in the three centres to ensure the safety of residents. Only 5.8% of the participants reported not to be safe in the facility due to the physical fights amongst inmates that they have witnessed since their admissions in the facility. One of the participants felt that he is not safe here as the only safe place is his home.

In one of the three secure care centres there were two incidents of escape by inmates recorded in the reportable incident register. According to the report the inmates climbed the security wall near the dormitories and jumped outside the facility. This is due to the fact that the security wall is build close to the dormitory building.

4.2.5. Meals served in the secure care centres

Meals served to inmates are prepared by kitchen staff as prescribed by a dietician and approved by management of centre.

Figure 3: Participants' meals satisfaction survey

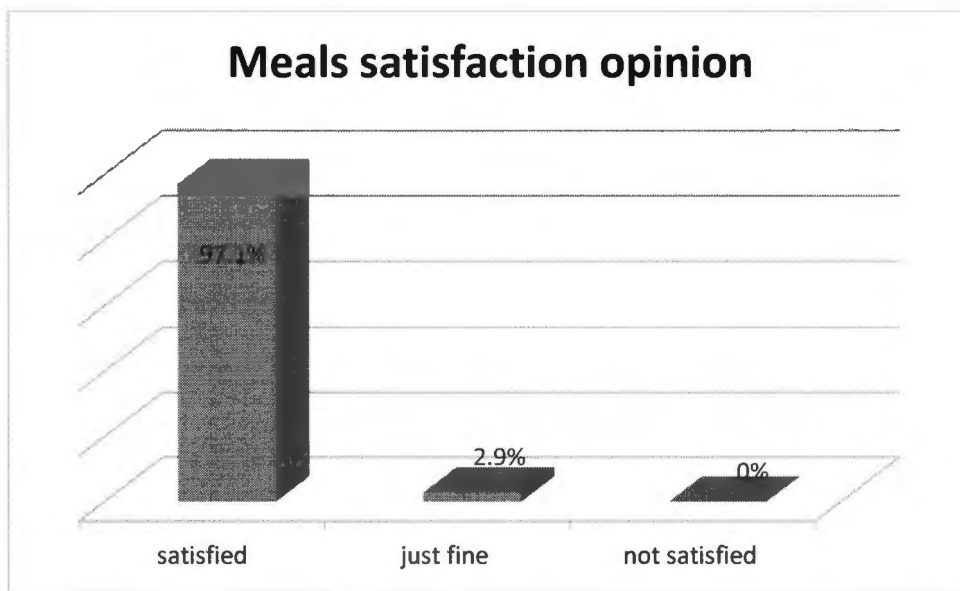


Figure 3 on meals survey illustrate that 97.1% of participants declared that they are satisfied with the meals served to inmates according to menu for the day. They also reported that meal portions are sufficient and the meals served in the centre are better than the meals served in their families. One of the participants said he appreciate the meals prepared for him in the centre as they are better than the meals he eat at home. They are better in a sense that they are not served the same meal every time but the meal is changed regularly according to balanced diet. Another participant reported that food served is good and healthy as it is prepared according to the instructions of dietician. According to the policy and procedures of the management of the secure care centres inmates are to be served refreshments and meals five times a day that is breakfast, tea break, lunch, supper and late snack. Breakfast is served at 7:30, tea break at 10:00, lunch is at 13:00, supper at 17:00 and late snack is served at 19:30. The findings of this study do not correspond with the study of Mackay (2001) conducted at Westville Secure care centre where children interviewed reported not to be satisfied with the meal portions and the staff also reported a decline in food supplied.

4.2.6. Medical procedures for inmates by Secure care centres

Participants were to share on their experiences and opinions of how they are taken care of medically while in the facility. Their responses are illustrated as follows:

Figure 4: Medical procedures for inmates.

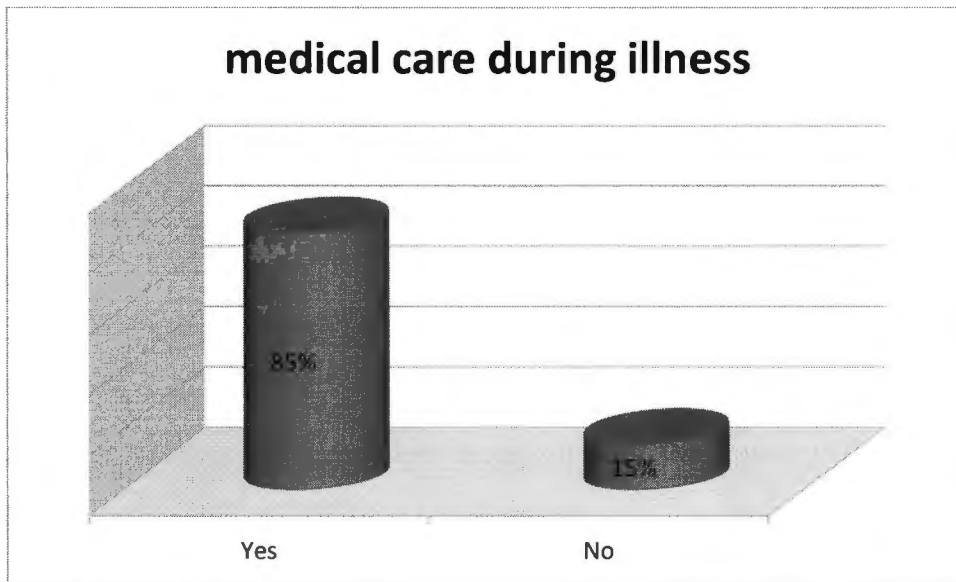


Figure 4 demonstrate response by participants on the medical care issues in facilities. Norms and Standards of Secure care centres require that each child must be provided with appropriate and relevant health care (Department of Social Development in Blue print on the Minimum Norms and Standard for secure care facilities in South Africa, 2010:116). There are measures in place within the three centres to ensure that children’s health is being cared for as 85% of participants reported that when they are sick they are taken to the clinic which is functional in the centre and if the professional nurse is not on site they are transported to hospital. From researchers observation each facility has a clinic and one professional nurse who works from 07:30 until 16:30. The nurse can also refer inmates to outside clinics if she/he cannot attend to the inmates when they have sustained serious injuries or are very sick. 15% of participants reported that they are not happy with how they are treated when sick because staff members never attend to them when they report sick. Participant said that officials sometimes think that they are pretending to be ill and that leads to them not being attended accordingly after reporting sick. According to medical register completed by nurses in the centres; there were inmates referred occasionally to

the clinic to be attended medically and even medical issuing register proves that inmates are being given medication according to their prescription.

4.2.7. Participants' opinions on the prevalence of gangs and their disclosure on whether they are part of gangs.

Participants' opinions were also drawn to the effects of gangsterism on rehabilitation progress of inmates.

i) Prevalence of gangs in secure care centres.

Participants were requested to share their experience as far as gangsterism is concerned in the secure care centres. The discussions below illustrate the opinions and views of participants regarding gangsterism in the secure care centres:

The majority of participants (60%) believe that gangs prevail in the facilities. The same number of participants declared that they are part of gangs which exist in the secure care centres and most of those declared to be in gangs reported that they have joined the gangs outside the secure care centres. Only (2%) reported that they joined gangs while in the centre. Participants believe that gangsters prevail because many fights that occur in facilities are fuelled by gangsters and they attested that most riots are witnessed in secure care centres due to gangsters which are represented in the facilities. The participants also declared that inmates sustain injuries during this gang fights because dangerous objects like chairs are used to inflict pain on other inmates.

40% of participants reported that they are not part of any gang in the centre and they don't have tattoos. 37.1% of participants reported that they are uncertain whether gangs prevail in secure care centres or not. 2.9% of participants reported that there are no gangsters in secure care centre. In one study conducted by Community Law Centre an inmate interviewed reported that gangs are instigators of many fights at Leeuwkop prison in South Africa. During the study by Community Law Centre it was also reported that some inmates are forced to do dirty things in the cells by gangs; (Community Law Centre, 2010: 47). This corresponds with the findings of the present study as participants declared that in the three secure care centres inmates sustain injuries during gang fights.

The registers in all three centres show that reportable incidents which involve fighting of inmates are recorded five times a month in a period of three years (2009-2013). According to the document (reportable incident register) studied by the researcher in one of the secure care centres most of the fights that occurred in the secure care centres are gang related. The document confirm that during fights serious injuries are been sustained by inmates as dangerous objects like self-made weapons and chairs are utilised to endanger one another. The medical register attests to this information by outlining injuries sustained by inmates during fights which had to be attended by professional nurse. Some inmates are given referrals to be attended by doctors due to the seriousness of the injury.

Gangs also attack staff members who sustain injuries. One staff member in a group of ten had been attacked by inmates and the attack resulted in serious injuries. The injured staff members were referred to a private hospital to be treated for injuries.

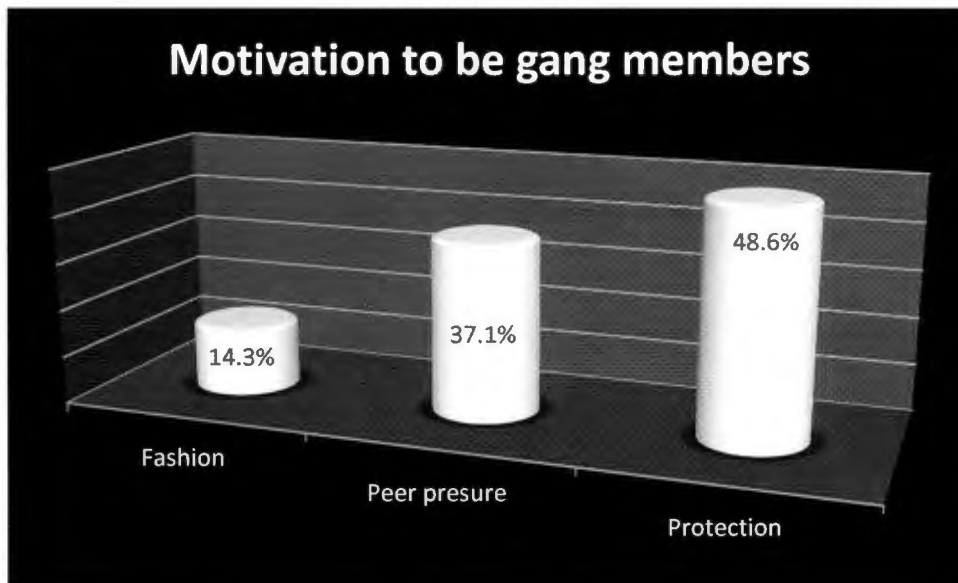
ii) Effects of gangsterism on rehabilitation progress of inmates.

16.1% of participants reported that gangsterism has little effect on the rehabilitation progress of inmates whereas 57.1% of participants believe that gangsterism affect the rehabilitation progress of the inmates; as those in gangs can learn from the programmes offered by Social Workers and later on they will stop practicing gangsterism and focus on their rehabilitation progress. 26.8% of participants reported that gangsterism practice in secure care centres highly affect the rehabilitation progress of inmates because they fail to learn what is been taught in the rehabilitation programmes. They further attested that those in gangs are often reluctant to attend therapeutic or educational programmes as they mostly display deviant behaviour in the centre. Participants in this study reported that rehabilitation progress will be affected because those in gangs have negative attitudes towards rehabilitation programmes. Another participant was saying that inmates in gangs could not benefit from programmes and this will affect inmates' rehabilitation progress reason been that he will be influenced negatively by his fellow gang members. Other participants differed with the opinion that gangsterism will not affect the rehabilitation progress of inmates as they will be learning from the rehabilitation programmes they attend.

4.2.8 Opinion of participants on the influence of inmates to be gang members

Participants verbalised their opinions on why inmates join gangs and they expressed their opinions as illustrated on the figure below:

Figure 5: Opinions of participants on why inmates join gangs.



Majority of participants 48.6% as demonstrated on Figure 5 believe that inmates join gangs while in the facility for protection and 37.1% reported that inmates join gangs due to peer pressure. Participants cited that inmates fear to be isolated and they are desperate to make friends and often they are welcomed by inmates who are in gangs and they end up agreeing to be part of gangs in the centre. According to the participants inmates who are bullied are those who are not part of any gang in the facility and they are forced to join just to be protected from the ill treatment by other inmates. One of the participants in this study said that he feels that inmates join gangs in the centre because of fear of been victimized later on at correctional centres. Another participant said that inmates join gangs to make friends and have access to tobacco while others are tattooed against their will. One participant verbalised that he joined a gang in the centre because his friend was part of that gang and he joined voluntarily.

4.2.9 Witnessing of bullying or intimidation.

According to Theron (2000:07) juveniles are to be protected from any harm either from staff members of other inmates. Participants shared their views regarding bullying and intimidation as illustrated below:

Table 4: Participants' experience with bullying

Witness bullying or intimidation	Percentage	Participants being bullied by other inmates	Percentage
Yes	37.1%	Yes	37.0%
No	62.9%	No	63.0%
Total	100%	Total	100%

Majority of participants 62.9% on Table 4 above reported that they have never witnessed any kind of bullying whereas 63% of participants reported to have never been bullied since been in the facility. 37.1% of participants attest that they have witnessed bullying of other inmates and 37% of participants reported that they have personally been bullied by other inmates while in the facility. One participant said “I was so scared and terrified when threatened by one inmate who demanded my tobacco from me”. Another participant reported that being bullied made him realise that his life is at risk and he felt so angry and powerless “after that experience I have never been so powerless and angry”. Habib (2009:03) in his study conducted at Kabul Juvenile Centre in Afghanistan indicated that participants in his study reported that younger boys are been threatened, bullied and forced into sexual activities by older inmates. This seem to be not the case in Secure care centres run in North-West Region as majority of participants (63%) attest to have not witnessed or personally being bullied.

One of the participants in this study said that he witnessed one inmate been emotionally abused (teased) by others and in this incident social workers intervened successfully. Another participant reported that he witnessed intimidation and bullying of newly admitted inmates on several occasions. One participant reported that inmates intimidate those who are new comers to forcefully take their belongings (e.g. tobacco).

Even though participants attested to bullying within the secure care centres there were no written documents to support what the participants indicated. The researcher assumes that these incidents of bullying are seldom reported by the inmates.

4.2.10. Sexual violence amongst inmates.

Studies have proved that in Juvenile Detention Centres juvenile offenders are victimized by other sexually has been proved in the literature study related to secure care centres and theories opted for in the study. The diagram below illustrates the opinions of participants regarding the sexual abuse of inmates while in the secure care centres:

Diagram 6: The practice of sexual assaults in secure care centres.

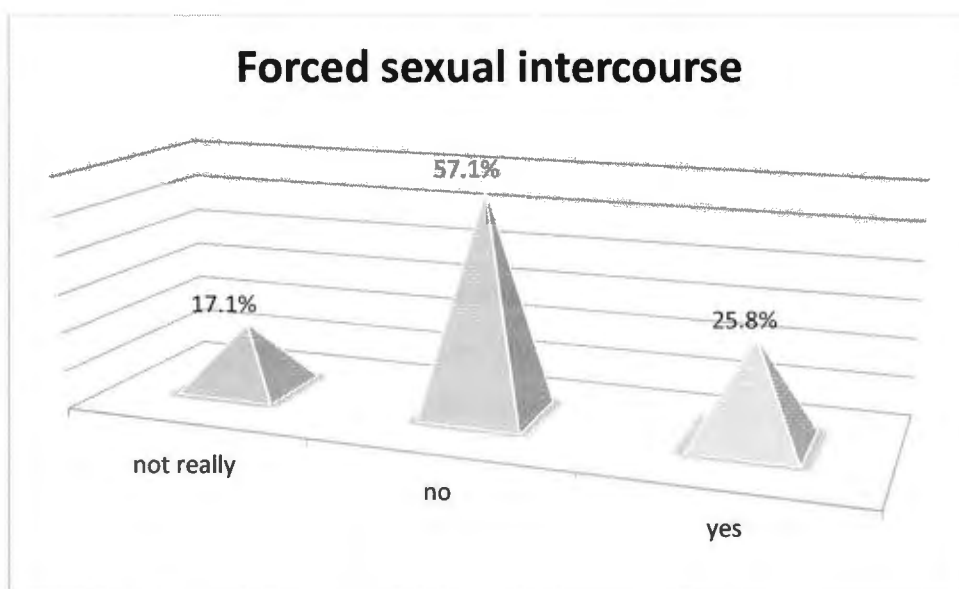


Diagram 6 demonstrates that 57.1% of participants reported that they never experienced or witnessed any sexual assaults activities in the facility whereas 17.1% of participants were uncertain of whether inmates are forced into sexual activities. 25.8% of participants reported that they have witnessed two inmates been forced into sexual intercourse by other inmates and this is supported by a national survey conducted in detention centres around U.S.A whereby

participants indicated that they had been sexually victimized by other inmates or staff (Neary, 2010: 01).

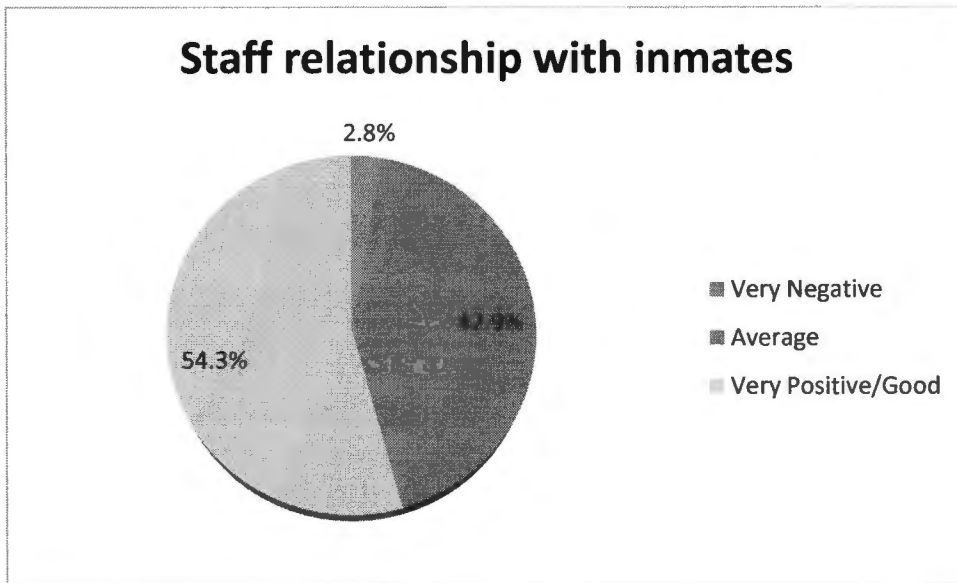
One participant was quoted “I was so shocked to witness one of my roommate been sexually abused by other inmates during the night and I could not report that due to fear of been victimized too.”

According to participants interviewed in this study there are those inmates who are been sexually victimized by other inmates and other don't report the incidents due to threats directed to them by their oppressors. In the reportable incident registers there were only one or two incidents in a year which involve sexual abuse that were recorded were inmates were sexually abused by others. In 2009 one incident of sexual assault was recorded in Mafikeng centre and in 2013 another incident of sexual assault was recorded at Klerksdorp centre. The lowest number in recording the sexual abuse incident might be caused by the fact that inmates are shy to report sexual assault to the officials and this causes the difference in what is been recorded in the registers and what is been reported by the participants. This is to confirm that some of the inmates detained in secure care centres are subjected to sexual abuse from other inmates.

4.2.11. Relationship between staff members and inmates

Participants rated the treatment of staff members starting from average, very positive and very negative.

Figure 7: Relationship between staff members and inmates.



The majority of participants (54.3%) as shown on figure 7 reported that staff members treat inmates very positively because according to participants staff members treat them just like their own children and they always ensure that their basic needs are taken care off. Participants said that staff members respect and treat inmates fairly as they care for them as expected and staff never assault inmates. 42.9% of participants believe that staff treatment towards inmates is average and only 2.8% of participants rated staff treatment as very negative as they favour certain inmates and other staff members even turn blind eye when inmates are been abused by others. These officials chose to take the abuse light and never intervene on the matter. There is no register or documentation in the centre to substantiate what was reported by the participants in stating that there are staff members who discriminate against some inmates.

4.2.12. Family visitation

Inmates are allowed to be visited by family members on daily basis and the table below illustrate the comparison on how often inmates are visited by families and how they personally would like to get visits from their parents.

Table 5: Family visitation

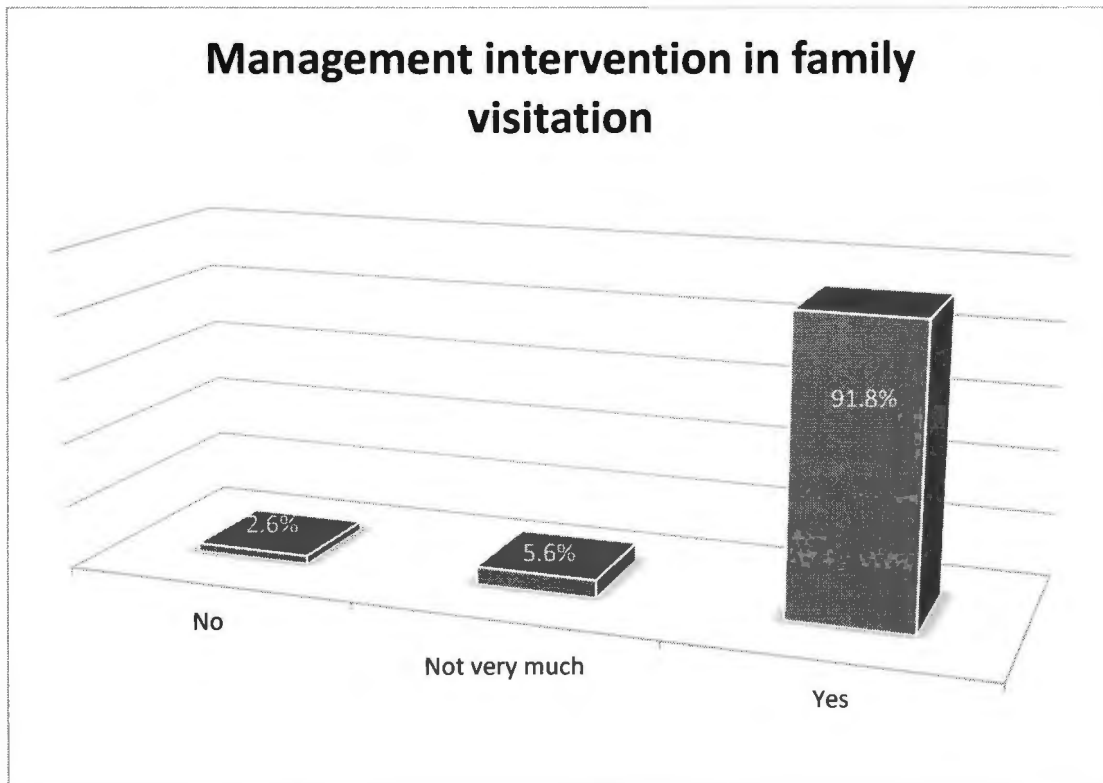
Family visitation	Percentage	Participants' preference on visitation	Percentage
Very often	45.0%	Once a week	34.3%
Often	48.6%	Twice a week	45.7%
Never been visited	06.4%	Once a month	20.0%
Total	100%	Total	100%

Table 5 present that 48.6% of participants reported that they are been visited often by their families and 45% are visited very often by their families. Only 06.4% of participants reported not to have been visited by their parents/families and this is because families do not have sufficient means to visits them as they are detained far away from home. One participant reported that lack of visits from parents is painful because other inmates gets visit from their parents. This sometimes makes him feel that his parents care less about him even though he knows that they have their own reasons not to visit him. The majority of participants 45.7% indicated that they would prefer to be visited twice a week so that they won't miss their families too much. 34.3% of participants in this study preferred to be visited once a week. Only 20% of participants preferred to be visited once a month. In researcher's opinion family visitation plays an important role in helping to reduce stress and the inmates feel that they receive full support from their parents.

4.2.13. Management intervention in family visitation

Participants had different views on the intervention measures put in place to assist those inmates who do not get family visitations. Participants' views are illustrated on the figure below:

Figure 8: Management interventions in family visitation.



According to Department Social Development in Blue print on the Minimum Norms and Standard for secure care facilities in South Africa (2010: 68) one of the major responsibilities of Social Workers in secure care centres is to ensure that the rights of juvenile offenders are protected and to advocate on behalf of the inmates. The social worker stationed in secure care centres must conduct home visits outside the centre for those children who are not visited by their parents. Figure 8 demonstrates that 91.8% participants believe that management is doing enough to assist inmates who are not visited by families. They indicated that Social Workers often arrange home visits for inmates who are not visited by families and sometimes parents are contacted to enquire why they are not paying visits to their children. Management of the secure care centre can also liaise with the Probation Officers to transport parents of inmates who are not visited by their families. Participants also mentioned that management and social workers assist them to telephonically contact their families. 5.6% of participants reported that not much is been done by management to assist inmates and 2.6% was of the view that nothing is been done

by management to make sure that inmates from far are visited by their families. One of the participants said that management only do home visits for inmates who had been in the centre for a period of six months without visit.

4.2.14. Daily programme at secure care centre.

Participants had different views on their daily programme and their views are illustrated as follows:

Majority of participants (57.1%) were satisfied with the daily programme structured for inmates in secure care centres followed by 40% of participants who rated the daily programme as well structured. Only 2.9% of the participants were not happy with the daily programme and stated that sporting activities are very limited. There are sporting activities which are not played or available in the daily programme. The majority of participants rated the recreational activities in secure care centres as adequate enough for inmates followed by 31.4% of participants who reported the recreational activities are just fine.

Participants highlighted that most of played games in their respective secure care centres include soccer, finger board games, cards, pool table, and table tennis. They are also allowed visitors from the community to play games with them over the weekends; games such as indigenous games and football.

According to the policy of the secure care centres juveniles are to be allowed time to participate in recreational activities and this recreational activities form part of the daily programme structured by the management of the facilities. This is also supported by Theron (2000: 07) when he indicated that young persons in secure care centres should be given the opportunity to participate in sport, cultural and recreational activities. No young person should be forced to participate in these activities. Norms and Standards of Secure care centres compiled by Department of Social Development (Department of Social Development, 2010: 101) require that daily programme for inmates must be designed, documented, displayed and implemented as planned. This was verified in the minutes of daily staff meeting. The daily programme starts with

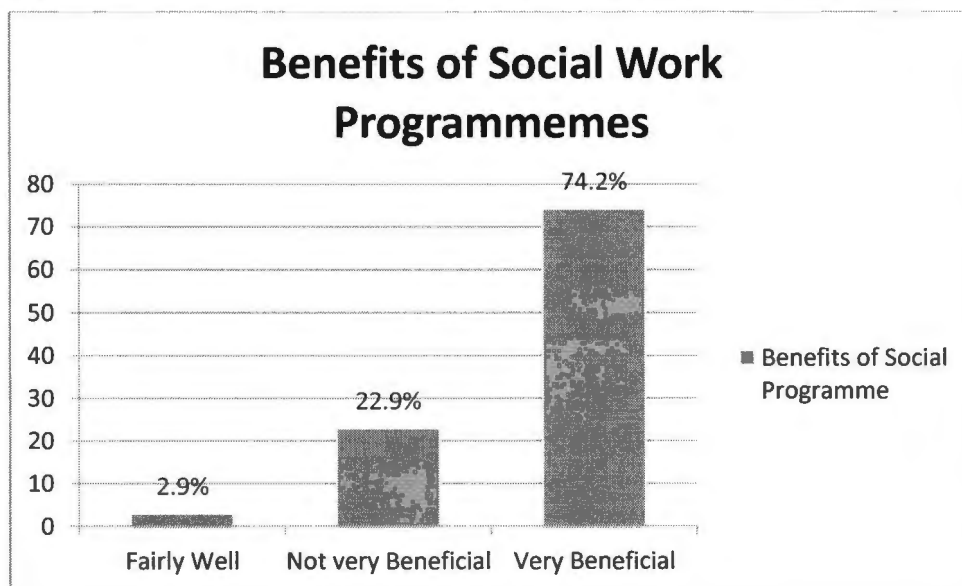
wake up time for juveniles at 05h00am and clearly explain what juveniles will be doing from then until lock up time at 20h30. In this daily programme, recreational activities like cards, snooker, soccer are fitted in the programme.

4.2.15. Social Work Programmes

i) Benefits of Social Work programmes (Casework & Group work)

Juvenile offenders are expected to attend rehabilitation programmes which are offered by the Social Workers and participants had the chance to express their views based on programmes rendered by Social Workers. The responses are illustrated as follows:

Figure: 9 Juveniles' opinion about social work programmes



Children in Secure care centres must participate in structured therapeutic programmes as indicated in their IDPs (Individual Development Plan) the IDP is developed and implemented by social workers. Figure 9 above based on programmes of social works shows that 74.2% of participants evaluated the social work programmes as very beneficial because this programmes help them to cope with their stress and also teaches them on how to handle challenges in life. Participants also believe that social work programmes help them to deal with their anger emotions after been arrested. Despite benefiting from the programmes South African youth are

faced with a challenge of re-offending after their release. In a study conducted at Kroonstad youth centre juveniles there affirmed that they have reoffended and reasons for their reoffending range from peer influence, family circumstances, substance usage and lack of support from family members (January, 2007: 31).

22.9% participants reported that the programmes offered by social workers are not very beneficial to them due to the fact that what is been addressed in programmes do not affect their lives and 2.9% of participants reported that the programmes are fairly well. This is because in their opinion there are those in the facility who attend social work programmes but still bully or abuse other inmates.

Rehabilitation programmes offered by the social workers are the core function of the secure care centre as they aim to modify the behaviour of children in secure care centres. Smith (2003: 02) reported that secure care centres must present juvenile offenders with access to programmes which are designed to help them get out of gangs and crime related activities and from the findings of the study children in the three centres are exposed to different rehabilitation programmes. The reports to department of social development (Portfolio of evidence report & Reporting Tool report) studied by the researcher revealed that inmates in secure care centres are exposed to therapeutic programmes such as Bright Star programme (help juveniles discover their life purpose and how to develop their own personal values), Bridges to life programme (help juveniles understand effects of crime on victims and how offenders can establish inner peace), Matrix programme (substance abuse programme), Sex offender programme (sexual offence treatment programme) and Aggression Replacement treatment programme (programme aimed at helping juveniles manage their anger emotions positively). These programmes are aimed at rehabilitating inmates and are facilitated by the social workers. Programmes are run on Tuesdays and Thursdays from 09h00am till 10h00am; and all inmates both awaiting trial and on diversion get exposed to this programmes.

ii. Contact with Social Workers

Norms and Standards of Secure care centres (Department of Social Development in Blue print on the Minimum Norms and Standard for secure care facilities in South Africa, 2010: 101) expect

inmates to have access to counselling and 59.1% of participants believe that they are allowed to see their Social Workers anytime when they request to see them. There are monthly scheduled counselling sessions for inmates by Social Workers but this does not prevent inmates from making appointments to meet social workers before or after this monthly individual counselling sessions. 25.8% participants cited that they meet their Social Workers twice a month. Only 15.1% shared that they are allowed contact with Social Workers once a month. This is exclusive of meetings which are held with inmates by the Social Workers and the Child & Youth Care Workers once a week. These meetings are Bosberaad meeting which is held on Fridays and Block meeting held in every Monday morning.

4.2.16. Complaint procedure

100% of the participants reported that complaints are been reported to either Social Workers or Child & Youth Care Workers. This can be done privately or during the meetings held with inmates by Social Workers and Child & Youth Care Workers. Participants (90%) reported that there are those inmates who are threatened not to report abuse and because of these threats they don't report fearing to be victimized further if they report the abuse by other inmates. The same percentage also believe that when complaints are been reported they are resolved amicably by the Child & Youth care Workers and the Social Workers. Only 10% of participants reported that sometimes complaints are not been resolved or attended to when reported. This 10% is minority as compared to the 90% of participants who have confidence in the facility complaint procedure. Participants reported that their complaints are taken lightly and never get attended to. According to the policy of Bosasa Youth Centres as management of the three secure care centres there are meetings such as Block meetings and Bosberaad meeting held with inmates once a week to give them platforms for reporting their worries/challenges. It is the policy of the company also for inmates to be inducted by Child & Youth Care Worker and in that process they are been informed of their rights and the complaint procedures that are available to them. In the block meeting and bosberaad meeting register it is clear that concerns raised by children in these meetings are been addressed by social workers and management of the centres. Most of the concerns raised are of youth reporting to be intimidated by others or reporting that their

belongings are been stolen from the lockers. Responsible officials get opportunity to identify such problems and address them immediately after meeting.

4.2.17. Suggestions of participants about secure care centres

More than half of the participants (59.2%) shared that they are satisfied with how the secure care centres are structured and administered whereas 25.7% of participants reported that they could build more secure care centres to accommodate more juvenile offenders. Two Participants in this as centres are better study were quoted saying that the number of secure care centres must be increased than police cells. Minority of participants 15.1% reported that secure care centres must separate inmates with tattoos (active in gangs) from those who do not have tattoos(not active in an gangs). Another two inmates concurred in that inmates with tattoos and those in gangs must be separated or removed from the facility; this is to protect inmates like them who are not in gangs from being bullied, sexually assaulted or physically assaulted by those in gangs. Two participants in this study said that disciplinary measures for inmates who bully and physically assault others must be improved as they feel that those who abuse others are not given enough punishment.

4.3. CONCLUSION

The chapter outlined the data analysis which was collected during the time of study. Research questions of the study were met as the researcher was able to get statistics, feelings and opinions of juvenile offenders detained in secure care centre; also the opinions to information from documents and literature. Problems faced by juveniles while detained in secure care centres include bullying, gangsterism and family visitation problems amongst others.

CHAPTER 5

MAIN FINDINGS AND RECOMMENDATIONS

5.1. FINDINGS OF THE STUDY

The main purpose of this chapter is to review the findings emanating from literature reviewed and empirical research, to discuss conclusions drawn from them and to provide recommendations. The main findings and recommendations are discussed based on the following objectives of the study:

1. To investigate which social problems are prevalent for juveniles in secure care centres;
2. To investigate how these social problems impede on the rehabilitation progress of juveniles; and
3. To determine the effectiveness of intervention measures applied to address social problems faced by juveniles.

The findings of the study have provided answers to its objectives as follows:

5.1.1. Objective number one is on social problems prevalent for juveniles.

❖ Bullying/intimidation of juvenile offenders in secure care centres

The findings of this study revealed that bullying/intimidation between juveniles prevail in the three secure care centres in North-West Province but (37.1%) participants attested to have witnessed or have been bullied personally. Participants also revealed that those who are bullied are those juveniles admitted for the first time and those who do not belong to any gang in the facilities. The findings of the study also demonstrated that juveniles who are active in gangs are the ones who bully and intimidate other juvenile offenders. 62% of participants are saying there is no bullying or intimidation in secure care centres as staff members are supervising juveniles and control juveniles according to induction programme of the facility.

In studying the documents recording incidents that occurred in the three secure care centres in the three years the researcher discovered that there are staff members who sustain injuries from the attacks by inmates. In some instances these juveniles attack staff members with dangerous objects like loose paving bricks, brooms and self made weapons. In one report read by the researcher four inmates attacked a staff member and assaulted him with fists, paving bricks and a broom. Staff member had to receive medical attention. While studying these records in the registers the researcher never came across any report which implicates staff members assaulting or intimidating inmates.

❖ Family Visitation.

This research has discovered that there are different social problems faced by juvenile offenders in secure care centres. These social problems include lack of family visitation due to the distance that the family members have to travel to visit their children. 5.6% of participants are affected by this lack of family visitation and this is caused by the fact that they are detained in institutions far from their homes. 91.8% participants believe that management of secure care centres is doing all it can to assist juveniles who are not been visited by their family members and one of the assistance offered is to take children for home-visits and sometimes Probation Officers are requested by management to transport parents to the facility. 2.6% of participants reported that management of secure care centres is not doing anything to assist juvenile offenders who are not been visited by their parents.

❖ Gangs prevalence in secure care centres

Findings of this study demonstrate that 60% of participants confirmed that gangs prevail in secure care centres and they also disclosed that interviewed respondents constituted a part of the gang members. Majority of participants in this study also reported that they joined gangsters before they were brought to the institution whereas 2% reported that they joined gangsterism while in the facility. Participants believe that most of the fights that occur in secure care centres are fuelled by gangsterism. Findings of the study also demonstrate that juveniles in secure care centres join gangsterism to seek protection as those who are not in gangs are picked on and bullied by others; this was revealed by 48.6% of participants. Some of the participants were of

the opinion that those with tattoos (gang tattoos) must be separated from those juveniles who are not affiliated to any gang so that they can be protected from those in gangs.

❖ Sexual Assault in secure care centres

Even though literature on problems faced by juveniles in detention centres attest that juveniles are sexually abused in these institutions (Kaiser and Stannow, 2010: 02); the findings of this study demonstrate that only one incident in the three years was reported at Klerksdorp secure care centre in 2013. All the participants at Klerksdorp were aware of the incident. This finding is a little problematic as observed in the literature review that the subject of sexual molestation and violence leaves permanent scars on the victim. Admission to the occurrence of sexual violation further reinforces social stigmas associated with such a horrendous violation. It might be suggestive that even the respondents in this question might not have disclosed the entire truth.

5.1.2. Social problems impede on the rehabilitation progress of juveniles.

The findings of the study attest that problems faced by juveniles in secure care centres with specific reference to gangsterism impede on the rehabilitation progress of the juvenile offenders. 57.1% of participants reported that on average gangsterism negatively affect the rehabilitation progress of the juveniles whereas 26.8% participants interviewed reported that gangsterism practiced in secure care centres highly affect the rehabilitation progress of juveniles. According to the participants this is caused by the fact that those in gangs display deviant behaviour and mostly are reluctant to attend this educational or therapeutic programmes offered. Participants were of the opinion that those who attend rehabilitation programmes while actively involved in gangs can at a later stage change and improve on their behaviour.

5.1.3. Effectiveness of intervention measures applied to address social problems.

Findings of this study demonstrate that intervention measured applied by the secure care centres are effective in addressing some of social problems experienced by juvenile offenders. 90% participants reported that when complaints are been reported to Social Workers and Child &

Youth care Workers those complaints are resolved amicably. The very same percentage believe that there are those juveniles who are threatened not to report incidents of abuse and they end up not reporting such incidents to staff members. Findings of the study also share light in that 74.2% of participants evaluated the social work programmes as very beneficial because this programmes help them to cope with their stress and also teaches them on how to handle challenges in life. Participants also believe that social work programmes help them to deal with their anger emotions after been arrested. The majority of participants (59.1%) in this study reported that they are allowed to meet with their Social Workers at any time to report their concerns. The findings of this study also revealed that basic needs (such as meals, shelter, toiletry & linen) of participants are well catered for by the management of the centres and also the health of the inmates are regarded as important as there is a clinic within the premises of each secure care centre. Those with injuries and illnesses are been attended to by the professional nurse stationed at this clinic. Secure care centres have also made available transport to transport juveniles to hospital if they cannot be assisted at the resident clinic.

5.2. RECOMMENDATIONS

Based on the findings above the researcher recommends that:

- Department of Justice together with Department of Social Development to speed up the process of prosecuting juvenile cases to reduce the number of children awaiting trial for longer period of time.
- Detention of juveniles far from their home must be discouraged as this pose challenges to juveniles and their parents when their parents have to visit them. During the interviews held with participants of this study it was discovered that some inmates are not visited by their parents because of the distance where their children are detained.
- Juvenile Offenders must be detained in secure care centres which are not far from their families so as to enable parents to visit their children as often as they can. There must be policy that propels the Department of Social Development to assist parents with

transport for the purpose of visiting their children at least twice a month. This should be for children who are detained far from their families.

- Secure care centres are not optimally utilised because during the study none of three centres was full to its capacity. The three centres have total capacity of accommodating 144 children but during the time of the study only 59 juveniles were detained in the three secure care centres located in North-West province.
- The Child Justice Act no 75 of 2008 stating the rights of juvenile offenders detained in secure care centres should be reviewed and amended so as to make service providers more responsive to the social problems including Gangsterism, Bullying, Sexual abuse & Physical abuse faced by juveniles in secure care centres.
- More research projects to be conducted on the social problems faced by juvenile offenders in secure care centres as a way of developing strategies to combat gangsterism and bullying in secure care centres.
- Specific intervention programmes on how to combat gangsterism in secure care centres must be developed and staff members working in these institutions must be trained on these programmes so as to know how to address/handle issues of gangsterism.
- Children arrested without gang tattoos (not active in gangs) must be protected from those who are active in gangs; they can only be protected by separating them from gangsters within the facilities. This will also help in preventing the spread of gangsterism as gang members use detention facilities as their hunting environment to expand/proliferate their respective gangs.
- Officials to consider gang affiliation of inmates when allocating them in the rooms as juveniles can be abused while locked inside their rooms. The juveniles are allocated

rooms without considering the gangs they are affiliated to and this increase their risks of being abused by other inmates affiliated to different gang than his.

- Supervision of juveniles in secure care centres by responsible staff members must be intensified so as to curb issues such as bullying or intimidation and sexual assault of juveniles in secure care centres. Supervision of inmates to be intensified in a sense that one child and youth care worker should be responsible for four inmates not eight as stipulated in the Norms and Standards of secure care centres. This is to allow officials an opportunity to closely monitor the movements of inmates as a number of eight proves to be large for one person to be able to monitor the movements of inmates.
- Complaints procedure for juvenile offenders in secure care centres to be improved so that juveniles who are been abused won't have to fear reporting incidents of abuse. Those who report abuse within the secure care centres must be assured of intense protection at all times.
- Regulations in the Child Justice Act No. 75 of 2008 stipulate that no physical force interventions to be used when dealing with challenging juveniles in secure care centres but there is no control measure put in place for officials working in secure care centre to control/protect themselves and or other inmates from attacks in facilities. Therefore closely supervised corporal punishment must be authorised in secure care centres to help in controlling inmates when they do not behave according to the rules and regulations of the facility.
- Since officials in secure care centres are dealing with children who are at their adolescent stage; officials need to go for formal training on the psychological/developmental effects of adolescent stage on children. This help officials understand some of the behaviour

portrait by inmates and know how to handle them better.

- Social Workers from the Department of Social Development (Probation Officers) and Social Workers employed in secure care centres must work together to ensure that the children placed in secure care centres are fully rehabilitated and their behaviour is modified. This will be achieved through constant monitoring/visit to secure care centres by Probation Officer to check on the general conduct and progress of children they referred to secure care centres.
- The Social Workers and Probation Officers must join hands in educating families of inmates about positive parenting as families are identified as a primary risk factor where children learn about violent crimes. South Africa is one of the countries faced with a plague of domestic violence and children learn/adopt this kind of behaviour and end up practising at on other children as they get to school and other social places.
- Court Prosecutors (Criminal Justice System) and Investigating Officers (SAPS) to visit in secure care centres formally to monitor general conduct of children they referred to secure care centres. This will deter inmates from partaking in gang activities while in the centres and therefore combat gangsters in secure care centres.
- Rehabilitation Programmes rendered in detention facilities to be revised and evaluated after every three years to check if they are still in line on addressing challenges faced by juvenile offenders in secure care centre and rehabilitating juvenile offenders.

5.3. FINAL EVALUATION

Crime committed by children in South Africa is major concern. There is no death of juveniles reported ever since the three secure care centres started operating in 2007 but there are serious injuries sustained by juvenile offenders and staff members during physical fights fuelled by

gangs. The study has also discovered that there are children who get to be detained far from their families and this makes it difficult for their relatives to visit them. Secure care centres were established to protect juvenile offenders from experienced criminals but in the centres the researcher witnessed juveniles being influenced by experienced juveniles to practice gang activities. Majority of participants believe to be safe in the secure care centres but they still experience social problems. The juveniles trust officials to protect them and the ongoing rehabilitation of children must include special attention into limiting or completely preventing challenges or social problems facing juvenile offenders in secure care centre.

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ANNEXURE A: INTERVIEW SCHEDULE WITH INMATES OF SECURE CARE CENTRES

1. How old are you?

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2. Could please tell me how long have you been in the facility?

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3. What is your opinion about the meals at the facility?

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4. What is your opinion regarding the rooms allocated to you for accommodation?

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5. Do you get visits from your family? If yes (how often do you get visits from your family)?

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6. Would you prefer your family to meet you more often? Why?

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7. To what extend do you think centre management should get involved in your relationship with your family if inmates are not visited by family?

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8. To what extend do you regard this secure care centre safe?

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9. For the period you have stayed here in the facility, how would you evaluate the treatment of the staff members at the facility?

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10. It is believed that there is a daily programme followed: what is your impression about this daily programme?

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11. Share with us your impression regarding the recreational activities in the centre?

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12. What do you benefit from the social work programmes that you attend?

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13. Have you ever witnessed someone being bullied or intimidated in the facility?

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14. In your opinion can you say gangsterism prevail in this facility?

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15. Personally are you part of any gang in the centre? If yes, how and when did you join it?

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16. From your point of view what influence inmates to join gangs in the facility?

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17. According to your experience can you say there are inmates who are forced into sexual intercourse by fellow inmates?

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18. Considering the fact that children are brought here to attend programmes, in what way do you think gangsterism presumed in the facility affect their rehabilitation progress?

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19. Have you personally been intimidated or bullied by inmates?

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20. If children are been intimidated and bullied, what channels do they follow to report such matter?

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21. When inmates are abused in any way and they complain do they get assistance from staff members once complain has been reported?

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22. Are you allowed to meet with the social workers in the centre and what kind of services do they offer to you?

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23. How is your health catered for by the secure care centre?

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24. Is there anything that you think it needs to be improved or changed in this facility?

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ANNEXURE B: PARTICIPANTS CONSENT FORM

Research Title: SOCIAL PROBLEMS FACED BY MALE JUVENILE OFFENDERS IN
SECURE CARE CENTRES IN THE NORTH-WEST PROVINCE.

Name of Researcher: Moumakwa Reggy

Moumakwa Reggy is the Researcher of this project and he is registered with the North-West University for his Master Degree in Social Worker. Purpose of this project is to look into the problems which are experienced by children detained in secure care centres. The researcher would appreciate your participation in this project and you are allowed to ask questions before you commit to this project. Researcher assures you that all your rights as a child will be protected throughout the project.

I, the undersigned person gives consent to participate in this research project. As a child detained in a secure care centre I know and understand that my participation in this project is voluntary and no one has forced me to sign the consent form. I give the researcher permission to interview me and I am willing to share my experiences pertaining to social problems that one can expect in the secure care centre. I trust that my rights as a child will be respected in this project. I also know and understand that my identity will be protected and I have the right to discontinue my participation in this project if I feel threatened or victimized.

Signature

DATE