Risk Factors of Juvenile Delinquents' Post Rehabilitation Relapse: Evidence from Eastern Cape Province, South Africa

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Abstract

This study explored the risk factors of post-rehabilitation relapse among juvenile delinquents in Eastern Cape, South Africa. It is foregrounded on three sociological theories, namely, labelling, differential association and social control. Through snowballing technique, a sample of 35 respondents was drawn from population of parents and guardians in Mthatha whose children had attended rehabilitation. Data were collected by survey (questionnaire) and subsequently analyzed by use of complementary statistical tools. While social rejection (0.806) is the main core frisk factor of post rehabilitation relapse, being male (β=-0.13), younger age (β=-0.349), living in rural area (β=0.223), higher number of siblings (β=0.464) are social attributes mostly associated with post rehabilitation relapse among juveniles. This study recommends post rehabilitation monitoring program that targets the more susceptible social categories as identified in this study.

Keywords: juvenile; deviant behavior; relapse; rehabilitation; South Africa.

1. Introduction

For centuries, imprisonment and whipping of juvenile delinquents have been standard sentences handed down by the courts. Abrahamsom, Baker and Caspi (2002) was of the view that criminal and antisocial behavior is the result of a complex interplay of individual, biological, genetic and environmental factors. Demographic factors in combination with internal factors such as impulsivity, coping skills, and beliefs are essential components in identifying the risk of offense for an individual. Risk assessments are used to identify characteristics in youth and their environment associated with repeated criminal behavior (Chu, Goh & Chong, 2016). Identifying risk factors early may assist in providing interventions that target adolescents who are most in need of preventative measures. Unfortunately, risk assessments cannot consistently identify which particular individuals will become serious or chronic offenders after rehabilitation.

Any country that cares about its children and youth has a responsibility, first and foremost, to identify and address the historical factors contributing to that misbehavior and secondly, it has to identify other causative factors within the current dispensation, which may contribute to such misbehavior (Bezudenhout & Joubert, 2003).There are issues and risks involved in going back to the society and if they go unchecked, there is a problem of re-offending and going back to the diversion centers again. On the other hand, if the unmet needs are consulted,

then the risk of relapsing is reduced. The foremost goal of diversion program is to rehabilitate juveniles so as to change deviant behaviors into those that are socially accepted. In reformatories, rehabilitation techniques and services such as counselling are offered to the juvenile. The aim is to curtail unlawful activities, promote good behavior and create a crime free society by means of rehabilitating those that had been behaving in a delinquent manner. Reintegration into the society is also of great importance, this helps a juvenile to effortlessly fit back into the society and equally function as expected. Although the beliefs of communities and individuals differ as to the intent of the program, others still feel the need for retribution. The impact of diversion programs thus, cannot be ignored as a number of youths having completed the program will re-offend. There are currently no systems in place in South Africa that could assist with the identification of repeated offenders. Understanding crime prevention and management strategies proves a challenge because the effectiveness of delivering the same service to repeat offenders could not be established (Johnson et al., 2007).

- Post rehabilitation relapse among juveniles is a problem in Mthatha area of South Africa.

- The core risk factor of relapse is social rejection of juveniles after their rehabilitation.

- Association with dropouts is a risk factor to relapse.

- Teens below age 15, males, rural children are more at risk of relapse than their counterparts.

- Non-intact and big household size are risk factors of relapse.

- Black children are more at risk of relapse than those of other racial groups.

There are unarguably a number of structures that are in place to manage juvenile antisocial and other delinquent behaviors in South Africa. Eastern Cape is riddled with a wide range of socio-economic challenges such as poverty, unemployment and teenage pregnancy (Macleod & Tracey 2010). Observationally, some of the young offenders incarcerated in juvenile centers come from townships and poor neighborhoods that lack basic social infrastructures that may be capable of keeping the youths off crime and antisocial behaviors. In accordance with the legislation and welfare service of the Republic of South Africa, Juvenile rehabilitation centers are established to provide a multi-pronged rehabilitative support to young offenders in their care. This therefore comes with some expectations from the society on the correctional services to release thoroughly rehabilitated individuals back into the society upon completion of their term. The extent to which these expectations are met through evidence of rehabilitated, stable, crime free individuals, remains a major question that has not been sufficiently answered specifically with regard to Mthatha in the Old Transkei area of Eastern Cape Province. The realization that juveniles who attend these rehabilitation programs do relapse raises some questions on – what might be the main reasons behind them not staying completely off criminal activities upon release into the society and which social categories are more prone to relapse than others. Against this background the present study was conducted to explore and explain the factors that are associated with relapse of those young offenders who underwent the rehabilitation process. The main question then becomes why juvenile delinquents who have undergone the rehabilitation process and have been rehabilitated relapse to delinquent's acts? Specific questions addressed in realization of the main question are: What are the core risk factors of rehabilitation relapse? What is the influence of child's social background on rehabilitation relapse Cause?

2. Theoretical review and orientation

Risk factors to post rehabilitation relapse is primarily grounded in three different theories, namely – Labelling Theory, Differential Association Theory and Social Control Theory. Labelling Theory is sometimes referred to as "social reaction theory" because of its emphasis upon

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society dwells on the individual rather than on the behavior. Becker (1963) makes the point: the central fact about deviance is that it is created by society. Social groups create deviance by making the rules whose infraction constitutes deviance and by applying those rules to particular people and labelling them as "outsiders". According to Sutherland, criminal behavior is learned in the same way as law-abiding values are learned, and that, this learning activity is accomplished, in interactions with others, through a process of communication within intimate groups. Differential Association Theory explains the issue of relapsing as children learn their behavior from others. Delinquent children easily identify with others displaying the same behaviors hence making it easier for them to relapse. Such children also lack close bond with their parents, hence engaging in such behavior is a loud cry for attention.

In Causes of Delinquency, social control theory explains the lack of "bonding to conventional society" (Tim, 2012: 236) as precursor to deviance. Four elements of the social bond include (1) attachment, such as to family, friends, teachers; (2) commitment to attain conventional goals; (3) involvement, such as in school, church, or family activities; and (4) belief or respect for police and laws. Within social control theory, attachment to parents was viewed as most crucial to understanding misconduct. According to Hirschi (1969: 88), "If the bond to the parent is weakened, the probability of delinquent behavior increases, if this bond is strengthened, the probability of delinquent behavior decreases." This theory explains the issue of relapse among juvenile delinquents, in the sense that those who have close relation with their parents, with teachers, have conventional goals, have strong belief in and respect the law are not likely to relapse to delinquents' acts. On the other hand, children who are not involved in church, school activities and are isolated from the society are more likely to behave in a delinquent manner. The combination of these theories; labelling, differential association and social control theory can be used to understand the relapse of children who have previously been rehabilitated at various points in their correction journey.

3. Methodology

The population of this study consists of heads of households of juvenile delinquents who have undergone the rehabilitation process but subsequently relapsed. A sample of 35 respondents who are household head in Mthatha was selected through a snowballing technique. This is due to the nature of the topic of this research, which is not a general problem in the society but a relatively difficult one. Hence, the affected households were targeted and reached accordingly. This study employed a combination of quantitative and explanatory approaches. A structured survey instrument (questionnaire) based on established set of questions in closed-ended Likert scale manner was used to collect relevant data from the selected sample population. All the ethical procedures were followed during data collection exercise and an Ethical Clearance Certificate (No. REC/20a/2018) received from the University authority (Research and Higher Degrees Committee of Faculty of Humanities Social Sciences and Law) before the fieldwork commenced. Collected data were analyzed by use of appropriate statistical tools from the Statistical Package for the Social Sciences (SPSS), after which the descriptive and inferential outputs were presented in tables. Inferential statistical tools, namely - Factor Analysis, One Way Analysis of Variance (ANOVA), T-Test and Regression were employed individually and complementarily. In this study, the -independent variables are "contributing factors," proxy by some social background variables, while the dependent variable is "relapse". Relapse as a domain variable was generated by computation of, or a combination of variables, as used in the analysis. The reliability test confirmed the suitability of the instrument and component variables at a general Cronbach's Alpha Coefficient of 0.769 and a range of 0.732 and 0.794 for specific items.

Majority of participants' children were mainly between the ages 14-18 (60%). There were more males (68.6%) than females 31.6 %. Majority (71.1%) were Black, 20% Colored and 1

(2.9%) other. There were 54.3% and 45.7 % urban and rural residents respectively. While 25.7% were mothers, 42.9% fathers, 31.3% were guardians. More households (45.6%) have 1-3 children, 22.4% have 7-9 children, while only 20% have 4-6 children. There were 60% Non-intact family and 40% intact family.

4. Data analysis and results

4.1 *Risk factors of post-rehabilitation relapse*

Risk factors of post-rehabilitation constitute a combination of social and environmental exigencies that shape the behavior of juvenile delinquents who had attended rehabilitation program. The following results (Table 1) show the predictors or risk factors to post-rehabilitation relapse among juvenile delinquents. With regard to the statement "peer pressure has an impact on the behavior of my child" more respondents (48.6%) strongly agreed that peer pressure has an impact on the behavior of my child, followed by 45.7%, 5.7% disagreed and 0% of respondents who strongly disagreed. Based on the observed Mean (M=3.43, SD=0.608, V=0.370), Chi-Square = 12.057 at p-value <0.05 this means that peers do have an influence to each other as there is a significant difference between respondents' responses on "peer pressure has an impact on the behavior of my child as more parents agreed to this assertion.

On how respondents responded to "my child is adopting deviant acts from one of the family members" 40% of the respondents agreed that their children are adopting deviant acts from one of the family members, 22.9% strongly agreed while 22.9%disagreed and 14.9%strongly disagreed. This means that some children imitate the behavior of their family members and they take them as role models. Mean score, standard deviation, variance was calculated and showed (M=2.71, SD=0.987, V=0.975). Based on the observed Chi-Square statistics of 4.886 which is associated with p-value >0.05; we can conclude that there is no significant difference between respondents based on the causes of post rehabilitation relapse among juvenile delinquents to their responses "my child is adopting deviant acts from one of the family members".

Table1. Responses on risk factors of rehabilitation relapse

	S.D.	D	A	SA	T	$\bar{x}$	σx	σ²	df	χ2	Sig
Peer pressure	0 (0)	2 (5.7%)	16 (45.7)	17 (48.6)	**35 (100)**	3.43	.608	.370	12.057	2	.002
Family deviance	5 (14.3)	8 (22.9)	14 (40)	8 (22.9)	**35 (100)**	2.71	.987	.975	4.886	3	.180
Slow learner	1 (2.9)	14 (40)	13 (37.1)	7 (20)	**35 (100)**	2.74	.817	.667	12.429	3	.006
Regular dropouts	3 (8.6)	7 (20)	20 (57.1)	5 (14.3)	**35 (100)**	2.77	.808	.652	20.200	3	.000
Labelled as failure	3 (8.6)	7 (20)	17 (48.6)	8 (22.9)	**35 (100)**	2.86	.879	.773	11.971	3	.007
Social rejection	1 (2.9)	2 (5.7)	26 (74.3)	6 (17.1)	**35 (100)**	3.06	.591	.350	46.943	3	.000
Attention from our family	3 (8.6)	7 (20)	19 (54.3)	6 17.1)	**35 (100)**	2.80	.833	.692	17.000	3	.001
Exposure to antisocial behaviour	0	6 (17.1)	18 (51.4)	11 (31.4)	**35 (100)**	3.14	.692	.479	6.229	2	.044
Media depictions of drugs	1 (2.9)	3 (8.6)	16 (45.7)	15 (42.9)	**35 (100)**	3.29	.750	.563	21.114	3	.000
Accessibility of drugs	1 (2.9)	2 (5.7)	18 (51.4)	14 (40)	**35 (100)**	3.29	.710	.504	25.000	3	.000
Isolation from community	0	4 (11.4)	17 (48.6)	14 (40)	**35 (100)**	3.29	.667	.445	7.943	2	.019

KEY: S.D: Strongly disagree; D: Disagree; A: Agree; SA: Strongly agree; T: Total; x̄: Mean; Σx: Standard deviation; σ2: Variance; χ2: Chi-square; df: Degree of freedom; Sig: Significance.

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However, more parents agreed or strongly agreed on the influence of one of the family members on deviant acquisition. This means that children can adapt the antisocial behaviours from their family members because they consider what they observe from them as the correct way of behaving.

In relation to the statement "my child is a slow learner and teachers do not adhere with his/her situation" 13 respondents (37.1%) agreed that their children are slow learners and teachers do not adhere with their situation, 7 respondents (20%) strongly agreed while 14 respondents (40%) disagreed and only 1 respondent (2, 9%) strongly disagreed. This shows that many (57.1) children had a problem with academics at school which might lead to low self-esteem. Mean score, standard deviation, variance was calculated and showed (M=2.74, SD=0.817, V=0.667). Based on the observed Chi-Square statistics of 12.429 which is associated with p-value >0.05; we can conclude that there is no significant difference between respondents based on the causes of post rehabilitation relapse among juvenile delinquents to their responses "my child is a slow learner and teachers do not adhere with his/her situation". However slightly more parents agreed that their children slow learning pace and non-adherence of teachers is a risk factor, because when teachers do not adhere with the problem of these children it frustrates them and in turn causes delinquent behavior.

Concerning the statement "my child associated himself/herself with regular dropouts and joined gangs" 57.1% of respondents agreed that their children associated with regular dropouts and joined gangs, 14.3% of the sample agreed, while 20% of respondents disagreed and 8.6% strongly disagree. This means that children who relapsed to delinquent acts have associated themselves with gangs and adopted the behavior of those gangs. Mean score, standard deviation, variance was calculated and showed (M=2.77, SD=0.808, V=0.652). Based on the observed Chi-Square statistics of 20.200 which is associated with p-value <0.05; we can conclude that there is a significant difference between respondents based on the causes of post rehabilitation relapse among juvenile delinquents to their responses "my child associated himself/herself with regular dropouts and joined gangs". More parents agreed that their children's association with dropout is a risk factor because when children are close to dropouts they will learn new techniques of behaving in a delinquent manner even if a child was rehabilitated he can be easily influenced to engage in delinquent acts.

With regards to respondents' responses on "labelled as failure at school led to my child's dropout", the majority of respondents (48.6%) agreed that labelled as failure at school led to their child's dropout at school, 22.9% strongly agreed while 20% disagreed and 8.6% strongly disagreed. Mean score, standard deviation, variance was calculated and showed (M=2.86, SD=0.879, V=0.773). Based on the observed Chi-Square statistics of 11.971 which is associated with p-value >0.05; we can conclude that there is no significant difference between respondents based on the causes of post rehabilitation relapse among juvenile delinquents to their responses "labelled as failure a school led to my child's dropout". Most parents agreed that labelling as failure of their children at school contributed to the relapse of their children. The children now choose to relapse because they lack motivation and engage with other delinquents' foe acceptance knowing they will not be labelled as failure. In relation to the statement "my child is experiencing social rejection because of his/her behavior" few respondents (2.9%) strongly disagreed that their children are experiencing social rejection because of delinquent's behavior, 5.7% disagreed while the majority of respondents (74.3%) agreed and 17.1% strongly agreed. This means that children who are behaving in a delinquent manner feel lonely as they are separated from the society and end up relapsing to delinquent manner. Mean score, standard deviation and variance was calculated and showed (M=3.06, SD=0.591, V=0.350). Based on the observed Chi-Square statistics of 46.943 which is associated with p-value <0.05; we can conclude that there is a significant difference between respondents based on the causes of post rehabilitation relapse among juvenile delinquents to their responses "my child is experiencing social rejection because

of his/her behavior". However, more parents agreed or strongly agreed that their children are isolated by the society, and hence and join group of delinquents where they will be accepted. On the statement "I feel like my child is not receiving enough attention from our family", 54.3 of the sample population has agreed that they feel like their children is not receiving enough attention from family members, 17.1% strongly agreed while 20% disagreed and 8.6% strongly disagreed. This means that children who have been through rehabilitation do not get enough attention from family members which makes them to relapse to delinquent behavior. Mean score, standard deviation and variance was calculated and showed (M=2.80, SD=0.833, V=0.692). Based on the observed Chi-Square statistics of 17.000 which is associated with p-value <0.05; we can conclude that there is a significant difference between respondents based on the causes of post rehabilitation relapse among juvenile delinquents to their responses "I feel like my child is not receiving enough attention from our family", as more parents agreed that lack of attention from families to these children who behave in a delinquent manner is a risk factor, because after rehabilitation juveniles need to receive full attention from families. Lack of attention might cause a child to relapse to delinquent acts again.

With regards to the statement "relapse of my child is a result of exposure to antisocial behavior", 51.4% of the sample population agreed that relapse of their children is a result of exposure to antisocial behavior, 31.4% strongly agree, 17.1% disagree and none of the respondents who strongly disagree. Mean score, standard deviation and variance was calculated and showed (M=3.14, SD=0.692, V=0.479). Based on the observed Chi-Square statistics of 6.229 which is associated with p-value <0.05; we can conclude that there is a significant difference between respondents based on the causes of post rehabilitation relapse among juvenile delinquents to their responses "relapse of my child is a result of exposure to antisocial behavior". However, many parents agree or strongly agree that relapse of their children is a result of exposure to antisocial behavior, which means that when children are exposed to delinquent acts it becomes easy for them to relapse more especially in a society that is disorganized. In relation to the statement "my child is relapsing to deviant acts because of media depictions of drugs" many respondents (45.7% agree that their children are relapsing to deviant acts because of media depiction of drugs, 45.9% strongly agreed, 8.6% disagree and only 2.9% strongly disagree. This means that respondents agreed that media has a negative impact on juveniles and end up using drugs because they copy the behavior from the media. Mean score, standard deviation, variance was calculated and showed (M=3.29, SD=0.750, V=0.563). Based on the observed Chi-Square statistics of 21.114 which is associated with p-value <0.05; we can conclude that there is a significant difference between respondents based on the causes of post rehabilitation relapse among juvenile delinquents to their responses "my child relapsing to deviant acts because of media depictions of drugs", as more parents agreed or strongly agreed that media deception of drugs is a risk factor to relapse. This means that media deception of drugs has a negative impact on relapse of children because these children will want to imitate the behavior of the individuals on media.

On how respondents responded to the statement "my child behavior is affected by the availability and accessibility of drugs" most respondents (51.4%) agreed that their children's behavior is affected by the availability and accessibility of drugs, 40% strongly agreed while few respondents (5.7%) disagreed and 2.9% strongly disagree. Mean score, standard deviation and variance was calculated and showed (M=3.29, SD=0.710, V=0.504). Based on the observed Chi-Square statistics of 25.000 which is associated with p-value <0.05; we can conclude that there is a significant difference between respondents based on the causes of post rehabilitation relapse among juvenile delinquents to their responses "my child behavior is affected by the availability and accessibility of drugs". However, most respondents agreed or strongly agreed that the behavior of their children is affected by the availability and accessibility of drugs. This means that it is easier for juveniles to relapse if they have an access to drugs. In some locations alcohol and drugs are given to children who are under the age of restriction.

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For the statement "my child feels isolated by the community and then chooses to associate with juvenile delinquents" many respondents (48.6%) agreed that their children feel isolated by the community and then choose to associate with other juvenile delinquents, 40% strongly agreed while few respondents (11.4%) disagreed and none of them who strongly disagree. Mean score, standard deviation, variance was calculated and showed (M=3.29, SD=0.667, V=0.445). Based on the observed Chi-Square statistics of 7.943 which is associated with p-value >0.05; we can conclude that there is no significant difference between respondents based on the causes of post rehabilitation relapse among juvenile delinquents to their responses "my child feels isolated by the community and then choose to associate him/herself with juvenile delinquents" as more parents agreed that their children being isolated by the community is risk factor. Being isolated by the community night cause a child to relapse to delinquent acts because a child will not see need to cease the delinquent acts as the society still isolates him/her even after they have been rehabilitated.

4.2 *Factor analysis on risk factors of relapse among juvenile delinquents*

The factor analysis was applied for the identification of the core factors that causes the relapse among juvenile delinquents. The result presents the value of Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO) amounting to 0.581 which indicates that the sample is adequate and allows for factor analysis to be further performed. The approximate Chi-square is 177.626 with 55 degrees of freedom and significance of (p=0.000). This results in the conclusion that factor analysis is considered as an appropriate technique for further analysis of the data.

The result of the analysis indicating the input of each indicator to the causes of post rehabilitation relapse among juvenile delinquents is indicated in (Table 2). Component factor 1 which says "My child is experiencing social rejection because of his or her behavior" accounts for 33.745 % of the variance. This means that children who were rehabilitated from deviant acts relapse mainly because they feel social rejection by the community. This means that social rejection best represents and explains most post rehabilitation relapse among other factors. This is further confirmed in the Factor Loading, where the same factor has the highest interactive loading of 0.806. This means that this is the important component which make juveniles to relapse to deviant acts. When these children feel rejected because of their delinquents acts they do not see the need for them not to behave in a delinquent manner. Therefore, it is important for the community to support children who have been rehabilitated not to reject them.

Table 2. Variance explained and loading matrix for risk factors of relapse

Component	Initial Eigenvalues			
	Total	% of Variance	Cumulative %	Factor Loading
1. Social rejection	3.712	33.745	33.745	**.806**
2. Association with dropouts	2.411	21.914	55.659	**.802**
3. Slow learner	1.258	11.433	67.092	**.686**
4. Media depictions of drugs	1.045	9.500	76.591	**.665**
5. Labelled as failure	.754	6.858	83.449	**.608**
6. Lack of family attention	.568	5.160	88.609	**.589**
7. Peer pressure	.411	3.738	92.347	**.496**
8. Exposure to antisocial behaviour	.352	3.203	95.550	**.453**
9. Isolation from community	.251	2.285	97.835	**.389**
10. Accessibility of drugs	.150	1.361	99.196	**.338**
11. Family deviance	.088	.804	100.000	**.270**

The least important factor that causes post rehabilitation relapse among juveniles is "My child is adopting deviant acts from one of the family members" which accounts to 0.270

(approximately 0.3). However, all the indicators meet the threshold of ≥0.3 acceptance level in the principal component analysis.

4.3 *Influence of selected child's social profile on risk of relapse*

The question that guided the analysis in this section is: What is the influence of child's social background on rehabilitation relapse (Cause)? A simple Linear Regression (Table 4) was calculated to predict influence of head of household's age, gender, place of residence and number children in households on post rehabilitation relapse among juvenile delinquents. Model regression indicated R=0.503, R-Square=0.253, df=4 and f=2.542. From the result, (β=-0.349, P=0.131), Age of a child was found to have no significant influence on risk of relapse, which means that children of different age categories do not statistically differ in terms of the risk of relapse after rehabilitation. Based on the negative Beta risk of relapse is higher for children between age 10-14 than those 15-years and older. Similarly, the results (β=-0.13, P=0.089) shows no significant influence of gender on relapse, which means males and females do not differ in terms of the risk of post rehabilitation relapse. The negative Beta direction towards males indicate that males are more associated to risk of relapse than females. Place of residential location of Child's household, in terms of whether rural or urban does not significantly influence post-rehabilitation relapse (β=0.223, P=0.230), as children from both locations do not differ significantly in terms of relapse possibility.

Table 3. Result of multiple regression on influence of social background on relapse risk

Model		Unstandardized Coefficients		Standardized Coefficients			Correlations		
		B	Std. Error	Beta	t	Sig.	Zero-order	Partial	Part
1	(Constant)	32.139	3.258		9.866	.000			
	Age	-3.094	1.995	-.349	-1.551	.131	.055	-.272	-.245
	Gender	-2.618	1.489	-.279	-1.758	.089	-.243	-.306	-.277
	Place of residence	1.947	1.588	.223	1.226	.230	.275	.218	.193
	Children in household	1.887	.958	.464	1.971	.058	.308	.339	.311

a. Dependent Variable: Causes **R=0.503, R Square=0.253, df=4, f=2.542 and sig=0.060**
Key:
Age: 10 -14 (1), 15+ (2)
Gender: Male (1), Female (2)
Place of Residence: Urban (1), Rural (2)
Number of Children in Household: 1-3 (1), 4-6 (2), 7-9 (3)

The results indicated a positive beta direction towards children living in rural areas, means that children from rural areas are more likely to be associated with higher post rehabilitation relapse than children in urban areas. In relation to the number of children in the households, the calculations indicated no significant influence on risk of relapse (β=0.464, P=0.058), as children from lower and higher number of siblings in the household do not differ significantly. However, the positive Beta confirms that higher number of children in the household pose greater risk for relapse than households with less children. The reason could be that in families with many children parents may fail to recognise the behaviour of each child and to bond with each on individual level.

An independent Sample T-Test was used to determine the difference in terms of causes of post rehabilitation relapse based on family type of the juveniles. The results shown in Table 5 indicate no significant difference (P=0.411), between the types of family juveniles come from. Therefore, family type does not significantly influence post rehabilitation relapse among juveniles. However, with a higher Mean (31.1310) non-intact families are more affected by the causes of post rehabilitation relapse.

Table 4. Independent samples t-test analysis showing difference in the risk
of post rehabilitation relapse based on family type

Family Type	Mean	Std. Dev		t-Value	df	Sig	Mean Diff
Non-intact family	31.1310	4.78159	Equal variances assumed	1.279	33	.411	1.92857
Intact family	29.2024	3.65173	Equal variances not assumed	1.350	32.285		

An ANOVA test was performed to determine the influence race on the risk of post rehabilitation relapse among juvenile delinquents. The result (Table 6) shows no significant variation in the level of post rehabilitation relapse risk based races. However, even though there is no significant variation, the average mean relapse risk is higher for Black race (M=30.6142) than Coloured (M= 30.1071) and other race categories that were not identified (25.2500).

Table 5. Analysis of variance (ANOVA) on the effects of race
on the risk of post rehabilitation relapse

Race	Risk (Cause)mean	Std. dev	Variance	Sum of sq.	Df	Mean sq	F	Sig
Black	30.6142	4.74489	Between Groups	28.304	2	14.152	.715	.497
Colored	30.1071	2.83444	Within Groups	633.568	32	19.799		
Other	25.2500							
Total	30.3595	4.41212			34			

5. Discussions

The results of series of analyses conducted in this study confirmed core risk factors to juvenile relapse after rehabilitation. The most important and core risk factor of relapse is social rejection of juveniles after their rehabilitation, which denies them smooth reintegration into the society. Invariably children who were rehabilitated from deviant acts relapse mainly because they feel social rejection by the community which makes them behave in a delinquent manner again. Experiencing social rejection because of their behavior was found to be a major problem as the responses showed. This is an indication that children who behaved in a delinquent manner will always experience social rejection even if they have been rehabilitated, the society does not consider them as changed individuals. When researchers have examined the positive side of family relations, they have found it to be associated with a reduced likelihood of delinquency. Studies have indicated a positive relationship between affection and involvement and reduced risk of delinquency (Sebastian & Blakemore). In the labelling theory, it says that social groups create deviance by making the rules whose infraction constitutes deviance and by applying those rules to particular people and labelling them as "outsiders". Children behave in a delinquent manner

because they are labelled as delinquents by the society even after they have been rehabilitated. The study also found that children associated themselves with dropouts and joined gangs. The impact of substance abuse on the lives of adolescents is not solely restricted to delinquent behavior, which has led criminal justice agencies to dedicate enormous fiscal and human resources to this important issue. Substance abuse has been linked to poor school performance, physical and mental health problems, problematic peer involvement and poor family relations (Hoffmann & Dufur, 2008). Being slow learner invariably was identified as an important factor in relapse. This is an indication that children ended up choosing to behave in a delinquent manner because of frustration of becoming academic failures are failures, which supports the previous finding of Herrenkohl et al. (2003: 223), Hirschfield and Gaper (2011), and Gottfredson (2001), who revealed the connection between poor school achievement, low commitment to school, teacher – student conflict and high risk of juvenile delinquency. These categories of pupils are contrast to the educationally committed ones who are less inclined to all sorts of juvenile delinquency and anti-social behavior (Hoffmann & Dufur, 2008). From a different perspective, Media's deceptive depiction of drugs and related substances also contributed immensely in the juveniles' struggle to stay off delinquent activities after rehabilitation. A number of respondents (88.6%) agreed that their children are relapsing to deviant acts because of media depictions of drugs coupled with living in poor and dangerously described neighborhood, which sometimes predispose children to criminal behaviors of different sort (Borden, Perkins, Cartelon, Stone & Keith, 2011).

Labelling not only contribute in sustaining the delinquent behavior but in the case of this present study has damaged the possibility of the juveniles charting a new course in their lives. Based on the children labelled as failure at school led children to associate themselves with others labelled as failure. This is an indication that children who feel that they are labelled as failure they show low self-esteem and decide to join others who are labelled as failures. However, these children will want to prove to the world that they are able to do something and decide to form gangs and behave in a delinquent act. One major influence on juvenile delinquency is deviant peer affiliation in which many juveniles are considered vulnerable because they are easily influenced to become involved with delinquent behavior (Gottfredson & Hirschi, 1990). Juveniles often select peers based on prior similarities with important attributes and behaviors and peers can influence and encourage other juveniles to engage in similar behavior, including delinquency. Peers who are antisocial may foster deviant behavior through direct peer pressure or deviancy training (Deutsch, Crockett, Wolff & Russell, 2012). Direct peer pressure can also establish social norms that encourage antisocial behavior towards each other.

Family system, though not identified as either nuclear or extended, intact or non-intact was implicated in the juvenile's relapse after rehabilitation, which may be due to lack of attention from the significant others. However, our study found that children from non-intact homes are more at risk of relapse than their counterparts from intact homes. A very large numbers of respondents (71.4%) agreed that they feel that their children are not receiving enough attention from their family members and friends. This is an indication that children are neglected by the most important people in their lives which makes them to become lonely and chose to relapse to delinquent acts and join people who will give them attention. Parental supervision, affection for the parent and consistent and continuous discipline are the most important protective factors in promoting the resilience of youth at risk and reducing the chances of their associating with delinquent peers. Harmonious family relations and a good relationship with parents offer protection against delinquency at all ages, and among boys as well as girls.

This study also revealed the substantial influence created by peer pressure in contributing towards relapse. A large number of respondents (94.3%) agreed that peer pressure has an impact on the behavior of their children. This means that rehabilitation process might be effective to a child although they can relapse to delinquent acts because of peer pressure and involvement in delinquent peer group, which are found to be stronger risk factor than parental

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alcohol consumption (Lipsey & Derzon, 1998; Derzon & Lipsey, 2000). With the youth aged 12–14, being a key predictor variable for delinquency, as also found in this present study. "Peer delinquent behavior, peer approval of delinquent behavior, attachment or allegiance to peers, time spent with peers, and peer pressure for deviance have all been associated with adolescent antisocial behavior" (McCord, et al. 2001: 80). In connection with peer pressure, the majority of respondents (82.8%) agreed that relapse of their children is a result of social exposure to antisocial behavior. Existing research points to a powerful connection between residing in an adverse environment and participating in criminal acts (McCord, et. al. 2001), as sociological theorists such as Howard Becker and Edwin Sutherland had earlier argued. The concomitant exposure of children to antisocial behaviors further results in isolation from the non-deviant members of the society, which further pushes them towards relapse mode validates the Differential Association Theory, as was propounded by Edwin Sutherland. A very large number of respondents (88.6%) agreed that their children feel isolated by the community and then choose to associate with other juvenile delinquents.

In sought for the social background profiles determinant of relapse, the simple linear regression revealed that children from 10-14 years are more associated with risk of post rehabilitation relapse among juvenile delinquency, than those from 15 years and above (Lipsey & Derzon, 1998; Derzon & Lipsey, 2000), males are the ones that are most likely to influence the risk of post rehabilitation relapse than females, and children from rural areas are more likely to be associated with the causes of post rehabilitation relapse than children in urban areas. Children who are living in rural areas are more likely to be at risk of relapsing because in the rural areas' children live with guardians and others are living with their siblings which makes it easy for them to relapse to deviant acts after they have been rehabilitated. Parents from rural areas migrate to urban areas to find jobs. The results indicated that households with many children are more likely to be associated with the causes of post rehabilitation relapse than those coming from household with few children. The reason could be that in families with many children parents do not recognize all the behavior of each child and children have an opportunity to behave in a delinquent manner.

6. Conclusion and recommendations

The results revealed that peer pressure is the most risk factor that affect juvenile delinquents to relapse to delinquents' acts, media depictions of drugs, accessibility of drugs and isolation from the community makes juvenile to relapse to delinquent's acts. Factor analysis revealed social rejection of a juvenile as the core factor that causes a child to relapse. Males, children from rural areas, households with many and children from 10-14 years are more likely to be associated with relapse. The following recommendation are based mainly on the findings of the researcher about the risk factors to post rehabilitation relapse among juvenile delinquents in Mthatha, Eastern Cape:

- The society and families should be educated on rehabilitation process so that they can accept individual who are rehabilitated and not reject them.

- The schools and teachers should emphasize on dealing with children who are not performing well at school and try to get to the source of problem with a child.

- Community reintegration programs should therefore target the identified risk categories by this research, though without neglecting other social categories.

- Further larger scale research is recommended to validate or challenge the findings of this study

- Post rehabilitation monitoring program is required to keep track on the behaviours and reintegration challenges of the rehabilitated juveniles, especially in the rural areas.

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