

An investigation into parental attachment, child protection strategies and other risk factors associated with delinquency and criminal behaviour among young offenders in the UAE

دراسة في اثر عوامل الارتباط الاسري واستراتيجيات حماية الأطفال وأهمية العوامل الأخرى
في جنوح الأحداث

By

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ABSTRACT

Child protection has progressively developed into a significant priority for the UAE culminating in a range of strategies and measures to protect vulnerable children and atrisk groups. In recent years the UAE has formed a national Committee for Child Protection,

acceded to key international conventions protecting the human rights of children, and legislated for new police powers to enhance child protection. This study addresses the lack of research in the Gulf and UAE on the relationship between relevant risk factors and juvenile delinquency. It is envisaged that identifying core needs of those exposed to early childhood trauma may support the design of appropriate policies on child protection.

The study aimed to present a significant theoretical insight on how multiple risk factors and/or negative exposure predict or contribute to offending and reoffending behaviour. The research undertook a qualitative mixed methods approach to investigate the association between childhood risk factors (early child-parent separation, neglect and abuse, posttraumatic stress disorder (PTSD), trauma of sexual abuse, maternal deprivation and family discord) and juvenile delinquency. Data collection was based on four samples of juvenile delinquents remanded in various rehabilitation care centres in the UAE.

Findings indicate that in relation to maltreatment 46.7% of juvenile delinquents (n=107) had experienced physical abuse by older adults. A further 20.6% had been subjected to sexual or attempted sexual abuse and 31.8% experienced familial neglect in relation to care. Post-traumatic stress disorder (PTSD) symptoms were acutely manifested among 36.5% of the sample (n=114) with an additional 14.8% suffering chronic PTSD reactions. Delayed PTSD onset was suffered by 5.2% of the sample while 43.5% were found to be PTSD negative. In relation to parental attachment, juvenile delinquents (n=111) indicated a marginally stronger attachment to their mother than to their father.

An examination of the link and legacy impacts of early physical and sexual abuse on behaviour, attitudes and feelings of young offenders (n=45) found that 44.44% had experienced sexual abuse in childhood in the majority of cases by familiar adults. These experiences incurred residual feelings of sadness, shame, anger and distrust of others. Most of these victims further demonstrate low self-esteem and suffer anxiety and nightmares in addition to other trauma reactions such as violent behaviour, stealing and use of drugs.

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DECLARATION

I, Nasser Al-Nuaimi, do hereby declare, certify and affirm that the work presented in this thesis is original. It has never been presented to any other university or institution. Some of the ideas used in this research have been taken from other authors to help support my views and these have been duly acknowledged. In this regard, I declare this is my original work. It is hereby presented for fulfilment of the PhD award requirements.

Signed: Nasser Al Nuaimi

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Signed: Amer Hosin

Date: 3.2.2014

DEDICATION

To all children who are deprived of the care and warmth of secure parental attachment.

To Sager, Saif, Rashid and Faisal.

CONTENTS

Page No.

Abstract	2
Acknowledgements	5
Declaration	6
Dedication	7
List of Tables.....	10

CHAPTER 1: INTRODUCTION

1.1 Introduction and aims.....	
12 1.2 Efforts of Ministry of Interior and the author's scope and influence on the strategic development and initiative on child protection policy in the UAE.....	14
1.3 The establishment of the Child Protection Centre.....	
19	
1.4 Implementation, review and evaluation of projects and initiatives allocated to the Mol Child Protection Centre	22
1.5 The legislative workshop and the legislation of child protection law.....	22
1.6 Exercise for monitoring the persons sharing or distributing child pornography files via peer-to-peer networks (P2P).....	23
1.7 Abu Dhabi Police initiative 1-I29 concerning activation of units specialised in dealing with child abuse issues and interrogation of suspects.....	24
1.8 Integrated electronic system project for child protection.....	25

CHAPTER 2: LITERATURE REVIEW

2.1 Review of the relevant literature	28
2.2 Definition and the main characteristics of juvenile delinquency.....	29
2.3 Size of the problem and main prevalence.....	30
2.4 Prevalence.....	31
2.5 Juvenile crimes in the UAE 2005–2007.....	34
2.6 Theories of juvenile delinquency.....	43
2.7 Main aetiologies of juvenile delinquency.....	51
2.8 Neurobiology and genetics	52
2.9 Family influences.....	54
2.10 Peer pressure	59
2.11 Media influences.....	63
2.12 The school influence.....	64
2.13 Socio-economic status (SES).....	66
2.14 Use of illegal drugs.....	68
2.15 Post-traumatic stress disorder (PTSD).....	69
2.16 Individual factors	71
2.17 Assessment of juvenile offenders	75
2.18 Measures used for reduction of youth crimes.....	78
2.19 Primary level	81
2.20 Secondary level	83
2.21 Tertiary level	91
2.22 Political models of crime prevention	95
2.23 Intervention	97

2.24 Policies in the UK	100
2.25 The UN Convention on the Rights of the Child and Prevention of Juvenile Delinquency....	103
2.26 Concluding remarks.....	107
CHAPTER 3: RESEARCH METHODOLOGY	
3.1 Introduction	112
3.2 Design.....	114
3.3 Participants	116
3.4 Data collection instruments	117
3.4.1 The Children's PTSD Inventory.....	117
3.4.2 Parental Attachment Questionnaire (PAQ).....	118
3.5 Data analysis and procedure	119
3.6 Materials.....	120
3.7 Ethical considerations.....	121

CHAPTER 4: RESULTS AND KEY FINDINGS

4.0 Part I: Result of the quantitative study	124
4.1 Health-related matters and morbidity	127
4.2 Schooling, achievement and being referred to social services during early and late childhood	131
4.3 Family matters and relationships.....	134
4.4 Results of family income and participants' social economic status (SES)	135
4.5 Results of rate of family divorce among the samples	136
4.6 Juvenile delinquent family background and previous conviction	138
4.7 Association with their peer group.....	139
4.8 Internet use and abuse	141
4.9 Early childhood trauma and post-traumatic stress disorder (PTSD) level among juvenile delinquents participating in this study.....	151
4.10 Part II: Result of the qualitative study and the reactions of sexual abuse trauma experience among young offenders	160
4.10.0 Introduction	160
4.10.1 Method: Participants.....	161
4.10.2 Qualitative case example accounts on the link between delinquency, sexual abuse experience, behaviour, attitudes and feelings of victims.....	163
4.10.3 Discussion.....	176
4.10.4 Recovery from stress reactions.....	179

CHAPTER 5: DISCUSSION AND CONCLUDING REMARKS

5.1 Introduction and main highlights.....	180
5.2 Reviewing local child protection policies and recommendations relating to child victims of physical and sexual abuse	188
5.3 The role of social support, national child protection services (CPS) and relevant policies in the UAE.....	190
5.4 Chapter summary and concluding remarks	192

REFERENCES	195
-------------------------	-----

APPENDICES A- K	226
------------------------------	-----

- A. Ethics approval letter
- B. Young Offenders Questionnaire (YOQ)
- C. Participant information sheet
- D. Participant consent form
- E. Debriefing sheet for participants
- F. Information sheet for manager of the rehabilitation centre
- G. Collaborating organisation approval to be signed by the manager
- H. Information sheet for parent/guardian
- I. Parent/guardian consent form
- J. Parental Attachment Questionnaire (PAQ)
- K. Children's PTSD Inventory

List of Tables

- 1.1 Examples of recently attended staff development workshops and conferences that have been attended by child protection team members
- 2.1 Number of juveniles arrested as per month and Emirate for the year 2005
- 2.2 Number of juveniles arrested as per Emirate and according to some demographic variables for the year 2005
- 2.3 Numbers of juveniles arrested during 2005, age and other demographic variables 2.4 Number of juveniles arrested as per accusation (nature of crime) and Emirate for the year 2006
- 2.5 Number of juveniles arrested as per Emirate and according to some demographic variables during 2006
- 2.6 Number of juveniles arrested during 2006 and according to some demographic variables
- 2.7 Number of juveniles arrested as per month and Emirate for the year 2007
- 2.8 Number of juveniles arrested during 2007 as per Emirate and according to some demographic variables
- 2.9 Number of juveniles arrested as per month and according to some demographic variables for the year 2007
- 2.10 Summary of crime prevention target: two-dimensional typology of crime
- 3.1 Sample profile
- 4.1 The main participants included in this study, their age, level of education, health and well-being, place of residence and birth
- 4.2 Type of accommodation and living environment of main participants of this study
- 4.3 Number of individuals in the family household of participating sample
- 4.4 The health and morbidity of the participating sample
- 4.5 Early childhood care and treatment experience received by participants in the sample

- 4.6 Level of parental abuse and maltreatment that the juvenile delinquents received from their parents and family
- 4.7 Expressed feelings of the participants in relation to needs satisfaction, deprivation and being unfairly treated within the family
- 4.8 Schooling matters and referral to social service of the two subsamples included in this investigation
- 4.9 Participants' level of problems with teachers and peers as well as attendance and their desire to continue schooling and/or education
- 4.10 Average family members or family size that related to both subsamples of participants employed in this study
- 4.11 Results of relevant father relationships (multiple marriage) and time spent with offspring participants involved in this study
- 4.12 Both subsamples' responses to income and daily expenses
- 4.13 Family divorce rate among participants of both subsamples included in this investigation
- 4.14 Home restrictions imposed on participants in this study and trend level of leaving home early among both subsamples
- 4.15 Criminal records and alcohol consumption among members of delinquents' families
- 4.16 The influence of friends and peer group on juvenile delinquent behaviour
- 4.17 Friends' influence on juvenile delinquent behaviour
- 4.18 Level of exposure to Internet websites of both subsamples
- 4.19 Criminality and conduct behaviour among juvenile delinquent participants
- 4.20 Factors influencing the criminal behaviour of juvenile delinquents participating in this study
- 4.21 Anticipated reactions by family and community
- 4.22 Duration and time spent in rehabilitation care centre by inmates
- 4.23 The view of inmates towards the official staff working in the rehabilitation detention centre
- 4.24 Expressed view on the rehabilitation measures in the services provided to inmates in juvenile care centre
- 4.25 The usefulness of educational (measures) programmes as viewed by detained inmates during the rehabilitation period
- 4.26 The view of inmate juvenile delinquents on complaints and parental notification
- 4.27 Main reasons for violating the law as viewed by juvenile delinquents participating in this investigation

- 4.28 Daily activities performed by juvenile delinquents while on remand in rehabilitation care centre
- 4.29 Inmates' view of the weekly and monthly visits arrangements
- 4.30 The results of the impact of early childhood exposure to traumatic events on participants
- 4.31 Situational reactivity of participants to traumatic events
- 4.32 Participants' level of re-experiencing the traumatic events
- 4.33 The numbing experience among participants taking part in this investigation
- 4.34 Arousal PTSD reactions experienced by some traumatised participants
- 4.35 The level of distress experienced by the sample
- 4.36 Participants' profile and their relationship with their parents
- 4.37 Participants' level of attachment to parents
- 4.38 Responses of participants to various statements of PAQ with mean scores of each statement for both parents
- 4.39 Outcomes of t-test comparison for participants who prefer close socialisations with mothers or fathers
- 4.40 Participants' responses to various statements of PTQ
- 4.41 Expressed feelings of participants following time spent with parents as reflected by mean scores and SDs
- 4.42 Expressed feelings of participants as reflected by statements
- 4.43 Participants' responses when facing a problem
- 4.44 To whom participants turn for help during difficult time
- 4.45 Mean scores of participants' responses while seeking help from parents
- 4.46 Participants' response while seeking help from parents as reflected by several statements of PAQ
- 4.47 Overall mean scores of participants' responses to various statements in PAQ and t test outcomes
- 4.48 Reactions of sexual abuse experience by members of the sample participating in the study

CHAPTER 1 INTRODUCTION

1.1 Introduction and aims

The present study has used the mixed methods research paradigm (Bryman, 2006; Creswell & Plano Clark, 2011; Plano Clark & Creswell, 2008; Tashakkori & Teddlie, 2010; Teddlie & Tashakkori, 2009). It is designed to investigate various risk factors which relate and/or contribute to juvenile delinquency among a sample of young offenders in the UAE. Some of the risk factors which will be addressed include family discord, childhood trauma, maternal deprivation and post-traumatic stress (PTSD influence), peer pressures and other individual risk factors such as early child-parent separation, insecure attachment, neglect and abuse. Focusing on the latter, previous studies (Coleman, 2005; Everett & Gallop, 2001; Greenwald, 2002) have suggested that mental health problems, maternal deprivation, insecure attachment, moderate to severe childhood abuse and maltreatments including sexual abuse were significantly associated with delinquency. In fact some of these studies, including Coleman (2005), noted that a majority of juvenile offenders have one or more mental disorders. Coleman (2005), for example, stated that 20–30% of juvenile offenders have a severe mental disorder including mood disorders and PTSD and around 40% meet criteria for special needs education. Focusing on PTSD, females were found to suffer six times higher than their male counterparts, and also to suffer from anxiety disorders (see Wood et al., 2002a).

As well as exploring early deprivation, separation, trauma, maltreatment, abuse and its impact on the juvenile experience among a sample of young offenders detained in various rehabilitation care centres in the UAE, the main goal of this research project is to examine how such risk factors and/or negative exposure have an impact on behavioural problems and thus contribute to the offending and reoffending experience, the ‘juvenile delinquency’, of the examined young detained individuals. This research work will also shed some light on the related theoretical frameworks including Bowlby’s attachment theory and the ‘maternal deprivation hypothesis’ (1988, 1998), as well as Mary Ainsworth’s Internal Model and their links (association) to delinquency (Meloy, 2002).

Previous research work on antisocial behaviour (Jaffee, Caspi, Moffitt, & Taylor, 2004; Muller & Diamond, 1999) has identified abuse as an environmentally mediated factor and hence strong predictor for delinquent and aggressive behaviours. The long-term consequences of this form of childhood trauma have also been associated with violent criminal behaviour, PTSD and other emotional problems (see Malinosky-Rummell & Hansen, 1993).

What makes the present research investigation unique and unrivalled is the fact that to date and despite the voluminous research work conducted in the West on this area, there has been no single empirical mixed methods research work conducted in the Middle East and the UAE on juvenile delinquency, and its relevant association with childhood trauma, abuse and other similar risk factors. It is worth noting, however, that this study will also integrate those protective factors such as the local traditional culture and other child rearing practices which promote resiliency and enhance child development.

The main questions that are addressed in this research investigation are as follows:

- (i) To what extent do early childhood deprivation and negative experience including child-parent separation, maltreatment, abuse and other traumatic exposure impact on developing children, and thus increase the likelihood of challenging behaviour and juvenile delinquency?
- (ii) Are there any associations between insecure attached characteristics, neglect, maltreated children and juvenile delinquency?
- (iii) Are detained and reoffending juvenile delinquents in the UAE more likely than others to have experienced insecure attachments, suffered separation, neglect or child abuse during their formative years?
- (iv) Do juvenile delinquents (male¹) detained in the UAE suffer any level of post-traumatic stress symptomology?

It is hoped that the research findings emerging from this mixed design investigation will offer assistance in identifying the mental health needs of children who have been exposed to early childhood trauma; and hence address appropriate policies and future strategies for this fast growing and developing area.

Given the importance of local laws and the strategic legislation on child protection that the UAE has adopted so far – and before discussing the literature review – it is worth devoting

¹ Due to local cultural sensitivity, procedural and access difficulties, individual females were not able to participate and therefore are not included in this study.

some space here to highlighting UAE efforts to protect vulnerable children and hence prevent juvenile delinquency and reduce general crime. Looking at the various efforts and the recently published strategic plan 2012–2016 of Ministry of Interior (MoI) and Abu Dhabi Police, it seems some considerable work is already underway to develop a safer society. For example, their mission statement in the above stated that '*our purpose is to bring about a safer society, to maintain stability, to reduce crime and contribute to the delivery of justice in a way which secures and maintains public confidence*'. The first priority objectives of the AD Police GHQ Strategy (2012–2016) included crime control (ADP1) and the following goals:

- ✓ **Crime detection**
- ✓ **Crime prevention ✓ Making the best use of intelligence ✓ Developing a world-class forensic capability ✓ Maintaining a well-managed effective organisation with best possible service to community (ADP4)**

It is worth noting that devising plans and laying down the strategic basis (i.e. targets, priorities, performance and visions) for the police GHQ are significant steps towards winning public confidence and achieving the goal of a safer society.

1.2 Efforts of Ministry of Interior and the author's scope and influence on the strategic development and initiative on child protection policy in the UAE

The UAE, since its establishment in 1971, has been seeking to make human rights in general, and the rights of children in particular, a matter of top priority. This work has been done first through the development of initiatives, and through organisational involvements in various local and international conferences aiming to explore the most effective means of developing a child protection system that promotes the rights of all children in the UAE and region.

The author of this thesis, in his post of the Secretary-General of the Office of the Minister of Interior was the first to pay considerable attention to the fact that the UAE, as a signatory to the United Nations Convention on the Rights of the Child (UNCRC) needs to follow up on the various local and international reports and recommendations related to children being protected from all recognised risks and potential threats. In order to develop an integrated system for the protection of children nationwide, the author of this thesis has exerted continuous effort to develop strategic partnerships, both internationally and locally, to assist in the development of such a system. The UNCRC is a human rights treaty exclusively covering the civil, economic, social, health and cultural rights of children. The governments of several countries have ratified the Convention and opened it for signature on 20 November

1989. It came into force on 2 September 1990, after it was ratified by the required number of nations. Currently, 193 countries are part of the UNCRC.

Some of the most important contributions relevant to this issue and in the field of child protection include:

- i. The UAE became a signatory to a number of international conventions and treaties such as the United Nations Convention on the Rights of the Child; and the International Labour Organization Convention No. 182 on child labour.
- ii. Prevention of human trafficking (especially of women and children) and combating organised crimes across international borders (Palermo Protocol).

The author of this thesis has also actively encouraged the implementation of the provisions of each of the above protocols and conventions nationally. Building on the commitment of the UAE to protect children from the potential risks of using the Internet and various forms of digital media, the UAE on 9 March 2010 become a board member of the Virtual Global Taskforce (VGT) to protect children at risk and combat online child abuse around the world.

The author was appointed to be the representative of the UAE on the VGT Board of Management. By virtue of its having taken this step, the UAE affirms its full commitment to maintain the care, safety and security of children not only in the UAE but across the world.

Present members of the Virtual Global Taskforce (VGT) include:

- i. The Australian Federal Police.
- ii. The Child Exploitation and Online Protection Centre in the UK.
- iii. The Italian Postal and Communication Police Service.
- iv. The Coordination Centre for Domestic and International Online Child Exploitation, Royal Canadian Mounted Police
- v. The US Department of Homeland Security (DHS)
- vi. Europol (the law enforcement agency of the European Union)
- vii. Interpol
- viii. The Ministry of Interior (United Arab Emirates); and
- ix. New Zealand Police.

The United Arab Emirates, as a nation, is keen to participate and be effectively involved in the activities of the VGT worldwide. Hosting the 5th VGT conference held in Abu Dhabi was an example of such keen involvement.

The 5th Virtual Global Taskforce VGT Conference UAE 11–13 December 2012

During the period 11–13 December 2012 the UAE hosted the 5th VGT annual conference in Abu Dhabi with the aim of combating online sexual exploitation of children. The Conference theme was ‘International Collaboration: An Enabler for Prevention’. The conference focused on the impact of sexual abuse on children, and offered a unique opportunity to brainstorm and share ideas with the representatives of the participating agencies and institutions. In addition, the attendees explored new methods and techniques for combating online sexual exploitation of children. They explored change through strategic partnerships, and cooperation with the relevant industrial organisations as well as the public and private sectors.

Overall, the main issues addressed by the conference included the following:

- The dynamics of online victimisation and victims' narratives as an enabler for prevention.
- The risks associated with child sexual exploitation investigations and the consequences of falling victim to these crimes and the importance of establishing protocols.
- Agreed behavioural rules for viewing child abuse documentary evidence.
- The importance of behaviour analysis in the investigation of sexual offences against children.
- Understanding the legislative framework and the gaps that need to be bridged with legislation.
- Comprehensive review of technologies used by offenders and the type of future technology needed to combat this threat.
- Advantages of ‘blocking’ compared with final takedown.
- Mandatory reporting and the reasons for its success.
- The importance of cooperation to combat this type of crime.

The impact of the Virtual Global Taskforce (VGT) and the international cooperation strategy.

Addressing this conference, the UAE representative in his keynote speech emphasised the desire of the UAE to be recognised as an example to be emulated in the region regarding child protection and safety and spoke of the importance of collaboration to create an effective

international partnership for the sake of protecting children from potential risks across the globe. He added that we are all duty-bound to move forward to complete the previous efforts and to protect the future generations from all harms.

The UAE Ministry of Interior, represented by the MoI Child Protection Centre, is fully committed to realising the VGT goals of making the Internet safer and holding the perpetrators of crimes accountable for their actions. Delegations from various parts of the world attended this important conference including representations from Saudi Arabia, Bahrain, the United States of America, the United Kingdom, Interpol, Europol and with several teams representing Arab countries and the UAE.

Overall, the VGT was created in 2003 as a direct response to lessons learned from investigations into online child abuse around the world. Members represent a group of law enforcement agencies from around the world working together to fight child abuse online. The aim of the VGT is to build an effective, international partnership of law enforcement agencies to help to protect children from online child abuse.

The objectives of the Virtual Global Taskforce are:

- to make the Internet a safer place;
- to identify, locate and help children at risk; and
- to hold perpetrators appropriately to account.

Focusing on legislation and promotion of child protection committees and related effort, the Ministry of Interior was among the first to call for the formation of the National Committee for Child Protection. The committee was formed by virtue of Ministerial Decree No. 240 in 2010. The author of this thesis was appointed chairman of this committee. The committee is made up of a range of organisational representatives including Ministry of Justice, police, Ministry of Social Affairs, Abu Dhabi municipalities, Ministry of Education, and representatives from the Ministry of Health and other non-government organisations. The following organisations are included in the National Committee for Child Protection:

- The Ministry of the Interior
- The Ministry of Justice
- The Ministry of Social Affairs
- The Supreme Council for Motherhood and Childhood

- The General Women's Union
- The General Authority for regulating the Telecommunications Sector
- Emirates Identity Authority (EIA)
- Emirates Telecommunications Corporation (*Etisalat*)
- Family Development Foundation

The established National Committee of Child Protection tasks include:

- Considering the establishment of a Child Protection Centre to address all matters related to the safety and security of children including crimes committed against children in the home and in the community or by using modern means of communication.
- The development and the implementation of policy and guidance that relates to the investigation of child abuse and monitoring practice of investigation of such crimes.
- Monitoring police response to online child exploitation, including crimes of sexual exploitation.
- Monitoring police and law enforcement response to violations of the law committed in Internet cafés and on public networks.
- Promoting awareness of the best usage of the Internet at household and individual levels.
- Development of partnership with media and academic agencies to promote awareness of the seriousness of information technology crime, especially crimes related to online sexual exploitation of children.
- Monitoring police response to any dubious online transactions related to child exploitation, including financial transactions, to ensure perpetrators are identified and brought to justice. This role will extend to monitoring the police response to those who are involved in producing, distributing or possessing child exploitation materials.
- Supervising development of a comprehensive database to include full information on all crimes where children have been victims.
- Enactment and implementation of appropriate new legislation, which conforms to best international practice in law.
- Supervising and overseeing the development of legislation that enables the creation of a register of persons who have been convicted of sexual offences (especially those related to child sexual abuse) and to establish mechanisms to ensure the privacy and confidentiality of victims of such cases.

Under the directives of His Excellency, the Chairman of the Higher Committee for Child Protection, five other child protection subcommittees were formed nationally (see Administrative Decree No. (181) dated 4 July 2010). These subcommittees are:

1. Subcommittee for follow-up of VGT membership requirements.
2. Subcommittee for legislative development and regulatory controls requirements.
3. Subcommittee for promoting awareness, publicity and research.
4. Subcommittee for the study of the organisational structure amendments and establishment of the MOI Child Protection Centre.
5. The Technical & Technological Subcommittee.

1.3 The establishment of the Child Protection Centre

The Chair (the author) of the Higher National Committee for Child Protection proposed the establishment of a specialised Child Protection Centre to be affiliated to the General Secretariat of the Office of the Minister of Interior. Later this proposal was endorsed by virtue of UAE Ministerial (MoI) Decree No. 347 issued on 28 June 2011. The centre was given the tasks of overseeing and the implementation of all projects and initiatives undertaken by the Ministry of Interior which are relevant to the field of child protection, to ensure efficiency in the development of strategies, laws and regulations, coordination with relevant partner organisations, and emulation of the best international practices and the standardisation of procedures, The main roles of this newly established Child Protection Centre include:

- Development of general policies and strategic plans for child protection in the UAE.
- Review and evaluate police response and investigation of crimes against children.
- Work with relevant government and non-government departments in the development and implementation of laws and regulations related to crimes against children.
- Cooperate with the (existing and internationally recognised) Child Helpline and any other service that seeks to respond to child abuse reports.
- Cooperate and collaborate with the office of the public prosecutor, the courts, police departments and other agencies and organisations working in the field of child protection.

- Develop legislation on the registration of sex offenders through a *sex offender register*. Following the implementation of such a register, put in place a process for the review and evaluation of its use and effectiveness.
- Develop and implement a statistical system, which will enable evaluation and review of practice and identify specific issues relating to child safety and protection that require response by MOI or another entity.
- Prepare periodic statistical reports (quarterly, bi-annual, annual) and circulate such reports to the Higher Committee and other relevant parties.
- Coordinate with MOI social support centres to ensure child victims and their families receive the psychological and moral support they require in order to recover from trauma.
- Spread and encourage a culture of giving children their rights and educate the public on the importance of upholding the rights of children.
- Identify examples of best practice in child protection training and in coordination with other interested parties have this training delivered within the UAE. Maintain a record of all persons who have been provided with training in order to establish a database of trained professionals.
- Participate in child protection conferences and symposia, nationally and internationally, and ensure all new recommendations are addressed and, where relevant, included in practice across the UAE.
- Deduce the field indicators regarding the dimensions, reasons and impact of crimes against children and suggest appropriate remedies.
- Prepare periodic reports about the CPC's activities and submit such reports to the concerned authorities.
- Prepare CPC-related studies and research.

As results of the above assigned tasks, the staff of child protection team members at the MoI have attended and participated in a number of local and international staff development meetings, events, exhibitions and conferences with the aim of identifying the best practices and sharing experiences related to child protection. Table 1.1 lists examples of these staff development workshops and conferences that have been attended by team members

Table 1.1 Examples of recently attended staff development workshops and conferences that have been attended by child protection team members

	Period of meeting	
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	Type of meeting	From	To	Duration	Venue
1	18th Session of the Arab Childhood Committee (ACC)	20.11.2012	22.11.2012	3	Arab League premises, Egypt
8	Workshop on Child Protection System in the UAE	6.11.2012	7.11.2012	2	General Women Union
11	GITEX 2012	14.10.2012	18.10.2012	5	Dubai
3	Third Meeting of the Drafting Committee for Emirates Children's Parliament project	3.10.2012	4.10.2012	2	Dubai
2	International conference for missing and exploited children	9.9.2012	12.9.2012	4	Turkey
4	Meeting of Action Team for Social Education Centres and for Minors at UAE level	12.9.2012	–	1	Social Affairs Office, Sharjah
12	Fifth national workshop on Child Protection	9.7.2012	11.7.2012	3	Abu Dhabi
7	2nd Meeting of the Drafting Committee for Emirates Children's Parliament project	26.6.2012	27.6.2012	2	Dubai
10	Joint 1st workshop on child protection to discuss the draft guidelines for investigating child abuse	14.5.2012	16.5.2012	3	Abu Dhabi
9	Debate on child abuse	19.5.2012	–	1	Dubai
6	Visit to CPCMEC, Canada	23.4.2012	27.4.2012	5	Canada
5	VGT Board of Management Meeting	17.4.2012	19.4.2012	3	Canada
14	Legislation and child protection	30.10.2011	–	–	UAE in cooperation with the International Centre for Missing and Exploited Children
15	VGT meeting and conference	28.11.2010	9.12.2010	12	Australia

1.4 Implementation, review and evaluation of projects and initiatives allocated to the Mol Child Protection Centre

To ensure a comprehensive approach and make members of the Child Protection Centre become aware of the factors that affect child safety and security in all areas of life, the Chairman of the National Committee for Child Protection directed members to be involved in the following important tasks:

- I. Risk assessment and management of persons who pose threats to children
- II. Child protection from the risks of using the Internet III.
 - Child protection in schools
- IV. Child protection on the roads and in transport
- V. Child protection during disasters and emergencies
- VI. Child abuse investigation
- VII. Child protection from bullying and peer abuse
- VIII. Child protection from sexual and physical abuse
- IX. Child protection from work exploitation
- X. Public awareness of child protection issues
- XI. Child protection in homes and families
- XII. Child protection in sport

1.5 The legislative workshop and the legislation of child protection law

This workshop which was conducted on 30 October 2011, aimed to discuss best practice and review the draft of a child protection project prepared by Johns Hopkins University, USA, jointly with the international Centre for Missing and Exploited Children (CMEC) which comprised legislation from 65 countries and approximately 117 local laws. The idea of that particular workshop was to benchmark the draft proposal of legislation presented by the national higher Committee for Child Protection. It is worth noting that the Children Protection Model law which was drafted by Johns Hopkins University in collaboration with the CMEC is focused on protecting children from all forms of abuse, neglect, maltreatment and exploitation. It is based on international standards and the United Nations Convention on the Rights of Children (UNCRC, 1989) and the application of best practice from around the world.

Based on international standards and the best legislative models, alongside expert opinion received, the final draft of the Children Protection Model Law was endorsed and

implemented in September 2011. The draft law was submitted for the first time in April 2010 to a working group panel of five regional experts. The final implementation led to the dissemination of legal knowledge. The legislation of child protection in the United Arab Emirates is a model to be emulated by other Arab countries. Provisions dictate that legislation should continually be reviewed to ensure effective coping with all forms of child exploitation.

1.6 Exercise for monitoring the persons sharing or distributing child pornography files via peer-to-peer networks (P2P)

This exercise was conducted in collaboration with the Royal Canadian Mounted Police (RCMP) on 20 November 2011. It was considered a shining example for the official efforts of the UAE, its international cooperation in the field of child protection and adoption of the best international policing, technical and procedural practices. The exercise, which is considered the first of its kind in the region, focused on the attempts by certain persons to obtain, possess, share or distribute child abuse material files via P2P networks. In addition, the exercise helped in raising public awareness of the risks associated with obtaining and possessing such files and the potential legal consequences. Also, the exercise targeted transfer of knowledge, sharing of experiences and obtaining knowledge of the latest developments in risk assessment by noting the criminal behaviour patterns through the type of the media files they possess or distribute. This will help to determine investigations and interrogation priorities when dealing with suspicious persons. The importance of this exercise stems from the presence of international statistics showing an increase of P2P sharing of child abuse material files. It stems also from publication of several psychological studies in the developed countries showing correlation between viewing this type of file and the perpetration of crimes against children (Smith and Thornberry, 1995). Moreover, it stems from the Global Information Technology Report (2010–11) in which the UAE ranked 24th in e-readiness worldwide and ranked first in the Arab world. Also, under the directives of His Excellency, the Chairman of the Higher Committee for Child Protection, preparations are currently underway to create an integrated infrastructure to host and run the system for monitoring child pornography file distributor activity in P2P networks. This would make the UAE a regional centre of excellence in this field.

1.7 Abu Dhabi Police initiative 1-I29 concerning activation of units specialised in dealing with child abuse issues and interrogation of suspects

This initiative complements ADP initiative ADP1-I8 concerning child abuse and interrogation of suspects. It aims to enhance police capacity to achieve the highest standards and implement the best practices for child protection. On the basis of the adoption of the international best practices and standardisation of child abuse procedures at UAE level, the MoI Child Protection Centre was assigned to follow up implementation of the initiative and foster constructive cooperation with various agencies dealing with this issue. The aim is to create a genuine partnership that is based on the principle of shared responsibility in achieving justice and using the holistic approach while protecting vulnerable children.

This initiative aims to ensure efficiency of workers, effectiveness of operations and proper application of child abuse investigation procedures and in a manner that ensures rendering continuous support and appropriate training to the concerned parties. Furthermore, the initiative aims to develop a proper information system which is capable of furnishing information that ensures supervision and follow-up of ex-offenders and suspects.

In general, the initiative aims to:

- Realise the vision of the Ministry of Interior, of making the UAE a centre of excellence in the field of child protection.
- Prevent crime.
- Investigate and report criminal behaviour conducted against children.
- Make optimal use of security information.
- Optimise the use of criminal evidence.
- Boost community confidence and satisfaction.
- Improve police image.
- Strengthen awareness of the importance of child protection.
- Make genuine partnerships that effectively contribute to child abuse investigations.
- Spread more awareness of the importance of child protection.
- Ensure efficiency of workers, effectiveness of operations and proper application of child abuse investigation procedures in such a manner that ensures continuous support and appropriate training to the concerned parties.
- Review and update the relevant laws.

- Develop the information system to become capable of providing sufficient information to supervise and follow up ex-offenders and suspects, thus effectively contributing to the detection of offenders.
- Realise the principle of prevention while preventing any suspect or ex-offender from contacting children.

1.8 Integrated electronic system project for child protection

The adoption of the best international practices and standard procedures for investigating child abuse crimes and exploitation cases at national level, has led the Mol Centre for Child Protection to develop a comprehensive e-system for child protection. It includes a centralised database for all information related to all forms of child abuse including sexual abuse. The system aims to provide a comprehensive database for all issues related to children, establish a sex crimes register (violent crimes or crimes where a child is a party or victim) as well as developing a system for monitoring and supervising persons who pose a threat to children.

This project aims to build an independent central system to serve the purposes of the Mol Child Protection Centre. It will be linked to the relative systems, such as the security information system (SIS), the social support system and the criminal system. The proposed system shall provide a central mechanism to follow up on all child-related issues, through linkage with the above-mentioned systems. The system shall follow up any childrelated case that has been entered into other policing systems, then add it to the Child Protection System as the central system for such cases.

Among the objectives which the system seeks to achieve are the following:

- Create a centralised database for all cases related to children.
- Create a centralised database for all persons convicted in child-related cases, and people who pose a threat to children for the purpose of follow-up and supervision.
- Provide accurate statistics and reports regarding child issues to support the decision-makers.
- Provide a centralised mechanism for the various relevant agencies to obtain correct and accurate information related to children to support the decision-making process.
- Strengthen the capacity of the Ministry of Interior to achieve the highest standards and best practices for child protection.

- Contribute to the implementation of the strategic objectives of the initiative the ADP1/I-29 presented by AD Police GHQ.
- The system aims to provides detailed information on incidents, detailed information about victims and information about their families, detailed information about the place, time, type and reasons for the incident.

- **Criminality and Sex Offender Register**

The planned Register shall contain all sexual criminal cases involving verdicts passed on cases related to children or adults. Entries contain all details related to such issues (type of case, causes, place and date of occurrence, history, information on the victims as well as on the accused, witnesses, and the verdicts passed against the offenders). Such records and Register will provide a mechanism for identifying offenders and suspects previously convicted, and enhance the protection of children.

In addition, the records of the Register shall include biometric information, i.e. biosignature of the convicted offenders and suspects if any (including face, fingers, eyes or DNA). This Register shall be developed directly by the child protection officer who will work on the case. Other relevant information on the perpetrator shall be supplied by other agencies that are concerned with child welfare including the criminal system, the social support system, the security information system and perhaps by the external partners such as Interpol. It is worth noting that tracking and supervising convicted sex offenders and dangerous persons is also in place. This programme aims to provide a mechanism to follow up dangerous persons and convicted sex offenders.

Overall, the system adopted for the investigation of child abuse is designed to provide a mechanism for child abuse assessment. Based on this assessment, the case shall be referred to the social support centre or Level B investigations, where regular procedures will be duly followed. When investigating child abuse several assessments will be conducted including degree of physical emotional and sexual abuse as well as child circumstance and the ability of parents to protect the child; possible intervention of child welfare agencies; and the victim's needs and best interests. The MoI is working towards establishing partnerships with local schemes and hence to foster the development of a *federal child helpline* and to be accredited by the organisation concerned with this matter, Child Helpline International (CHI).

CHAPTER 2 LITREATURE REVIEW

2.1 Review of the relevant literature

This chapter aims to provide a thorough coverage of the literature on young offenders' behaviour particularly juvenile delinquency. That is the core issue of this research investigation. The chapter will include definition of the problem, the prevalence of juvenile delinquency or the size of the problem, and the aetiology of youth violence and juvenile delinquency. This will be followed by theoretical perspectives that predict and explain delinquency. Issues concerning assessment and measures to reduce delinquency will also be looked at, as well as intervention, national policies and the UN Convention on the Rights of the Child. The coverage will then be concluded with some suggestions for future work, appraisal of the literature and concluding remarks.

Traditional patterns governing the relationships and transitions among youths today are often challenged (Dahlberg, 1998). Social relations that ensure a smooth process of socialisation are also becoming varied and less predictable. Further, we are also witnessing the extension of the period of dependence of young adults on the family and more limited opportunities to become an independent adult (Kendall, 2012). Limited educational opportunities and choices, labour market participation, leisure activities and lifestyles, are all influencing factors and affect youth relationships with family and friends. Indeed, it is not only developed countries that face this situation; developing countries are also witnessing new pressures on young people undergoing the transition from childhood to young persons (Adelson, 1989; Dahlberg, 1998; Kashani, Jones, Bumby, & Thomas, 1999; Kendall, 2012). For example, rapid population growth, poverty, unemployment among youth, ineffective educational systems, political instability, unavailability of appropriate housing or support services, overcrowding in poor urban areas and the disintegration of the family and perhaps civil war in certain regions are some of the pressures young people must deal with in today's world. As these challenges occur, some youth find it very difficult to cope with these situations, and this puts them at high risk of committing crimes, hence becoming juvenile delinquents. The stressors associated with these new challenges often appear to affect the emotions of young adolescents and are manifested through frustration, anger outbursts and aggression. Indeed, youth and adolescents who have poor coping skills, and lack of self-esteem or control are more likely to become an at-risk group and vulnerable (Kashani et al., 1999).

Further, traditionally adolescence is known as a period of turmoil and emotional distress. According to Adelson (1980) and Kendall (2012), it is a period characterised by sudden growth, an urgency to gain independence, development of primary and secondary sexual characteristics, increased motor and cognitive abilities and psychological changes. For some, such as Erikson (1968), the cornerstone of adolescent development is the achievement of an autonomous and coherent identity, a process that can create conventional values and commitment to pursue pro-social behaviour and future goals. Therefore, and according to Erikson, the emergence of identity can shape adolescent behaviour if peer association becomes a prominent feature in this quest for autonomy, and especially if parent-child relations are harmonious. For example, Marcia (1980) and Adams (1985) have noted that adolescents whose identity is governed by being tough and aggressive are more likely to identify with groups whose culture is governed by violence. This relates to the concept of 'niche seeking' in which individuals engage in activities which are similar to their own matched characteristics. Oppositional defiant disorder and delinquency are very common during mid-to-late adolescence (Kendall, 2012) and frustration and anger serve as a precursor to aggression and violence (Knafo & Schwartz, 2003). Common disorders that cause violent, aggressive or destructive behaviour inevitably involve serious malfunction of adolescents and their social setting. Therefore, there is a need to understand the interplay between processes of individual development and social conditions.

As indicated, the coverage of this chapter will focus first on the definition of juvenile delinquency and prevalence of the problem. This will be followed by the introduction of relevant theories of causation and aetiological factors underlying this phenomenon, and prevention strategies. National and international policies governing young people, especially the UN Convention on the Rights of the Child, as well as directions for future work and some concluding remarks will be placed at the end of this coverage.

2.2 Definition and the main characteristics of juvenile delinquency

Juvenile delinquency is a child's behaviour marked by disobedience, violation of law, persistent mischievousness, antisocial behaviour, or intractability such as to refuse correction by parents or authority and to constitute a matter for action by the juvenile courts (Loeber, Farrington, & Petechuk, 2003). Criminologists (Maguire, Morgan, & Reiner, 2002) define juvenile delinquency as all public wrongs committed by young people between the ages of 12 and 20. Sociologists and psychologists view the concept more broadly, believing that it covers a multitude of different violations of legal and social norms, from minor offences

to serious crimes, committed by juveniles. Included under the umbrella of juvenile delinquency are status offences, so called because they are closely connected with the age status of an offender; a particular action or behaviour is considered a violation of the law only if it is committed by a juvenile, for example truancy and running away. In an attempt to explain the theoretical underpinnings of delinquency, researchers tend to associate the specifics of youth behaviour with the home, family, neighbourhood, peers and many other variables that together or separately influence the formation of young people's social environment. To psychologists, juvenile delinquency is not just as described by criminologists or sociologists, but goes further to encompass neuropsychological problems in terms of biological and genetic components, personality and experiences in relation to the child's development and attachment.

2.3 Size of the problem and main prevalence

Statistical data in many countries show that delinquency is largely a group phenomenon; between two-thirds and three-quarters of all juvenile offences are committed by members of various groups (Brown, 1998; Maguire et al., 2002). Even those juveniles who commit offences alone are likely to be associated with groups. According to data from the Russian Federation, the rate of criminal activity among juveniles in groups is about three to four times higher than that of adult offenders. Juvenile group crime is most prevalent among 14-year-olds and least prevalent among 17-year-olds. The rates are higher for theft, robbery and rape, and lower for murder and grievous bodily harm. In his study, Kazdin (1987) reported that among adolescents, 50% admitted theft, 35% admitted assault, 45% admitted to property vandalism and 60% admitted participating in other forms of antisocial behaviours. Types of offence committed by girls are very different from those of boys. Among girls, prevailing offences are incorrigibility, sex offence and truanting from home or school. Boys are more involved in burglary, assaults, malicious destruction of property, rape, knife and gun crimes. Boys run around in gangs and groups, often associated with delinquent groups, more than girls do.

According to the British Crime Survey (BCS) in 2008 overall crime has fallen: BCS crime has fallen by 10% to 10.1 million crimes, and police recorded crime by 9% to 5.0 million crimes as compared to 2006/7. There has also been a general decrease in other crimes: thus BCS recorded crime, like violence against the person, fell by 12%, vandalism by 10%, vehicle-related crime by 11% and the risk of being a victim of crime by 22–24% while domestic violence and personal theft have remained stable. Police recorded crime has gone down:

violence against the person by 8%, most serious violence against the person by 12%, sexual offences by 7%, robbery by 16%, domestic burglary by 4%, offences against vehicles by 14% and criminal damage by 13%, but drug offences have gone up by 18% (Kershaw, Nicholas, & Walker, 2008). However, as reported in the recent findings from the youth crime survey in the UK (Walker, Flatley, Kershaw, & Moon, 2009), 1 in 6 young people have been involved in ‘happy slapping’. Half of the boys involved in the survey of 4,700 young people admitted to having carried a knife or gun, while 6% of the girls from same population also carried knife or gun, thus girls today behave in similar ways as their male counterparts (Walker et al., 2009). In England and Wales alone, the Home Office figures show that firearms offences fell by 29% in 2007–8. Meanwhile, fatal stabbing rose by 8%, and of those 28 teenagers who were killed in London alone, 22 of them were stabbed. Recent figures also showed that there has been a sharp increase in crime in the past decade among the 10–17 age group. Similarly, violence against the person offences rose by 30%, robbery by 76%, criminal damage offences by 61%, sexual offences by 14%, and motoring offences by those too young to drive legally went up by 241% (Flatley, Kershaw, Smith, Chaplin, & Moon, 2010).

2.4 Prevalence

Available collaborative international studies (e.g. Junger-Tas, Terlouw, & Klein, 1994) and data collected from major Western countries show that delinquency and crime have strong gender associations (Farrington, 2000; Tas, Ribeaud, & Cruff, 2004). Police records indicate that the crime rates of male juvenile and male young adult offenders are more than double those of young females, and conviction rates are six or seven times higher. The number of male juvenile suspects for every 100,000 members of the designated age group is more than six times the corresponding figure for females. For those in the youth category the male/female suspect ratio is even higher. Many more young males than females are involved in violent behaviours because various restrictive factors encourage women to conform to social norms that do not apply to men, for example the fear of sexual assault; girls are also subject to stronger family control than are boys. Aggleton, Hurry, & Warwick (2000) noted that in the survey of the general population, 90% of boys admit to acts that led to appearance in court, although most of them were minor. According to data on crimes registered by the police, victims do not report 80% or more of all violent incidents. Results of self-report studies (Federal Ministry of the Interior & Federal Ministry of Justice, 2001) indicate that an overwhelming majority of those who participate in violence against young people are about the same age and gender as their victims; in most cases, the offenders are males acting in groups.

In the United States, figures suggest that 105 persons in every 1,000 men become crime victims, compared with 80 per 1,000 women. Men are 2.5 times more likely to be victims of aggravated assault. Older people are less often affected; as mentioned, crimes are usually committed by representatives of the same age groups to which the victims belong. In 1986, approximately 360 of every 100,000 youths aged 14–16 years in England and Wales were ‘convicted or cautioned by the police’ for violent crimes; by 1994, that figure had increased to approximately 580 per 100,000. The Cambridge Study on Delinquent Development found that the percentage of youth convicted for violent crime increased from only 3% for those with no risk factors to 31% for those with four risk factors like low family income, large family size, low IQ at 8–9 years and poor parenting styles. Today, the figures are no better. For example, in London alone, there have been 175,998 searches for knives and guns, 6,270 arrests have been made and 3,804 knives have been seized since the operation to reduce youth crime was launched in May 2008 (*The Times*, 16 March 2009).

In the Arab world (Soueif & Ahmed, 2001), the problems associated with juvenile delinquency vary from one country to another. Some countries have experienced socioeconomic difficulties, others war, while others have become prosperous. Delinquency may occur in connection with migrants seeking employment, or may be linked to factors such as continued urbanisation, sudden or rapid changes in the economy, and the increasing heterogeneity of the population. The conflict between traditional Arab-Islamic values and newer, often imported values appears to be a common problem throughout the region. Increased prosperity and the availability of a growing range of consumer goods have also led to increased opportunities for juvenile crime, including theft and property vandalism. With the social changes that have occurred over the past few decades, the extended family has been replaced by the nuclear family as the primary kinship group. The informal traditional control exercised by parents, relatives and teachers over young people has gradually declined, and yet adequate substitutes have not been provided.

In Asia on the other hand, juvenile crime and delinquency are largely urban phenomena (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; United Nations, 2000). The most noticeable trends in the region are the rise in the number of violent acts committed by young people, the increase in drug-related offences, and the marked growth in female juvenile delinquency. The financial crisis that hit some countries in East and South East Asia in the late 1990s created economic stagnation and contraction, leading to large-scale youth unemployment

(Krug et al., 2002). Some countries in Asia are facing great difficulty because they are located near or within the ‘Golden Crescent’ or the ‘Golden Triangle’, two major narcotics-producing areas of Asia. Adolescents and youth are more involved in drug trafficking, and many of them become addicted to drugs because of their low prices and easy availability (United Nations, 2000). Human trafficking is also another common phenomenon in Asia. As a result, juvenile delinquency is particularly high and is often associated with the problem of homelessness among children and adolescents.

Delinquency in Africa (Igbinovia, 2012) is attributed to poverty, hunger, malnutrition and unemployment, which are linked to the marginalisation of juveniles in the already severely disadvantaged society. Because of rapid population growth, young people in Africa will soon constitute two-thirds of the region’s population (Joint UNODC–UNECA Workshop, Addis Ababa, 9–12 December 2008). One-half of all households in Africa are living below the poverty line (Tyson & Stones, 2002). Many of the urban poor live in slum and squatter settlements with overcrowded, unhealthy housing and poor sanitation. It is here that the majority of urban youth and children live and where there is a growing rate of juvenile crime. There is also a huge number of street and orphaned children (Kamali et al., 2010) due to HIV/AIDS epidemics, continuous and multiple armed conflicts, as well as recruitment of child soldiers, and degeneration of old ways of living and social structure. In sum, juvenile crime and delinquency are on the increase, a trend linked to rapid and dramatic social, political and economic changes that have taken place in Africa in recent decades (Igbinovia, 2012; Tyson & Stones, 2002).

Focusing on the UAE and before addressing the size and the level of crimes committed by youth and juveniles in the Emirates of the UAE, here is a brief overview of the UAE. The UAE is a Federation in South West Asia, on the Arabian Gulf. The federation of United Arab Emirates was formed in 1971. It consists of seven Sheikdom ‘states’. These are Abu Dhabi, Dubai, Sharjah, Ajman, Umm al Quwain, Ras Al-Khimah and Fujairah. The main borders are North West Qatar, South West Saudi Arabia, and South East Oman. The education pattern of the country normally follows the 6–3–3 structure which can be found in most Middle Eastern states. There are six years of compulsory primary education at the first stage entry to which generally begins from age 6. The English language is often introduced at primary four levels. Children at this stage are exposed to a curriculum of various subjects. And in order to progress to the next level, pupils must sit examinations where subjects are given a certain weighting in the examination by marks of different maximum and minimum.

Politically, the highest authority in the country is the Supreme Council of Rulers, which includes all seven Sheiks. Each is a hereditary Emir and an absolute monarch in his own Emirate. The council elects two of its members to be President and Vice President of the federal state for a five-year term. The president then appoints a Prime Minister and Council of Ministers.

The UAE, particularly Abu Dhabi, is a wealthy Emirate with large oil reserves. On the other hand, the UAE and other states in the Arabian Peninsula contain the world's richest oil and gas reserves. It comprises the states of Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and Yemen. The whole federation was under British protection, but in 1968 the British government announced that it was withdrawing its forces within three years. The late Sheikh Zayed bin Sultan al-Nahayan, the ruler of Abu Dhabi, became the first President and moderniser of UAE.

2.5 Juvenile² crimes in the UAE 2005–2007

Tables 2.1–2.9 show the incidence of juveniles crimes committed in the UAE, as they occurred per month and per each of the seven Emirates for the period 2005–2007. The tables also illustrate the nature of the crimes, demographic variables such as age, sex or gender of offenders, time of criminal activity and nationality of the person committing the indicated crimes. The total number of juvenile recorded offences committed in 2005 was 2,318. There were also 1,890 criminal offences committed in 2006 and 2,032 offences recorded in 2007. Further information on the trend and the size of this problem will be provided in the result and discussion sections of this thesis. These figures were the only statistics at the time made publicly available, hence used in this study.

Table 2.1 Number of juveniles arrested as per month and Emirate for the year 2005 *

Total	Fujairah	Khaima	Ras Al	Um Al	Quain	Ajman	Sharjah	Dubai	Dhabi	Abu	Month
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² Below 18 years of age.

187 20 14 20 28 32 21 52 Jan 203 19 13 22 22 38 29 60 Feb 227 3 26 8 16 50 41 83 Mar

281 18 3 1 11 61 20 67 April 212 8 16 19 9 55 28 77 May

154	2	10	7	4	45	30	56	June
231	8	16	12	12	65	25	93	July
156	8	10	14	19	32	17	56	August
166	2	17	10	14	30	28	65	Sep
187	2	18	7	16	43	34	67	Oct
238	53	19	6	25	44	31	60	Nov
174	12	19	6	16	30	32	59	Dec
2316	155	181	132	192	525	336	795	Total

* Figures published in Tables 2.1–2.9 are obtained from the annual handbooks of Ministry of Interior, UAE.

Table 2.2 Number of juveniles arrested as per Emirate and according to some demographic variables for the year 2005

Total Fujairah Khaima Ras Al Um Al Quain Ajman Sharjah Dubai Dhabi Abu Demographic variables

Age groups	Less than 10 years	More than 10 years	Gender
59 years	0	1	16
2257 years	155	180	116
2117	142	146	104
199	13	35	23
105	19	7	4
2063	130	153	83
148	6	21	45
1300	120	104	40
544	9	34	43
472	26	43	44
329	51	104	134
258	70	Expatriate	1229
2316	155	181	132
			Against persons
			Total

Table 2.3 Numbers of juveniles arrested during 2005, age and other demographic variables

Total	Dec	Nov	Oct	Sep	August	July	June	May	Apr	Mar	Feb	Jan	Demographic variables
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	59	9	2	15	4	0	5	0	19	1	0	2	Less than 10 years	Age groups	
	225	7	165	236	172	162	156	226	154	193	180	225	203	185 More than 10 years	Age groups
	211	7	143	225	175	157	146	202	142	190	166	211	192	163 Males	Gender
	199	31	13	12	9	10	29	12	22	15	16	11	19	Females	Gender
	105	6	14	6	7	1	9	6	16	6	11	8	15	Employee	Profession
	206	3	156	218	17	154	130	214	139	184	167	192	175	163 Student	Profession
	148	12	6	10	5	25	8	9	12	8	24	20	9	Unemployed	Nationality
	1300	73	153	107	98	91	128	89	112	102	124	129	89	National	Nationality
	544	47	45	41	35	38	78	35	56	39	47	32	51	Arab	Nationality
	472	49	40	39	33	27	25	30	44	40	56	42	47	Expatriate	Crime type
	1229	77	117	102	97	75	125	92	123	103	121	103	94	personsAgainst	Crime type
	829	67	98	76	49	61	86	52	59	65	81	80	55	Financial	Crime type
	258	30	23	9	20	20	20	10	30	13	25	20	38	Others	Crime type
	2316	174	233	187	166	156	231	154	212	181	227	203	187	Total	Crime type

Table 2.4 Number of juveniles arrested as per accusation (nature of crime) and Emirate for the year 2006

	Total	Fujairah	Khaima	Ras Al	Quain	Um al	Ajman	Sharjah	Dubai	Dhabi	Abu	Legal	
criminal terminology													
Crimes against state security	12	0	0	0	0	0	8	2	2	2	2	2	Crimes against state
Crimes related to public jobs	11	0	0	0	0	3	2	4	2	2	2	2	Crimes related to public

									Crimes affecting the course of justice
4	0	0	0	0	3	1	0		
23 threats	4	3	0	2	6	4	4		Crimes related to public
2	0	0	0	0	1	0	1		Offences against religious beliefs and practices
0	0	0	0	0	0	0	0		Crimes affecting the family
898	45	70	33	112	261	108	269		Crimes against persons
783	64	38	22	51	202	104	302		Financial crimes
									Crimes violating the law
26	0	7	2	3	4	5	5		psychotropic of drugs and substances
79	15	3	49	1	7	0	4		Crimes violating the emigration and residency law
4	0	0	0	0	3	0	1		Crimes related to firearms, ammunition and explosives
1	0	0	0	0	0	0	1		work organisation law
Crimes against the									
3	0	0	0	0	1	0	2		communication systems
Crimes against									
1	0	0	0	0	1	0	0		Crimes violating the
juvenile delinquents									and homeless persons
									act
37	0	0	7	3	4	11	12		Liquors crimes
3	0	0	3	0	0	0	0		Crimes against municipality departments
3 crimes	1	0	0	0	0	1	1		Hunting and other laws
1890	129	121	116	175	503	240	606		Total

Table 2.5 Number of juveniles arrested as per Emirate and according to some demographic variables during 2006

Total variables	Fujairah	Khaima	Ras Al Um Al Quain	Ajman	Sharjah	Dubai	Dhabi	Abu	Demographic variables
34 years	0	1	16	2	8	7	0	Less than 10	Age groups
1856 years	129	120	100	173	495	233	606	More than 10	Gender
1733	121	99	83	164	468	221	577	Males	Profession
157	8	22	33	11	35	19	29	Females	Profession
81	4	4	7	3	2	26	35	Employee	Profession
1619	117	97	69	146	462	205	523	Student	Profession
190	8	20	40	26	39	9	48	Unemployed	Profession
969	109	71	40	71	219	123	336	National	Nationality
509	9	24	32	65	145	41	192	Arab	Nationality
413 11 26 44 39 139 76 78 Expatriate	868	41	70	33	112	244	108	260 persons	Against
802	68	38	31	51	219	105	290	Financial	Crime type
220	20	13	52	12	40	27	56	Others	Crime type
1890	129	121	116	175	503	240	606	Total	Crime type

Table 2.6 Number of juveniles arrested during 2006 and according to some demographic variables

Total	Dec	Nov	Oct	Sep	August	July	June	May	Apr	Mar	Feb	Jan	Demographic variables
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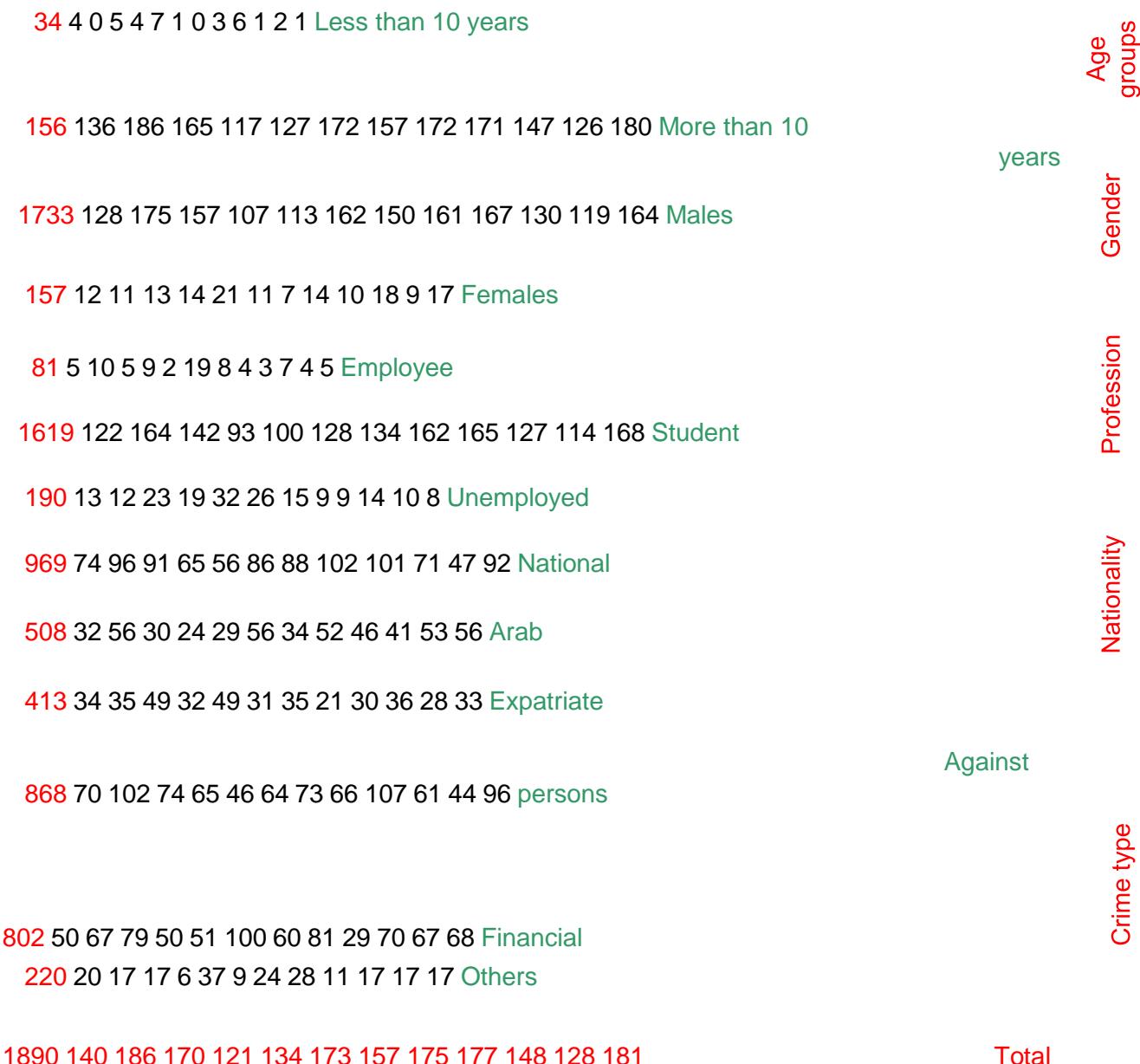


Table 2.7 Number of juveniles arrested as per month and Emirate for the year 2007

Total	Fujairah	Khaima	Ras Al	Um Al	Quain	Ajaman	Sharja	Dubai	Dhabi	Abu	Month
198	8	6	13	10	47		34	80			Jan
137	3	5	6	13	35		16	59			Feb
159	2	4	13	14	34		17	75			Mar
175	10	12	9	24	43	21	56	176	6	28	May
180	8	9	13	17	77		21	35			June

157	7	12	8	7	42	25	56	July
142	1	12	7	27	29	26	40	August
133	1	8	6	5	53	26	34	Sep
170	17	27	7	17	35	12	55	Oct
150	8	19	1	16	45	26	35	Nov 255
10	14	20	23	56	22	110	Dec	
2032	81	156	115	176	552	265	687	Total

Table 2.8 Number of juveniles arrested during 2007 as per Emirate and according to some demographic variables

Total	Fujairah	Khaima	Ras Al	Um Al	Quain	Ajman	Sharjah	Dubai	Dhabi	Abu	Demographic variables
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54	0	1	13	0	12	28	0	Less than 10 years		Age groups
1978	81	155	102	176	540	237	687	More than 10 years		
1855	79	129	101	144	499	239	664	Males	Gender	
177	2	27	14	23	53	26	23	Females		
123	15	5	0	19	7	54	23	Employee	Profession	
1773	63	436	78	138	535	197	626	Student		
136	3	15	37	19	10	14	38	Unemployed		
1097	77	89	41	57	268	133	432	National	Nationality	
576	1	37	35	85	165	52	201	Arab		
359	3	30	39	34	119	80	54	Expatriate	persons	Against
844	39	49	38	57	206	120	335		Financial	
210	11	11	31	5	40	51	61	Others		
2032	81	156	115	176	552	265	687		Total	

Table 2.9 Number of juveniles arrested as per month and according to some demographic variables for the year 2007

Total	Dec	Nov	Oct	Sep	August	July	June	May	Apr	Mar	Feb	Jan	Demographic variables
54 8 7 2 5 0 1 3 1 8 2 6 11	Less than 10 years												Age groups
1978 247 143 168 128 142 156 177 175 167 157 131 187	More than 10 years												Gender
1855 226 139 157 123 134 148 158 159 151 149 123 188	Males												Profession
177 29 11 13 10 8 9 22 17 24 10 14 10	Females												Nationality
123 8 8 7 6 6 11 22 7 16 5 13 14	Employee												Crime type
1773 218 139 148 125 129 139 138 164 149 137 118 169	Student												
136 29 3 15 2 7 7 20 5 10 17 6 15	Unemployed												
1097 119 80 105 91 71 87 98 107 91 79 63 106	National												
576 93 42 35 23 45 43 56 44 39 51 44 61	Arab												
359 43 28 30 19 26 27 26 25 45 29 30 31	Expatriate												
978 120 77 88 67 60 67 108 101 95													
78 55 62	personsAgainst												
844 96 60 74 58 66 70 59 69 45 62 72 113	Financial												
210 39 13 8 8 16 20 13 6 35 19 10 23	Others												
2032 255 150 170 133 142 157 180 176 175 159 137 198	Total												

Despite the small incidence figures reported in Tables 2.1–2.9 above, the Abu Dhabi Police Strategic plan 2012–2016 has clearly declared that crime prevention and creating a safe society are the most important priorities for the coming years.

2.6 Theories of juvenile delinquency

A considerable number of theoretical perspectives have been postulated to explain the causes of juvenile deviance. Some of these early explanations were guided or based on ancient myths and theology while more recent perspectives combine both biology and environment.

One of these old perspectives (Kappeler & Potter, 1993; Taylor, Walton, & Young, 2003) the myth theory is the notion that natural and supernatural forces affect human behaviour and fortunes. It states that possession by demons and the devil is responsible for criminality and mental illnesses and that social stability comes from a harmonious relationship with forces beyond the corporeal world; human criminality is a consequence of a wrongdoer's inappropriate connection with supernatural powers or nature-based influences. Offences were essentially spiritual 'sins' or crimes against the natural order, and punishments were considered to be in accordance with nature or divinely sanctioned (Walton, & Young, 2003). In fact most religious sects believe that youths who engage in deviant acts are driven by some evil forces which need spiritual guidance with prayer and fasting to cast out the demons.

Naturalism as a deterministic theory of criminal causation (Garland, 1985) eliminates individual responsibility for lack of self-control. Ancient civilisations around the Mediterranean region often concluded that human behaviour is driven by nature. Natural 'signs' were observed to divine the course of human events, and offerings were given to appeal for favours, or to appease perceived signs of punishment. For example, the Romans studied the flights of birds and read the entrails of sacrificial beasts to divine their fortunes. They also believed that the moon influenced human behaviour and that criminal or bizarre behaviours are caused by phases of the moon. The Greeks on the other hand also consulted oracles, such as the famous one at Delphi, who sometimes divined fortunes by inhaling sacred vapours, hallucinating, and babbling fortunes that required interpretation by holy guides. Burnt offerings were also made to discern the will of the gods and appease them. Greeks believed a great deal in living one's life as virtuously as possible, and that a virtuous person was a good person. One method for determining one's virtue was to observe the

contours of one's body, because virtue was manifest in human appearance. Thus, good people were pleasing to the eye, and people literally stood naked before the court while officials debated their virtue (Garland, 1985). This relates to Lombroso's (1876) theory that biology and life experiences combine to trigger criminality in some individuals (cited in Gibson, 2002).

Biological theories (Akers & Sellers, 2008; Marsh, 2006) meanwhile explain human behaviour in terms of underlying traits. It is asserted that certain types of genes are operative in those who commit crimes and that some people are 'naturally born criminals' with physical qualities that govern their deviant tendencies. These qualities include genetic, hormonal and biochemical profiles that theoretically cause, or have a strong effect upon, one's propensity for deviant behaviour. The central implication of biological determinants is that free will is at best a secondary cause of delinquency. Rather, the blame for deviant behaviour shifts to internal physical qualities, which explain one's predisposition for criminal conduct (Curran & Renzetti, 1994). Criminals were thought to be less highly evolved than normal law-abiding citizens and could be distinguished by their primitive body traits. Lombroso and Ferrero's (1895) book was filled with figures on the weight of women's lower jaws and the size of their hands, noses and so on. This focus on anatomy and sexuality set the tone in discussion of female criminality for many years (Quinsey, Skilling, Lalumière, & Craig, 2004).

There are various psychological theories grounded in several research traditions and schools of thought such as the psychopathological paradigm, psychoanalytical perspectives and learning theories which are all used to explain the causes of challenging, criminal and deviant behaviours, as discussed below.

Psychopathology theory (Raine, 1997; Vaughn & Howard, 2005) observes that some delinquents and criminals have no capacity to appreciate the feelings of their victims; they act on a free will basis as a secondary motivation for their delinquent acts. These delinquents are considered to have no conscience, they are severely dysfunctional (pathological) in their relationships with other people, they are unstable and unpredictable, selfish and untruthful. They are aggressive and impulsive and many who suffer personality and psychological disorders also become lawbreakers (Cleckley, 1976). Similarly, free will theories of criminal causation (Gomes, 2007; McGuire, 2004) regard deviant behaviour as a product of individual rational choice that is grounded in the human desire for pleasure and aversion to pain. Like operant learning theory, it is argued that perpetrators should be held accountable for criminal

and delinquent acts and punished accordingly. Since the criminal's motivation for making this choice is the acquisition of a benefit from criminal behaviour, society must develop policies to increase the costs for this benefit. Thus, punishment would become increasingly harsh and the costs of crime must always outweigh the benefits. The classical school (Gross, 2003), under which the free will theory of juvenile delinquency falls, makes the following assumptions. Humans are fundamentally rational and enjoy free will. Crime is an outcome of rationality and free will. People choose to engage in criminal rather than conformist behaviour, criminality is morally wrong and is an affront against social order and the collective good of society, so civil society must necessarily punish criminals to deter individual wrongdoers and other would-be criminals, and punishment should be proportional to the nature of the criminal offence, and never be excessive. It must also be a guaranteed response to criminality, and meted out quickly.

Early theorists of psychoanalysis (Miller & Lynam, 2001; Sutherland & Shepherd, 2002) such as Carl Jung and Sigmund Freud (Strachey, 1996), attempted to construct systematic models that explain human personality. They argued that personality systems explain linkages between personality and behaviour. Freud further noted that individual personality comprises three components that affect behaviour. Thus, primal selfish drive and desires (the id) which a person is born with tend to make an individual desire self-satisfaction with no regard to others, as seen in infants. The rational mind known as the ego places checks on the id's desire for self-gratification and channels it into behavioural choices, selfishness is suppressed and consideration is given to the well-being of others. The guiding moral conscience, which is the superego, weighs the ego's choices and labels them according to the personality's definition of right and wrong. Guilt, shame and other emotions reflect the influence of the superego. The healthy development of the id, ego and superego in early life is critical to future adult behaviour. Therefore, troubling and traumatising events during childhood become the catalyst for delinquency and criminality.

According to psychoanalytic theory (Haskell & Yablonsky, 1978), juvenile delinquents and adult criminals are persons without sufficiently developed egos and superegos. Thus, the morals of such persons are deemed weak and the person may act out his or her primal drives without being remorseful, leading to unacceptable behaviours that force society to label such individuals as delinquents. Freud (Fonagy & Target, 2003) also argued that human personalities are formed during several phases of childhood development. Thus, abnormal personalities and other psychological imbalances begin to form during these

phases and can reflect the period in which the problem developed. For example, if a person gets fixated in the phallic stage, he or she may become sexually deviant and engage in illicit sex practices such as rape or prostitution (Moore & Fine, 1990). In fact, adolescent personality development has been described variously as psychosexual development, ego development and defensive operations, identity formation, cognitive development, object relations and psychology of self. The task of development is centred on autonomy and connection with others, rebellion and development of independence and distinction from and continuity with childhood.

Using learning theory (Skinner, 1953), experiences or environmental stimuli correlate acceptable behaviours as well as delinquency and criminality. Many behaviourists used stimulus-response analysis to explain criminal behaviours, including juvenile delinquency. Thus, environmental stimuli operate as either punishers or reinforcers; for example, delinquents and criminals continue acting out defiantly until they receive punishment as compared to operant learning in Skinner's experiments, so the likelihood of a behaviour increases or decreases by the use of reinforcement or punishment. In the case of positive reinforcement, certain behaviours become stronger through experiencing some positive condition and in the case of negative reinforcement, certain behaviours become stronger by stopping or staying away from some negative condition. In the case of extinction certain behaviours become weaker by avoiding experiencing some positive condition or stopping some negative conditions. Negative and positive reinforcements and extinction therefore strengthen certain kinds of behaviour of individuals.

Bandura's theory of social learning (Bandura, 1963; Bandura & Walters, 1995) postulated that delinquent behaviours are results of modelled behaviours; for example, juveniles become delinquents after being exposed to an environment where criminality is the order of the day (Wiesner, Capaldi, & Patterson, 2003: 318). Parents, relations and peers who should be good models for these children are criminals themselves; since they too may have had parents who were models of criminal acts, criminality continues down the generations until that cycle is somehow broken. Bandura (1973) also studied how violence portrayed in mass media can have a tremendously negative impact, for example on the behaviour of certain types of children watching violent television shows. What he noted was that some children would observe and then imitate the behaviour of the characters on the television screen. From these observations, one can conclude that juvenile delinquency is the result of imitation of aggressive actions. Bandura determined that certain children learn directly from the

observed behaviour and the modelled behaviour, hence learning can occur through the simplest process of observation followed by imitation (Wiesner et al., 2003, p.320). For example, pop culture analysis concludes that teenagers do imitate lifestyles that they see on television or in films or listen to in music. By glorifying (Barker and Petley, 2001; Dietz, 1998) such deviant behaviours, the film and music industries bear responsibility for the supposed decline in healthy values and norms among juveniles. Furthermore, juvenile delinquency is associated with films marketed to juveniles; in fact, many rock and rap songs contain violent lyrics. Therefore, it is not an understatement to note that such entertainment promotes deviant behaviours among some teenagers who act out those 'glamorous' popular themes.

Similarly, sociological theories (Muncie, 2004; Valente, Gallaher, & Mauttapa, 2004) examine the effects of social structures and processes on the behaviour of individuals and groups of people in which societal conditions affect people's collective perceptions of availability of resources and the intensity of deprivations, so that delinquency and criminality are reactions to certain kinds of environments. Thus, researchers and practitioners formulate theories of deviance and design policies to deal with lawbreakers on the basis of personal attributes such as individual physical or psychological makeup. This theory also focuses on the association between societal factors and criminal causation, hence the effects of society on individual and collective behaviours. Sociological explanation of delinquency states that socio-economic conditions such as poverty, neighbourhood, low educational achievement, inadequate housing and family dysfunction are factors which govern delinquent behaviour. It also states that inequality and deprivation are associated with delinquency and criminality. Moreover, subcultural norms are often at odds with accepted norms of society, creating tension that can result in subcultural conflict with the wider society (Muncie, 2004). Social network theory is based on the core idea that individuals are influenced by the people they have contact with and that individual positions with large social and economic structures determine behaviour (Valente et al., 2004,p.1686). Social network theory also argues that people who misuse substances are often surrounded by peers, family and associates that also misuse substances or approve of them; hence drug use behaviour is seen as a product of conformity to peer groups or gangs (Bauman & Ennett, 1996).

In addition, Merton proposed that a society instils in its members aspirations for upward mobility and a desire for selected goals. However, when legitimate avenues to goal

attainment are blocked, strain sets in, which in turn compels the individual to violate the law in order to attain these goals. Merton views lower-class persons as more susceptible to challenging behaviour because they are more limited in their efforts to participate in the economic rewards of the wider society (Merton, 1938, 1968). Merton assumed that humans are conforming organisms who only violate the law when the gap between goals and means becomes so great that the individual believes he or she can no longer attain socially sanctioned goals through the right channels. Society and certain social variables, according to strain theorists, are responsible for the majority of crime committed in the world today. Merton's (1938) theory argues that crime results from an anomie imbalance between culture and social structure. Cultural and structural theories are not necessarily incompatible with each other, and are not incompatible with differential theory. Different causal variables are emphasised at the expense of others, leading investigators to compare variables derived from the various theories in an effort to develop integrated theories of delinquency. According to Merton, a society that emphasises goals over the means to obtain these goals, and restricts access to opportunities for legitimate advancement, establishes the conditions for anomie and future criminality. Therefore, once a person is removed from a situation of frustration, negative behaviour will recede (Henry, Tolan, & Gorman-Smith, 2001, p.173). Furthermore, Agnew's (2005) general strain theory proposes that adolescents are pressed into delinquency by negative emotional reactions that result from being situated in an aversive situation, particularly arguments and violence from which they cannot escape. This blockage frustrates the adolescent and may lead to desperate avoidance and/or anger-based delinquency (Henry, Tolan, & Gorman-Smith, 2001).

Related to strain theory is subcultural theory. It postulates that the inability of youths to achieve socially valued status and goals results in groups of young people forming deviant or delinquent subcultures, which have their own values and norms (Eadie & Morley, 2003: 552) and youth culture suggests that such behaviour is caused by social and economic change. Criminal behaviour within these groups may actually be valued, and this increases a youth's status (Walklate, 2003). Youth culture is known to emphasise values of hedonism, leisure, consumption and irresponsibility rather than productive work. It also provides a period when a young person can break away from dependency and become free to develop a level of autonomy and identity. This is also seen as having dysfunctional qualities which affect other cultural attachments to home or neighbourhood. Therefore, young people end up in confused relationship which is a major source of social problems, hence leading to deviant activities (Muncie, 2004). It is argued that male gang members have their own values,

such as respect for fighting, ability and daring. This makes them different from other non-deviant males. However, subcultural theories have been criticised for differentiating what is deviant from what is not and doubts exist whether young people actually practise conscious rejection of mainstream values (Brown, 1998).

Within subcultural theory is the differential association theory (Miller, 2010) which attempts to explain the behaviour of young people within a group context, and to show how peer pressure and the existence of gangs could lead young people into getting involved in deviant activities. It suggests that young people are motivated to commit crimes by delinquent peers, and learn criminal skills from them. There is also strong evidence that young people with criminal friends are more likely to commit crimes themselves. It may be that offenders prefer to associate with one another, rather than delinquent peers causing someone to start offending. However, the question is how did delinquent peers initially become delinquents?

Explaining the development of delinquency also, is labelling theory. This states that, once young people have been labelled as criminals, they are more likely to offend than when they are not associated with deviant acts (Eadie & Morley, 2003). The idea here is that, once labelled as deviant, a young person may accept the role, become motivated and be more likely to associate with others who have been similarly labelled. In fact, male children from poor families are more likely to be labelled deviant, and this may partly account for the higher rate of lower-class young male offenders than their counterparts from middleclass families (Walklate, 2003).

Finally, cognitive theory in relation to the causation of anger as cited by Rule and Nesdale (1976) suggests that, when an individual's cognitive appraisal of a provoking stimulus is negative it may lead to some form of aggression. Applying this theory to youth crime, delinquent behaviours may result from an anger outburst after the appraisal of a situation and the kind of expectations and perceptions attached to such appraisal. Sometimes anxiety may be evident during provocations and may lead to aggression; if this is the case, then one can conclude that delinquent behaviours like rape, gun and knife crime may result from a high level of anxiety. Anger, being cognitive in nature, can be resolved behaviourally based on one's perception of the stimuli-causing provoking event. The way an individual interprets, makes attributions and appraisals of self to resolve anger experiences will determine the actual response to anger stimuli (Novaco, 1975, 1985). Adolescents who experience reactive anger are known to have a deficiency in cognitive attributes; limited solutions to problem-solving associated with anger are easily aroused during conflict and these persons

are frequently hyperactive and impulsive. Such adolescents who have difficulty in controlling their anger tend to have deficits in skills in their cognitive processing, behaviour functioning, self-control and ability to cope in social arenas (Lochman, Burch, Curry, & Lampron, 1984; Lochman, Lampron, Gemmer, Harris, & Wyckoff, 1989), hence such adolescents are more prone to deviant acts.

2.7 Main aetiologies of juvenile delinquency

Young people who are at risk of becoming delinquent often live in difficult circumstances (Black, 1967). Due to various reasons such as parental alcoholism, poverty, breakdown of the family, overcrowding, poor housing and lack of basic necessities, abusive conditions in the home, or the death of parents during armed conflicts, they are at greatest risk of falling into juvenile delinquency. The number of children in especially difficult circumstances is estimated to have increased worldwide from 80 million to 150 million between 1992 and 2000, resulting in an increase in juvenile delinquency (Agnew, 2005). It is noted that no single cause is sufficient to explain the development of juvenile delinquency; rather, it is the accumulation of risk factors over time and across contexts that most likely leads to juvenile offending (Agnew, 2005; Chung & Steinberg, 2006).

Other researchers (Guerra & Knox, 2002; National Research Council, 2000) also agree that offending is the result of the complex interplay of nature and nurture; whatever predispositions towards violence or criminality may be written in an individual's biological trait, these traits unfold within a specific environment that shapes them.

A number of meta-analysis reviews (Lipsey, 1992; Lipsey & Derzon, 1998) conducted so far have also highlighted the relative salience of individual and contextual risk factors in predicting childhood and adolescent antisocial behaviours. Several factors have been associated with the development of delinquency, for example individual factors such as impulsivity, hyperactivity, attention deficits, low empathy, poor social problem-solving skills and beliefs supporting crime. Familial factors include family conflict, child abuse and neglect, negative parent-child bonding, low parental supervision and monitoring, and low social support. Peer influence includes delinquent siblings, deviant friends, gang membership, and unstructured and unsupervised activities with peers. Other factors within the school include bullying, poor academic performance, low educational goals, truancy and negative bonding to school (Agnew, 2005). Furthermore, Hoge and Guerra (2008) noted that lack of positive identity, self-regulation skills, social problem-solving skills, and a lack of hopeful future goal

orientation or academic excellence and vocational skills are often associated with high risk for deviant activities. Therefore, various aetiological factors will be discussed under the following sections: neurobiology and genetics, the family, peer influence, media influence, school environment, socio-economic status, use of illegal drugs, post-traumatic stress disorder (PTSD), as well as individual and neighbourhood factors.

2.8 Neurobiology and genetics

Research on genetics and biochemical factors (Rutter, 1996) suggests that increased motor behaviour observed in reactionary and impulsive behaviour is associated with excessive levels of norepinephrine and decreased levels of serotonin in the brain (Spinella, 2004). Neuro-behaviour research studies identify frontal lobe areas of the brain as important to motor output, organisation of behaviours, goal-directed planning, and enactment of behaviour goal (Eliopoulos, 1990). In addition, biochemical research with excessively angered and aggressive adolescents indicates that there is a deficiency in specific neuro-transmitters associated with motor readiness. Control systems disruptions in these systems are consistent with neuro-behavioural studies that implicate frontal regions of the brain that are associated with characteristics of Attention Deficit Hyperactivity Disorder (ADHD). According to the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.) (DSM-IV) (APA, 1994), delinquency is highly correlated with anger, aggression and other antisocial behaviours and is co-morbid with ADHD, Conduct Disorders (CD) and Oppositional Defiant Disorder (ODD). Offord, Abrams, Allen, and Poushinsky (1979) noted that youth with co-existence of both hyperactivity and conduct disorders were more likely to develop patterns of antisocial behaviours over time and that youths who exhibit high rates of anger were also involved in frequent fights, self-harming behaviours and other deviant acts. Recent findings also suggest that a common set of genes convey a general predisposition to behavioural distribution and that these genes contribute to problems associated with behavioural distribution such as ADHD, CD and ODD and later to juvenile delinquency and substance abuse problems and then to criminality and alcoholism (Quinsey et al., 2004,p.74).

Moreover, biochemical and psychophysiological studies of children with conduct disorders and aggressive tendencies suggest that there are differences in the brain's noradrenergic and serotonergic systems associated with the activation and inhibition of aggression. For example, Archer (1991) found significantly lower levels of serotonin in children and adolescents hospitalised for disruptive behaviours than in a matched comparison group (Archer, 1991; Coccato, Siever, & Klar, 1989). It was also reported that serotonergic

dysfunction in antisocial individuals is linked to inability to learn from experience and that low serotonin levels may contribute to academic problems and put affected individuals at risk of juvenile delinquency because they are less likely than non-affected individuals to learn from their past mistakes. In addition, under-arousal was also cited as a possible aetiological factor in the development of delinquency (Raine, Venables, & Williams, 1996).

One Florida State University study suggested adolescent males who possess a certain type of variation in a specific gene are more likely to flock to delinquent peers than those who lack this gene and that there exists a statistically significant association between an affinity for antisocial peer groups and a particular variation (called the 10-repeat allele) of dopamine transporter gene (Beaver, Shutt, Boutwell, Ratchford, & Robert, 2009). On the other hand, testosterone, a male hormone, has also been positively related to antisocial behaviours, aggression, dominance and impulsiveness (Book, Starzyk, & Quinsey, 2001) and has also been found to have a stronger correlation with juvenile delinquency among low socio-economic status males than among higher socio-economic status males (Dabbs & Morris, 1990). Low levels of cortisol have been found in habitually violent locked up offenders. Similarly, children's saliva cortisol level has been found to be negatively associated with their conduct disorder symptoms and with their fathers' antisocial personality symptom count (Dabbs & Morris, 1990). There is also some evidence that the relationship between testosterone and aggression may be stronger among people with low cortisol levels than among those with normal cortisol levels (Quinsey et al., 2004,p.71). In addition, research also shows linkage between low levels of platelet monoamine oxidase, a neurobiologically active enzyme, and criminality and behaviours such as alcohol and drug abuse (Ellis, 1991). Related to hormonal activity, another hormone known as androstenedione, which is produced in all female mammalian ovaries and later converted to oestrogen, and which makes females domineering over males, has been found to be related to aggressiveness in teenage girls (Burr, 1996). Furthermore, there is an accumulated body of evidence to show that genetic factors contribute to individual differences in antisocial behaviours in general (Rutter, 1996) and that genetic risk factors operate through an effect on hyperactivity, impulsivity and physiological reacting rather than aggression (Spinella, 2004).

2.9 Family influences

Family characteristics such as socio-economic status, parental characteristics like antisocial personality, parenting techniques, lack of monitoring and inconsistent discipline and parent-child relationships like parental rejection and deprivation within the family are all related,

either directly or indirectly, to the development of juvenile delinquency (Patterson, Reid, & Dishion, 1992). Farrington and West (1990) noted that the presence of risk factors such as poor housing, poor parental job record, child abuse, single parenting, domestic violence or marital discord increases the risk for engaging in juvenile delinquency in an addictive manner. For example, a parent who is unable to hold a job contributes to the poor economic context in the family and in turn increases stress in the household (Crosnoe, Erickson, & Dornbusch, 2002). This stress then contributes to an increase in the frequency of coercive interactions, whereby family members reinforce the child's coercive and delinquent acts. Lack of effective parental supervision is one of the strongest predictors of delinquency. For example, the contemporary Western family structure where children's rights have been overly applied constitutes one of the most important factors associated with the increase in juvenile delinquency in the past two decades. Studies (Hawkins & Weis, 1985) show that children who receive adequate parental supervision are less likely to engage in criminal activities and that parental monitoring itself is known to be a protective factor which is associated with a decrease likelihood of offending and may also serve as a buffer to engagement in antisocial behaviours with delinquent peers (Crosnoe et al., 2002). Dysfunctional family settings characterised by conflict, inadequate parental control, weak internal linkages and integration, and premature autonomy are closely associated with juvenile delinquency (Hawkins & Weis, 1985). In addition, it is known that bad parenting statistically predicts children's aggression, and parenting plays a central causal role in leading theories of antisocial behaviour (Lahey, Moffitt, & Caspi, 2003).

There are also high rates of delinquency among children from broken homes (Keller, Catalano, Haggerty, & Fleming, 2002). A number of observations strongly suggest that, particularly in relation to girls rather than boys, the psychological disruption of family life, and other proximate factors, are an effective cause of delinquency (Gibson, 2006). Girls from broken homes tend to commit more offences than boys from similar background. Keller et al. (2002) suggest that there may be some similarities between children whose parents are substance abusers and children of divorced parents. While the parents themselves do not exhibit the same characteristics, their children do. The largest factor is the disruption in their lives. Children of divorced parents often face emotional conflicts regarding their allegiance to either one or both of their parents. They also face difficulty in scheduling time with their parents and the adjustment to new influences when their biological parents remarry. Keller et al. state that, 'children and adolescents who experience family disturbances due to divorce and remarriage typically demonstrate higher levels of aggressive, defiant, and delinquent

behaviour. One explanation is that marital breakup produces conditions and consequences that have an adverse effect on children' (Keller et al., 2002,p.400). However, it was also noted that the absence of fathers in many low-income families could lead boys to seek patterns of masculinity in groups of delinquent peers. These groups in many respects substitute for the family, define male roles, and contribute to the acquisition of such attributes as cruelty, strength, excitability and anxiety. In fact, Farrington (1991, 1995a,b) found that boys whose fathers did not engage in leisure activities with them more often exhibited aggressive behaviours as teenagers and adults and were more likely to be convicted for violent offences. Juveniles who live in unstable homes and social environments are at risk because of their vulnerability to detrimental influences. Depending on the type and degree of these influences, unstable environments can induce antisocial behaviour in children, often resulting in criminally deviant behaviour later in life (Fagan, 1998; White & Widom, 2003).

In addition, single parenting is often associated with inconsistent rule enforcement and discipline, rigid or extremely permissive discipline styles and contradictory behaviour and moral standards modelled with home settings (Eddy, Leve, & Fagot, 2001). Having a single parent family with boys age 13 also predicted their conviction for violence by age 18 (Henry, Avshalom, Moffitt, & Silva, 1996) and parental absence at an early age is associated with violence in both males and females (McCord & Ensminger, 1995). It is worth noting that some single parents bring up well-adjusted adolescents, while some of those parents who stay together as an 'ideal', employ permissive rearing practices that indeed breed juvenile delinquent acts (Baumrind, 1991). There tend to be higher rates of disturbance among delinquents in comparison to those just coming from broken homes. Families that disintegrate into divorce (Fagan, 1998) can also exhibit a higher incidence of delinquency if the resulting arrangement continues to promote intra-family dysfunction. This certainly does not mean that all single-parent homes are likely to produce dysfunctional children; the key issue is whether the family unit is healthy.

Particular parenting styles are also associated with deviant behaviours in adolescents. For example, various studies (Bank & Burraston, 2001; Baurind,1966; Capaldi & Patterson, 1996; Carlson & Sroufe, 1995; Eron, Huesmann, & Zell, 1991; Smith & Brooks-Gunn, 1997; White & Widom, 2003) noted that family management practices such as failure to set clear rules for children's behaviour, poor monitoring and supervision, and inconsistency in children's discipline predicted later delinquency and substance abuse. Similarly, McCord and colleagues found that lack of parental supervision and aggressive discipline predicted children's convictions for individual crimes (McCord & McCord 1964; McCord, McCord, &

Zola, 1959), and that a child reared in a poorly supervised home is much more likely to offend. Many studies have found a strong correlation between a lack of supervision and offending, and it appears to be the most important family influence on offending (see for examples Graham & Bowling, 1995; Farrington, 2002). In fact, lack of supervision is connected to poor relationships between children and parents, as children who are often in conflict with their parents may be less willing to discuss their activities with them. Indeed when parents do not know where their children are, what their activities are, or who their friends are, children are more likely to truant from school and have delinquent friends, all of which are linked to offending (Graham & Bowling, 1995, p.37).

Clark and Shields (1997) studied the effects of family communication on patterns of delinquency. As a general concept, effective family communications could easily be understood as having a positive influence on the children and adults. Thus, when parents are able to communicate with their children in compassionate, supportive and nonjudgemental tones, it is more likely that the children will feel understood and accepted. This pattern of communication is more likely to lead to a positive self-image and a higher sense of self-esteem and serve as a buffer against any negative, external factors that can lure the child to get involved in delinquent activities. In fact, young people who assault others have been shown to have lower rates of positive communication with their families and may have aggressive relationships with their peers (Perry, Perry, & Kennedy, 1992). It is argued that it is not only the communication itself that is of high importance but rather the 'focus' of the communication (Clark & Shields, 1997,p.81). On the other hand, Farrington (1989) also found that poor child rearing practices such as an authoritarian parenting style, harsh discipline and parental disagreement about childrearing predicted later violence. In addition to this, boys with strict parents reported the most violence, followed by boys with permissive parents and lowest ranked were boys whose parents were neither authoritarian nor permissive (authoritative parents). Boys whose parents punished them inconsistently, thus sometimes punishing them and sometimes ignoring the same behaviours, also were more likely to commit offences against other people than boys whose parents were consistent in employing punishment. Studies showed that children who at age 10 had parents who were tolerant of their violent behaviours and tantrums were more likely to report violent behaviours by age 18. More so, poor family management practices when boys were age 14–16 predicted self-reported violence by age 18, although poor family management practices when boys were age 10 did not predict violence at age 18 (Maguin et al., 1995)

Marital discord in two-parent households is much more disruptive than stable and loving one-parent households, thus exposure to high levels of marital and family conflict also appears to increase the risk of later violence (Elliott, 1994; Maguin et al., 1995). In fact, the manifestations of a discordant marital environment such as stress, estrangement, coldness, and enmeshed boundaries produce a disproportionately high incidence of delinquent behaviour in children who grow up in these environments and, as such, parental conflict is much more closely linked to offending than being raised by a lone parent (Walklate, 2003). For example, adolescents who are exposed to spousal physical and emotional abuse are physically and psychologically neglected, and are more likely to demonstrate severe forms of anger expression (Patterson & Stouthamer-Loeber, 1984). Evidence shows that children who are physically abused or neglected are more likely than non-abused children to commit violent crimes later in life (Smith & Thornberry, 1995). In addition, McLoyd (1990) and McLoyd & Wilson (1991) noted that 13 million couples engage in behaviours such as shoving, hitting, or the use of gun or knife, and their children typically demonstrate similar violent behaviours towards their peers, siblings and members of the community. Similarly, Straus, Gelles, & Steinmetz (1980) noted that domestic violence is also associated with heightened anger, aggression that is often repeated by children of parents whose socialisation includes violence.

Family background is one of the most potent influences on juvenile development (Farrington, 2002). Norms, values, models of behaviour and other imprints emanating from the family unit create an internalised ‘blueprint’ for the child’s personality, beliefs and attitudes (Smith & Stern, 1997). For example, when young people are exposed to the influence of adult offenders, they have the opportunity to study delinquent behaviour, and the possibility of their engaging in adult crime becomes more real. The labelling of the family as criminals also impacts on the choice of delinquent trajectories. A study carried out in prisons in the United States reveals that families involved in criminal activities tend to push their younger members towards violating the law. More than two-thirds of those interviewed had relatives who were incarcerated; for 25% it was a father and for another 25% a brother or sister (Smith & Stern, 1997). In addition, parents with criminal record, harsh discipline, poor family management practices, and parental attitudes favouring violence are known to rear children who get involved in deviant activities (Hawkins et al., 1998). In his studies, Farrington (1989, 2002) found that boys who had a parent arrested before their tenth birthday were 2.2 times more likely to commit violent crimes than those with non-criminal parents. In addition, men age 18–23 with fathers who were criminals were 3.8 times more likely to have committed violent

criminal acts than those with noncriminal fathers (Baker & Mednick, 1984). It is within the family unit that children receive most of their information about how to interact with other people and society. Healthy and nurturing families instruct members on how to interact using functional norms of behaviour, whereas unhealthy family environments instruct members on how to interact using dysfunctional norms. Thus, dysfunctional families transfer dysfunctional norms to their children, hence the development of deviant behaviours (Farrington (1989, 2002).

The theory of attachment (Bowlby, 1946, 1998, 2005) claimed that 'actual physical separation from mother in early childhood, to the extent that it involves deprivation of a relationship of dependence with a mother-figure, will have an adverse effect on personality development, particularly with respect to the capacity for forming and maintaining relationships' (see Bowlby, 1998). Graham and Bowling (1995) suggested that those children with a weak attachment to their parents are more likely to offend. Taking into account Bowlby's (2005) definition that attachment requires a warm, intimate and continuous relationship, adopted children who have mothers who play normal maternal roles would be securely attached. However, those with mother-figures who are not responsive, caring and loving will develop insecure attachment with their biological mothers or adopted mothers, hence forming a weaker bond which might affect their personality development and lead to formation of maladjusted behaviours. Bowlby's (1946) monograph on forty-four juvenile thieves revealed that the majority were separated from their mothers at an early age. Maternal deprivation might impair language functions and deprivation of maternal care and dullness of intelligence may each play a part in predisposing an individual child to delinquency, but do so independently. Hence, long deprivation of six months or longer of a loving and caring mother in early infancy may affect or permanently cause impairment of subsequent development of the personality, and this impairment may lead to an increased tendency to delinquent behaviours. Indeed, subsequent studies have found that parent-child separation before age 10 has predicted violence in adolescents (Farrington, 1991, 1995a,b).

Furthermore, insecure attachment is sometimes associated with maternal depression which promotes externalising problems and aggressive behaviours (De Mulder & Radke-Yarrow, 1991). Insecure attachment relationships in infancy predict later behavioural problems in boys and on the other hand, pre-school insecure girls may also be either aggressive or compliant (Greenberg, Speltz, Deklen, & Endrigg, 1992). Lack of affective feeling, abuse, scapegoating, rejection and neglect have all been associated with delinquency (Aggleton et

al., 2000). Actually, child physical abuse and neglect in early childhood are known to be predictive factors of later violent antisocial behaviours (Wisdom, 1989). In addition, mentally unhealthy mothers who are unresponsive to the child's needs tend to produce a neurotic reaction in the child. Unsocialised aggressive behaviour is more likely to develop if either the mother or the father is not affectionate, or if the child has been in public care with a similar environment (Aggleton et al., 2000; Wisdom, 1989). Juvenile delinquents are more likely than non-delinquent adolescents to have depressed and irritable mothers or antisocial or drug-abusing parents (Forehand, Biggar & Kotchick., 1998) and having depressed or antisocial parents is one characteristic that distinguishes early onset delinquent boys from late onset delinquent boys. In addition, depressed mothers tended to be less responsive, loving and caring for their children, less likely to use cooperative problem-solving with their children, and more likely to use hostile discipline and complaint behaviours than mothers who are non-depressed (Downey & Coyne, 1990).

Finally, Maguin et al. (1995) have found that the number of changes in residence in the previous year, assessed when boys were 16 years old, predicted self-reported violent behaviours by 18 years. However, residential mobility assessed when boys were age 14 did not significantly predict violent behaviours at age 18. This discrepancy may indicate that residential mobility has short-term effects on behaviour (Maguin et al., 1995). This calls for more research to be carried out in this area to understand the relationship.

2.10 Peer pressure

Peer group pressure plays an important part in the construction of gender roles and relations, including delinquent behaviours (see Vitaro, Brendgen, & Tremblay, 2000).

According to Elliott, Huizinga, and Menard. (1989), the peer influence or socialisation model suggests that weak bonding to conventional peers leads to association with delinquent friends, which in turn is responsible for initiation into or aggravation of delinquent behaviours. Vitaro et al. (2000) also support the notion that spending more time with deviant friends always exerts a great deal of pressure on a young person to adopt the same behaviours, and that the presence of even one non-deviant friend may be able to mitigate some of the influence from friends who engage in deviant activities, because each individual brings their own norms and sets of values. This suggests that deviant peers amplify the linkage between disruptive behaviours and later delinquency for early starters (Vitaro et al., 2000). In addition to this, it is also noted that if a person's best friend engages in delinquent activities, the

person will have a tendency towards delinquent behaviours too even if they have friends who engage in positive behaviours, as noted in the old proverb '*show me your friends, and I will tell you who you are*'. The bond between best friends is often so strong that it can resist other influences (Vitaro et al., 2002,p.316– 25). Although parental influence can also be effective, sometimes when these bonds are formed it becomes very difficult to break the cycle of delinquency, even for those adolescents who possess a strong parental attachment. This probably explains why some adolescents who are securely attached to their parents engage in deviant activities.

Youth gangs (Decker & Van Winkle, 1996; Maclure & Sotelo, 2004) reflect individual and gender-based power relations in society, and the related discourse and practices by which they are reproduced. Consequently, differences in male and female behaviour in this context are partly a product of the social construction of gendered dominance and subordination in group influences and arrangements (Dietz, 1998). Membership in a delinquent gang, like membership in any other natural grouping, can be part of the process of transition into adulthood (Katz, 2003). Through such primary transition or associations, an individual is then able to acquire a sense of safety and security, develops knowledge of social interaction, and can demonstrate such qualities as loyalty or leadership. Widely held perceptions of achieving unguided autonomy have increased the number of gangs in America, and have also increased violence and drug trafficking (Katz, 2003). Nevertheless, gangs' well-being depends wholly on personal qualities such as strength, will and discipline. Quite often delinquent groups can compensate for the imperfections of family and school.

In England and Wales, it is claimed that there are as many as 30,000 gangs which are clustered within London, Birmingham and Manchester and that gang culture is linked to gun crime (*Observer*, 8 September 2002). Studies (Bullock & Tilley, 2008; *Observer*, 15 April 2001) have shown that juvenile gang members consider their group as a family and that adolescents whose peers approved of delinquent behaviours were more likely to report having committed delinquent acts including sexual assaults (Ageton, 1983). For adolescents constantly facing violence, belonging to a gang can provide protection within the neighbourhood. Adolescents who are not involved in gangs continually face the threat of assault, harassment on the street or at school and oppression. For example, a juvenile delinquent from the Russian Federation claimed that he became involved in gang culture when he was 13 years old, but joined it fully when he was 15 years of age. He had a girlfriend and feared for her safety, which the gang was able to provide. Another boy in London also

admitted carrying a knife every day because his peers do so, and he said he did the same for his safety; however, he had not yet got involved in a fight, nor had the police caught him for carrying a lethal weapon (Chung & Steinberg, 2006; McCord & Ensminger, 1995; *The Times*, 16 March 2009).

Delinquent identity is linked to delinquency itself and to a person's ethnicity, race, class and gender (Elliott, 1993). Delinquent identity is always constructed as an alternative to the conventional identity of the larger society (Chung & Steinberg, 2006). Violence and conflict are necessary elements in the construction of group and delinquent identities (Giroux, 1996; Wooden & Blazak, 1995). In fact, the cornerstone on which group identity is built and strengthened is the perception of fights, conflict relations or violence directed towards other juvenile groups or the community (Giroux, 1996; Haynie, 2002). Focusing on juvenile delinquent identity, several studies (Chung & Steinberg, 2006; Haynie, 2002) have noted that the most robust risk factors in the development of juvenile delinquency are the associations with antisocial peers. Violence serves the function of integrating members into a group, reinforcing their sense of identity, and thereby hastening the process of group adaptation to the local environment (Short, 1996; Lambert, Brown, Phillips, & Ialongo, 2004). For example, before an individual joins a particular gang, he or she may be required to attack or even kill a member of a rival gang or a community member to show his or her allegiance to that group. Other factors that may provide motivation for joining a gang are the possibilities of economic and social advancement. In many socio-cultural contexts, the delinquent way of life has been fantasy, and joining a gang is one of the few channels of social mobility available for disadvantaged youth (Short, 1996). Linked to this is exposure to violence and racial prejudice: exposure to racial stereotyping has led some adolescents to get involved in deviant acts, which is a separate factor from being exposed to violence at home or elsewhere. For example, McCord and Ensminger (1995) found that African American youths who reported experiences of racial discrimination committed more violent acts than those who did not experience racial discrimination.

Having delinquent siblings has also been found to be associated with delinquent behaviours. For example, Maguin et al. (1995) found that the association between having delinquent siblings and being convicted of violence was stronger when sibling delinquency occurred closer in time to the violent youth's offence and later in that youth's development. This indicated that antisocial siblings have stronger negative influence during their sibling's adolescence than earlier in the child's development (Maguin et al., 1995). Farrington (1989)

also found that having a delinquent sister or brother by age 10 predicted later convictions for violent acts. Further, the influence of deviant siblings was also noted to be greater and stronger in girls than in boys. On the other hand, relationships of girls to their girl friends are strong predictors of both gang membership and delinquency and 'sisterhood' has a strong influence on female delinquent behaviour (Quinsey et al., 2004). Similarly, Hawkins and colleagues (1998) noted that social relationships which include delinquent siblings, delinquent peers and gang membership all predicted delinquent development. However, being a gang member contributed more to delinquency than just having delinquent peers, whether sibling peers or friend peers (Battin et al., 1998).

Rai et al. (2003) and Windle (2000) also noted that peer involvement in illicit drug use among adolescents is associated with the nature and the extent of one's own use; in fact, evidence shows that the number of friends that use illicit drugs is positively correlated with one's own illicit drug use (Jenkins & Zunguze, 1998). Therefore, it is possible that some people living in deprived areas will become involved in drug use whereas other people with different type of social network will not. In addition, neighbourhoods characterised by high levels of disorganisation tend to have higher rates of youth delinquency and adult participation in deviant activities. Males living in these neighbourhoods may have greater opportunities to associate with delinquents' peers and become involved in delinquent activities such as substance abuse (Farrington, 2000; Junger-Tas et al., 1994). Consequently, affiliation with deviant peers and level of participation in the neighbourhood are important to consider as possible mediators of the association between neighbourhood perception and male substance use (Lambert et al., 2004,p.214).

Further, individuals with risk to offend have fewer social bonds compared to those with lower propensities to offend, yet they are still influenced by short-term changes in social bonds (Kamali et al., 2010). Youths considered at risk by virtue of their neighbourhood are more likely to harbour antisocial values and engage in deviant behaviour when they lack these attachments, compared to youngsters in the same neighbourhoods who report more bonding to pro-social units (Fishbein & Perez, 2000: 473–5). Changes in circumstances that strengthen or weaken social bonds influence delinquents' activities over a short period of time, giving way for delinquent peers to actively support, reinforce and reciprocate delinquent acts (Horney, Osgood, & Marshall, 1995). In addition, aggressive children who are rejected by their peers show more diverse and severe conduct problems and some aggressive young people make alliances and bully others, leading to involvement in gangs

where the individual's rate of violence usually increases and these groups may prove attractive even to those adolescents who were non-aggressive (Aggleton et al., 2000).

2.11 Media influences

Using Bandura's theory of social learning (Bandura, 1977; Bandura, Ross, & Ross, 1961), many researchers (Bandura, 1973; Bandura & Walters, 1963; Cantor & Wilson, 2003) have concluded that young people who watch violence tend to behave more aggressively or violently, especially when provoked. This is supported by reports that the media partly are to blame (Anderson & Bushman 2002). Media bring individuals to violence in three ways. First, as a result of watching movies that demonstrate violence and excite spectators, the aggressive energy can be transferred to everyday life, pushing an individual to engage in physical activity on the streets. This type of influence is temporary, lasting from several hours to several days. Second, television portrays daily violence committed by parents and peers, and it is almost impossible to find television shows that do not portray such patterns of violence, because viewer approval of this type of programme has ensured their perpetuation. As a result, children continue to be exposed to violence in different situations and the number of violent acts on television appears to be increasing. Third, the violence depicted in the media is unreal; there is little bleeding from the wounds inflicted, and the real pain and agony resulting from violent actions are rarely shown, so the consequences of violent behaviour often seem minimal. Television causes a shift in the system of human values and indirectly leads children to view violence as a desirable and courageous way of re-establishing justice. As a result, television violence accounts for 10% of aggressive behaviour among children (APA, 1994).

2.12 The school influence

Barriga et al. (2002) reported that aggressive adolescents experience academic difficulties at a higher rate than their counterparts who are not. Poor academic achievement leads to school dropout in adolescence and as a result most of these adolescents displace their failures to acting in deviant ways and become potential delinquents and criminals. Poor academic achievement has consistently predicted later delinquency (Maguin & Loeber, 1996). In addition, Broidy et al.(2003) noted that poor academic skills, limited school participation, disruptive behaviours result from anger associated with antisocial behaviours and poor academic achievement is a significant variable in early disruptive behaviour and subsequent delinquent personality disorders in adolescence and adulthood. Adolescents who are poor achievers normally lose motivation to attend school and instead hang out with

other deviant and truant peers who are already dropouts. Furthermore, Farrington (1989) reported a significant relationship between school failure and delinquency.

Academic failure in elementary grades also increases the risk for later violent behaviour (Farrington, 1989; Maguin et al., 1995). Increased rates of truancy and school dropout have also been associated with conduct behaviours.

Farrington (1989) and Hawkins et al. (1998) also noted that truants typically have academic difficulty, and most are unpopular with peers, dislike school, are from disadvantaged homes and spend most of their time with other truants. In addition, youths with high truancy rates at ages 12–14 were found more likely to engage in violence as adolescents and adults and dropping out of school before age 15 also predicted deviant acts (Farrington, 1989). Hawkins et al. (1998) also noted that school factors such as academic failure, truancy and frequent school transitions were all associated with the development of delinquency. In fact, children who display antisocial behaviour often have accompanying academic problems. Boys' aggression was also found to be negatively correlated to cognitive ability, whereas conduct problems in girls were positively associated with intelligence (Aggleton et al., 2000): actually, delinquent girls were found to have higher intelligent quotient than delinquent boys (West, 1969). In addition, the metaanalysis carried out by Maguin and Loeber (1996) showed that low intelligence and attention problems predict later delinquency rather than educational performance. For example, Maughan, Pickles, Hagell, Rutter, and Yule (1996) noted that reading disabled boys showed high rates of inattentiveness in middle childhood and that risk of juvenile offending among these boys was linked to poor school attendance rather than reading difficulty per se. Reading problems were also associated with some increase in disruptive behaviour in girls in their teens (Maughan et al., 1996). Therefore, school dropout is viewed as a social failure when adolescents pacify their academic frustrations and anger by getting involved with deviant groups such as gangs whose culture supports deviancy.

Further, low bonding to school has also been cited as a predictor of juvenile delinquency. Several studies (Catalano & Hawkins, 1996) supported the notion that bonding to school is a protective factor against crime. Actually, a study conducted in America showed that school bonding was a stronger protective factor against violence in African American students and was less linked to violence in boys than girls (Williams, 1994). Low commitment to school and low educational aspirations at age 10 did not predict later violence, but at ages 14 and 16 these factors increased the risk for violence (Maguin et al., 1995). However, other studies did not find any significant relationship with serious crime or violence (Elliott, 1993). In

addition, adolescent boys who at age 11 attended schools with high levels of delinquency reported more deviant acts than other adolescents did. In addition, adolescents who had changed schools several times at age 14–16 were more violent at age 18 than those who had not changed schools. However, care must be taken in generalising this finding because school transitions can be related to other factors that predict delinquency (Maguin et al., 1995).

Educational experiences influence juvenile development in many ways, along with family and socio-economic factors (Flatley et al., 2010; Krug et al., 2002). School environments can shape many youths' sense of opportunity and self-worth; for example, school dropouts and poor academic performers exhibit a higher incidence of delinquency and crime than graduates and academic achievers. Academic achievement is considered the principal stepping stone towards success in most societies. In an ideal environment, opportunities for education, mentoring and encouragement to excel should be equally available for all children; if not, this can precipitate the development of juvenile delinquency. For example, in the recent school shooting in Germany, the deceased delinquent was thought to have had a grudge against his former school, had left the school with mediocre results and was described as not very academic by teachers. A former classmate also described him as only good with weapons (Flatley et al., 2010; Metro, 5 March 2009; Walker et al., 2009). This is supported by a number of previous studies that demonstrated the effectiveness of teachers' observation of young school children as predictor of future delinquency. For example, in Chicago, a survey of 1,110 Caucasian male juvenile delinquents, age 11–17 years, all of whom were on probation, found that one of the background features most significantly correlated with being convicted while on probation was being classified as badly behaved by school authorities, and that teachers' report of bad behaviours correlated more closely with subsequent delinquency than did the results of psychological tests (West, 1969). Other literature also noted that rating of aggressiveness remained a significant predictor of later offending after age and social economic status (Quinsey et al., 2004).

2.13 Socio-economic status (SES)

Some children and adolescents from poor family backgrounds are much more likely to engage in delinquent behaviours because they often feel excluded (Gibson, 2006; JungerTas et al., 1994). To raise their self-esteem and improve their status they may choose to join a juvenile delinquent group (Giroux, 1996; Short, 1996). These groups provide equal opportunities to everyone; they distinguish themselves from school and family, especially

from adult authority. Although class is a predictor variable for delinquent propensities, middle-class youths are involved in delinquency as well, which is more attributed to parental pressure, peer influence, experimentation with substances and alternative lifestyles (Cloward & Ohlin, 1966). Studies (Flatley et al., 2010; Farrington, 2000; JungerTas et al., 1994; Short, 1996; Tyson & Stones, 2002) have found that large numbers of the urban poor are caught in a chronic generational cycle of poverty, low educational achievement, teenage parenthood, unemployment and welfare dependence. Underclass or SES theorists (Farrington, 2000; Junger-Tas et al., 1994) argue that antisocial behaviours have become entrenched norms within poverty-stricken, inner-city environments; as such delinquency and criminality become a reality. In addition, being raised in poverty has been found to contribute to a greater likelihood of involvement in crime and violence and self-reported assault and robbery have been found to be twice as common among youth living in poverty as among middle-class youth (Elliott et al., 1989; Sampson & Lauritsen, 1994). Several studies (Henry et al., 1996; Hough & Wolf, 1983; Farrington, 1989) also found that low family income predicted self-reported teenage violence and convictions for violent offences.

The plight of ethnic minorities and migrants including displaced persons and refugees in certain parts of the world (Carswell, 2011; McColl, McKenzie, & Bhui, 2008; Tribe, 2012) is especially distressing. Immigrants are considered to live in low-class environments. They often exist in the margins of society and the economy and have little chance of success in the framework of the existing law and are often seeking comfort in their own environment and culture. Differences in norms and values therefore result in cultural conflicts, which precipitate criminal behaviours. In fact, native urban populations tend to perceive immigrants differently (Duffy & Frere-Smith, 2014). For example, in the UK, most immigrants like those from Somali, who live in council flats (e.g. Hackney or Camden boroughs), tend to engage in deviant acts more as compared to those who live in better, affluent or expensive neighbourhoods. Subcultures reflect individual and group attempts to solve structural contradictions. One of the most important aspects of subcultures is that they form patterns of behaviour that have substantial symbolic value for the individuals involved. Today, deviant behaviour and violence play an important role in various subcultures. Some groups and subcultures tend to use violence as a means of solving interpersonal conflicts, and the atmosphere created is an important mediating factor contributing to delinquent or criminal behaviour. This is referred to as a subculture of violence, in which aggression is considered an acceptable and even preferable and courageous approach to problem-solving (Muncie, 2004). Those most likely to participate in delinquent activities are members of territorial

gangs. According to statistical evidence (Muncie, 2004), they commit three times as many crimes as juveniles and youths who are not gang members. Also the same study revealed that the most frequent offences committed by gang members are fighting, street extortion and school violence.

In addition to socio-economic status, geographical analysis suggests that countries with more urbanised populations have higher registered crime rates than do those with strong rural lifestyles and communities (Rutter, Giller, & Hagell, 1998). This may be attributed to the differences in social control and social cohesion. Rural groupings rely mainly on family and community control as a means of dealing with antisocial behaviour and exhibit markedly lower crime rates. Urban societies tend to resort to formal legal and judicial measures, an impersonal approach that appears to be linked to higher crime rates. The consequence of this has been that different opportunity structures emerge in different parts of the city. In parts of the city where there has been a reduction in legitimate opportunities, people are much more likely to engage in illicit forms of activity (Hagan, 2004). This has resulted in a very uneven spatial distribution of crime and drug use that has proliferated in post-industrial urban space (Allen, 2007). It is therefore worth noting that knife and gun crime committed by juveniles in London from 2007–8 is higher compared to those committed in other developing countries. Cultural and institutional responses to the same offence may vary widely from one country to another.

The ongoing process of urbanisation in developing countries (Flango & Sherbenou, 2006) is also contributing to juvenile involvement in criminal behaviour. The basic features of the urban environment foster the development of new forms of social behaviour deriving mainly from the weakening of primary social relations and control, increasing reliance on the media at the expense of informal communication, and the tendency towards anonymity. In fact, delinquent behaviour often occurs in social settings in which the norms for acceptable behaviour have broken down. Under such circumstances, many of the common rules that deter people from committing socially unacceptable acts may lose their relevance for some members of society who end up becoming rebellious, deviant and potential criminals (Tyson and Stones, 2002). It has been noted (Hawkins et al., 1998) that in a community where there is lack of cohesion, weakened rules and regulation, poverty, availability of drugs and exposure to violence, delinquent activities are endemic within that environment

2.14 Use of illegal drugs

Among juveniles, abuse of illicit drugs is linked to a wide range of problems. Illicit drug use among juveniles has been a national problem in the USA for about four decades (Lipsey & Derzon, 1998), with annual data reporting that high percentages of high school students have used drugs, and that general offences and substance use between the ages of 6 and 11 were ranked as the two best predictors of violent and serious delinquency at ages 15–25. A larger number of juveniles begin using drugs at younger ages and drug use itself is a form of juvenile delinquency (Allen, 2007; Lipsey & Derzon 1998; Parker, Williams, & Aldridge, 2002; Williams & Parker, 2001). It is known that most users of illicit drugs have otherwise conforming social profiles and that these users tend to live in deprived urban areas and have involvement in crime, which the state has long claimed is connected with their need to support their drug addictions (Allen, 2007). Evidence suggests that drug use is endemic among young people, with high and regular intake levels of alcohol, tobacco, amphetamine, cocaine and ecstasy (Parker et al., 2002; Williams & Parker, 2001). It is more evident in young people living in deprived urban areas.

In addition, most studies (for example, Anglin & Perrochet, 1998; White, Tice, Loeber, & Stouthamer-Loeber, 2002) claim to have discovered that drugs produce an economic necessity to commit crime. Juveniles who traffic in drugs are by definition delinquents or criminals if prosecuted in the criminal court. Many European and American studies have found significant relationship between drugs and crime (Bean, 2001; Nurco, Ball, Shaffer, & Hanlon, 1985). Examination of the offending behaviour of drug users undergoing treatment revealed that drug users are regularly engaged in crime; similarly, research into the offending behaviour of 100 treatment participants found that 56 had been involved in acquisitive crime such as shoplifting in previous months. Crack cocaine users also reported a higher mean income from shoplifting and handling of stolen goods than heroin users and that they are more likely than heroin users to engage in violent crimes and crime against the person (Best, Sidwell, Gossop, Harris, & Strang, 2001). On the other hand, narcotic users engaged more in robbery and other property crime (Inciadi & Chambers, 1972).

Caspi, Moffitt, Newman, and Silva (1996) also suggested that impulsiveness, and restlessness and distractability provide the link between delinquency and substance abuse. In addition, low executive functioning and difficult temperament, which tend to precede the onset of antisocial behaviour, have recently been implicated in the relationship between early behavioural problems and later substance use (Giancola & Parker, 2001). Aggleton et

al. (2000) also noted that alcohol consumption can act as a short potent facilitator of aggression and may specifically apply to individuals with prior high levels of aggressive behaviour and violent acts. It is also noted that predatory offenders who persistently and frequently use large amount of multiple drugs are involved in violent crimes (Giancola & Parker, 2001; Maguin et al., 1995). Street gangs conduct a good deal of juvenile drug dealing, thus some gangs are known as drug gangs because of their heavy involvement in the drug trade. Drug gangs are loose associations of youths whose primary activity is to reap higher profits from drug sales. The drug trade can be exceptionally dangerous, and this type of illicit enterprise is also associated with guns, violence, intimidation and extortion (Barnes, Welte, & Hoffman, 2002). In addition, Maguin and colleagues found that a prevalence of drugs and firearms in the community predicted greater variety in violent behaviours at age 18 (Maguin et al., 1995).

2.15 Post-traumatic stress disorder (PTSD)

Childhood antisocial behaviour has been linked to PTSD (Thompson & Massat, 2005), and veterans with high antisocial behaviour scores reported less perceived threat in the war zone (Helzer, Robins & McEvoy, 1987). In a non-military context, Breslau, Davis, Andreski, and Peterson (1991) found that young persons with conduct problems were more likely to have been exposed to traumatic experiences, and scored higher on personality test measures of extraversion and neuroticism. From the analyses of self-reported data for the veterans from Vietnam, twin samples have found that genetic factors related to selfreported arrest at age 15, more than one arrest after age 15 and later criminal behaviour. Shared environment was not related to late adolescent or adult criminality, but was related to self-reported arrest before age 15, whereas genetic factors were not. Shared environment also influenced the twins' criminal activity but had no lasting influence.

Furthermore, Pynoos and Nader (1993) noted that children suffering the after-effects of traumatic stress can manifest this in later violence and that such violent behaviours sometimes come about as a result of traumatic experience that a child has witnessed (Dodge, Bates, & Pettit, 1990). In addition, a study to discover a link between child trauma and PTSD in children suggests that severe trauma during childhood can have a devastating effect on all functions of the developing brain, including emotional, cognitive, behavioural and physiological aspects, thus causing behavioural difficulties which result in deviant activities. Mollica et al. (2001) also argued that, although not every individual who is exposed to violent

conflict or war will suffer from serious mental illness requiring acute psychiatric care, the vast majority will experience 'low-grade but long-lasting problems'. In fact, after several school shootings, it was reported that some young persons who commit serious crimes are said to have unidentified issues of PTSD and cannot cope with it (Galovski & Lyons, 2004; Schwartz & Kowalski, 1991; Sutker, Corrigan, Sundgaard-Riise, Uddo, & Allain, 2002).

In their National Survey of Adolescents, Siegfried et al. (2004) indicated that there is a correlation between delinquent behaviour and traumatic experience. The survey reveals that over 47% of boys who are sexually assaulted will go on to commit delinquent acts, almost 20% of girls who are sexually assaulted go on to commit delinquent acts, 46% of boys who have been physically assaulted commit delinquent acts too, and almost 30% of girls who are physically assaulted will commit an act of delinquency as well. The same research also indicates that boys and girls who have been neither physically nor sexually assaulted also commit delinquent acts but at a significantly lower rate compared to their peers who have been assaulted and passed through traumatic experiences (Siegfried et al., 2004). The survey also noted that many sexually abused children who do not meet the full diagnostic criteria of PTSD do show symptoms of re-experiencing behaviours, such as fear, anxiety and difficulty in sustaining concentration (Conte & Schuerman, 1988).

Difficulty in sustaining concentration itself is related to low academic achievement, which is also a predictor for development of delinquency. Moreover, some studies (Rutter & Taylor 2005) have documented PTSD symptoms found amongst one-quarter to one-half (or more) of child victims of physical abuse; and it is known that the risk of PTSD increases when physical abuse is more severe and long lasting (Rutter & Taylor, 2005: 332). Therefore if physical abuse increases, then delinquency is also more likely.

Giaconia et al. (1995) also noted that PTSD has an association with problem behaviours. Understanding the relations between gender, trauma, delinquency and mental health has become even more important. Giaconia et al. (1995) reported that PTSD symptoms were extremely high among incarcerated females and who also have high rates of juvenile delinquency. The rate of PTSD among incarcerated female delinquents is not only higher than that in the general population but surpasses the incidence of PTSD among incarcerated male delinquents. In addition, those who suffer from PTSD also tend to exhibit higher levels of distress and lower levels of self-restraint. Therefore, there is a need for more detailed investigations to discover the relationships between trauma, psychopathology and violence.

Indeed such work on trauma may offer a new way of looking at links between victim and perpetrator.

2.16 Individual factors

Although juvenile delinquency is characteristically associated with age of inception (Farrington, 1995a,b), it is not necessarily associated with increased incidence or with expertise in certain offences. Some literature (Farrington, 2000; Junger-Tas et al. 1994) shows that arrests increase after 13 years of age and reduce at age 17 and that this may be true for some types of offences, but not all, and that juvenile delinquents also tend to commit a variety of offences rather than specialise in particular areas (Hamparian, 1980). Many adult criminals were juvenile delinquents, so that for many criminals the progression towards criminality does indeed begin at a young age (Rutter & Giller, 1983). Delinquents who become criminals tend to be people who never overcame the environmental and personality factors that led them to engage in chronically deviant behaviour. These individuals are career criminals who have essentially accepted deviant lifestyles that last well into adulthood, often ending with long periods of being locked up. However, this is not always the case. Some delinquents quit engaging in antisocial behaviour and never progress into adult criminality. Rather they become responsible adults, probably due to fear of punishment, or acceptance of mainstream values and life. Other research findings have shown that early onset of violence and delinquency is associated with more serious and chronic violence (Thornberry, Huizinga, & Loeber, 1995). In addition, Farrington (1995b) also found that one-half of boys adjudicated delinquent for a violent offence between age 10 and age 16 were convicted of a violent crime by age 24, compared to 8% of juveniles between age 10 and age 16 not adjudicated delinquent for a violent crime as juvenile.

Farrington (2002) noted that children with low intelligence are likely to underachieve at school, thus increasing the chance of offending because low academic achievement, low attachment to school and low educational aspirations are all risk factors for offending in themselves. Farrington further argues that if strain theory or subcultural theories are valid, then poor educational attainment could lead to criminal behaviours since children are unable to attain wealth and status legally (Farrington, 2002). In addition, Farrington noted that young men who are impulsive, and do not feel remorse for their actions or disregard the long-term consequences of their actions, have lack of self-control and are unable to postpone immediate gratification, disproportionately offend (Monto, Zgourides, & Harris, 1998; Seagrave & Grisso, 2002). Similarly, it was noted that some adolescents who commit crime

lack empathy, have high level of fantasy, and their personality is described as being loners. On the other hand, Walklate (2003) noted that impulsiveness is also viewed as a key aspect of a child's personality development that predicts deviancy. However, it is not yet clear whether these aspects of personality are due to deficits in the functions of the brain or the result of parental influence or other social factors (Graham & Bowling 1995; Farrington, 2002).

Juvenile delinquency development also tends to result from factors such as pregnancy and delivery complications, hyperactivity, restless, risk-taking aggression, early initiation of violent behaviour, involvement in other forms of antisocial behaviour, and attitude favourable to antisocial behaviour (Hawkins et al., 1998). Prenatal and delivery trauma are somewhat predictive of later violence, although these findings may vary with different methods used in the research study; it was found that 80% of violent offenders scored high in delivery complications, compared with 30% of property offenders and 47% of nonoffenders (Hawkins et al., 1998). Other studies (Farrington, 1997) have not found any significant association between pregnancy/delivery and violence. However, earlier studies have argued that a stable home environment could serve as a protective factor against prenatal trauma (West, 1969). In a study conducted by Klinteberg, Andersson, Magnusson, & Stattin (1993), 15% of boys with restlessness and concentration problems at age 13 were found to have been arrested by age 26 and that boys with restlessness and concentration difficulties were five times more likely to be arrested for violent acts than boys who did not possess these characteristics. In addition, earlier findings showed that teacher ratings of male children's concentration difficulties and restlessness, including difficulty sitting still, tendency to fidget, and frequent talkativeness also predicted later violence. Concentration difficulties also predicted academic underachievement, which in turn predicted later violence (Farrington, 1989).

Rutter and Taylor (1995) also suggested that instrumentally angered adolescents have histories of delinquency and antisocial behaviours and use aggression to achieve some desired goal. Delinquent behaviours are known to be results of aggressive behaviours in most youths. Conduct disorders and oppositional defiant disorders which are associated with juvenile delinquency are often related to anger and are characterised by repeated patterns of behaviour that violate the rights of others through physical aggression such as bullying, threats, fights, robbery, rape, fire setting, theft and truancy (APA, 1994). Criminal aggression in adolescents is also associated with adult psychopathology (Rutter and Taylor, 1995).

Many findings have noted the continuity in antisocial behaviour from early aggression to violent crimes (Loeber, 1990; Loeber & Hay, 1994). Other work (Mason, 2001) found that two-thirds of boys with high teacher rating of aggression scores at age 10 and 13 had criminal records for violent offences by age 26 and they were more than six times more likely than boys who were not rated aggressive to be violent offenders. Low self-esteem has also been noted to be a predictor of deviant behaviour. Using Kaplan's theory (Mason, 2001), it is known that when individuals feel rejected by peers, there is an initial sense of elation when they are accepted by other young people their age, even if they are engaging in delinquent behaviour. This theory is predicated on the notion that young people are not necessarily seeking to engage in delinquent behaviour but rather acceptance by their peers. Thus, participating in delinquent behaviour will have the effect of enhancing a young person's sense of self-esteem. From Mason's research findings, subgroup analyses revealed that delinquency was self-enhancing for boys initially low in self-esteem, but not for boys initially high in self-esteem. This is consistent with both Kaplan's theory and past research (Mason, 2001).

Other factors such as community disorganisation tend to predict criminal activities as well (Maguin et al., 1995; Wooden & Blazak, 1995). Thus, a community with lack of social cohesion has been noted to harbour many juvenile delinquents. In fact, a study conducted by Maguin and colleagues showed that community disorganisation and low neighbourhood attachment are linked to violence and that community disorganisation which involved presence of crime, drug selling, gangs and poor housing was a better predictor of violence than low attachment to neighbourhood (Maguin et al., 1995). Furthermore, situational factors which include presence of weapons, consumption of alcohol or drugs by the offender or victim, the behaviour of witnesses, the motives of the offender, the relationship of the offender to the victim and the behaviour of the victim may be predictors of violent behaviours as well (Farrington & Loeber, 1999). However, the contributions of these factors are difficult to assess because data have been collected from other situations with similar characteristics in which violence did not occur. Therefore, longitudinal studies to investigate these situational triggers need to be done.

Culturally, young men are more likely to engage in antisocial and criminal behaviours because they are 'naturally' viewed as powerful, tough, aggressive, daring and competitive as compared to their female counterparts (Brown, 1998). Considering biological or psychological factors, the way young men are treated by their parents may also make them

more susceptible to offending (Walklate, 2003). Society is less tolerant of delinquent activities among young women than young men, and in cultural terms, the concepts of aggression and violence play an important role in the construction of masculinity and sexuality in patriarchal society. Because this maintains the status quo for men, their perception of violence can be minimised, forgiven, denied or justified, in that some men do not consider verbal aggression as being violent (Giroux, 1996; Dietz, 1998). The dominant type of masculinity is more or less openly directed towards violent confrontation, domination and control in some cultures (Dietz, 1998). As demonstrated by the research work of Muncie (2004), the street gang is an ideal context for establishing gender differences. Consequently, girls who are gang members are not simply passive recipients of 'patriarchy' but active participants in the construction of gender relations

Overall, the Cambridge study of delinquent development showed that main predictors (risk) for boys between ages 8 and 10 were low family income, large family size of more than five people, parents with criminal records, low intelligence and poor quality of parenting styles. The best behavioural predictors were the combined teacher and peer ratings of being troublesome, peer ratings of dishonesty and parent or teacher rating of daring (Farrington, 1989, 1991). In a longitudinal study, predictors of violence in younger age group 6–11 were committing general offences and substance use, male sex, family socioeconomic status and antisocial parents, whereas in older age group 12–14, the strongest predictors were lack of social ties, antisocial peers and having committed an offence (Farrington 1995a, 1997, 1998; Lipsey & Derzon, 1998). Compositions of different hormones play a part as causal factors as well. Peer influence, the school environment, use of illegal drugs, the media as well as PTSD all have a role in causing juvenile delinquency. On the other hand, better verbal skills, more internal locus of control, higher self-esteem, and higher scores on the California Psychological Inventory Scales (Gough, 1956) of responsibility, socialisation and achievement are said to be protective factors which explains why other vulnerable adolescents do not become delinquents. Similarly, young mothers for boys and older fathers for girls, being from a small family of four or less, having more than two years' spacing to the next sibling and being surrounded by alternative care takers within the household are also noted as protective factors. A substantial body of research (Hagell & Newburn, 1994; McNeill, 2002) suggests that youths who begin offending at an early age are more likely to become persistent, serious offenders during adolescence and adulthood. For example, based on the Dunedin Multidisciplinary Health and Developmental Study of 1,000 persons from New Zealand over a 30-year period, an early-starter, 'life-course persistent' group was identified

who tended to offend more frequently, with greater behavioural diversity, and whose offending lasted well into adulthood. This pattern is hypothesised to be due, in part, to time-invariant neuropsychological traits typically manifested in cognitive deficits, difficult temperament and hyperactivity, with the influence of these traits exacerbated by other characteristics of social contexts such as poor parenting, disrupted social bonds or disadvantaged social circumstances (Hoge et al., 2008a). However, it should be noted that not all children who develop antisocial behaviours grow up to be antisocial adults (Hosin, 1997, 2000).

2.17 Assessment of juvenile offenders

Assessments of juvenile delinquents (Catchpole & Gretton, 2003; Oliver, Stockdale, & Wormith, 2009) are very important for planning rehabilitation strategies and devising preventive programmes since they guide decisions about the kind of services which are to be provided at all levels of prevention or treatment. These decisions should therefore relate to competency to waive right, consent to treatment and fitness to plead or stand trial. For example, a youth with a relatively minor offence should not be treated in the same way as one with serious personality disorders underlying his or her antisocial activities. Assessing the risk factors with standardised instruments which provide a structured format (Baker, 2004, 2005, 2008) for collection and synthesis of information, and observing the risk principle of case classification ensures that each youth receives services appropriate to his or her needs and that these services are used in an economical manner, and by trained personnel. Ethical guidance also needs to be borne in mind when carrying out assessment (Baker, 2008), thus any agency involved in assessing children and adolescents will undoubtedly have policy guidelines regarding conduct and use of assessment. For example, psychologists are always bound by professional guidelines such as Ethical Principles for Psychologists and Code of Conduct (see British Psychological Society, 2006 or American Psychological Association, 2002). Categories of assessment instruments include personality tests, behavioural ratings and checklists, structured interview schedules, aptitude tests, attitude measures, and comprehensive risk and risk-need measures, as discussed below.

Personality tests are important for making decisions about treatment, fitness to stand trial, or fitness to plead (Reynolds, 2002; Wirt, Lachar, Seat, & Broen, 2001). They also help to assess conditions like depression, anxiety, aggressive tendencies, as well as other underlying pathological co-morbid conditions like Conduct Disorder, Oppositional Defiant Disorder and Attention Deficit Hyperactivity Disorder, all of which can be very helpful in

guiding treatment strategies. Personality tests generally involve a self-report format, and interpretation of the tests may require specialised training (Wirt et al., 2001). Some personality tests provide a narrower range of constructs, for example, the Reynolds Adolescent Depression Scale – 2nd edition (RADS-2; Reynolds, 2002) and Aggression Questionnaire (AQ; Buss & Warren, 2000). Others such as the Adolescent Psychopathology Scale (APS; Reynolds, 1998) and MMPI-A (Butcher et al., 1992) are broader-based.

Behavioural ratings and checklists provide more direct information on maladaptive behaviours and use parents, teachers, clinicians and peers as respondents (Achenbach & Rescorla, 2001). These require less training and scores are expressed in terms of frequencies. These measures are important because in many cases, the juvenile offender's risks and needs related to dysfunctional behaviour traits are assessed (Wirt et al., 2001). Most of these measures also provide information about the severity of behaviour patterns already developed, which may be relevant to the decisions about the intensity of treatment. Examples of these instruments are Child Behaviour Check List (CBCL; Achenbach & Rescorla, 2001), Jesness Inventory-Revised (JI-R; Jesness, 2003), and Personality Inventory for Children – 2nd edition (PIC-2; Wirt et al., 2001).

Since antisocial attitudes, values and beliefs consistently emerge as risk factors for antisocial behaviour and play a role in some of the major theories of the causes of antisocial behaviour, some of the personality and behavioural measures already discussed above would provide for the assessment of attitudinal variables, and the How I Think Questionnaire (HIT; Gibbs, Barriga, & Potter, 2001) designed specifically to assess attitudes in juvenile offenders could also be used.

Cognitive and academic aptitude tests measure intellectual functioning and academic achievement levels. Since academic failure is sometimes a correlate of juvenile delinquency, a cognitive competence measure may be an important responsivity factor in case planning (Newcomer & Bryant, 1993; Weschler, 2004). There should always be an individual intelligence test using standardised instrument like the Weschler Intelligence Scale for Children – 4th edition (WISC-4; Weschler, 2004), and an achievement test using the Diagnostic Achievement Test for Adolescents – 2nd edition (DATA-2; Newcomer & Bryant, 1993). More specialised psycho-educational tests may also be required under some circumstances.

Comprehensive risk and risk-need measures are designed to evaluate youths' risk for antisocial behaviour and to identify their needs to help in case planning. Most of these instruments attempt to identify both static and dynamic risk factors and have been evaluated through psychometric research. Examples of these measures include: Estimate of Risk of Adolescent Sexual Offence Recidivism – 2nd edition (ERASOR-2; Worling & Curwen, 2001) which is designed to evaluate risk for sexual reoffending on the part of individuals who have previously committed a sexual assault and to offer guidance in the development of treatment strategies; Structures Assessment of Violence Risk in Youth (SAVRY; Bartel, Borum, & Forth, 2000; Borum, Bartel, & Forth, 2005) which provides for structured clinical assessment of risk for violent actions; Washington State Juvenile Court Assessment (WSJCA; Barnoski & Markussen, 2005) which is a two-step assessment process in which youth who obtain moderate or high-risk scores on the scale are then administered the full WSJCA to assess both the static and dynamic risk factors; and the Youth Level of Service/Case Management Inventory (YLS/CMI; Hoge et al. 2008a,; Hoge & Andrews, 2010) which provides estimates of risk for reoffending and a framework for developing case plans based on a risk-needs assessment. However, it should be noted that these measures require fairly extensive information collection efforts including interviews with the clients, parents or teachers if available, reviews of files and other information about the offender. Administering and scoring the instruments also require professional training (Baker, 2004, 2005), and there may be false positives and false negatives, therefore the final decision about the offender should not be based on a single psychological measure.

In addition to the assessment tools already discussed, the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV) could also offer important information particularly relevant to forensic contexts in diagnosing those with co-morbid conditions such as Attention Deficit Hyperactivity Disorder, Conduct Disorder, Oppositional Defiant Disorder, learning disabilities, substance abuse, anxiety, depression and mood disorders. Since young people between ages 10 and 20 may be at different stages of development, it is important to maintain a developmental perspective in evaluating antisocial behaviours in children and adolescents (Rutter & Giller, 1983). Therefore, any psychologist or psychiatrist engaged in assessing adolescents' needs or risk factors involved, should have a solid background in developmental psychology and sensitivity to the needs of youth in this age range. Other individuals who are involved in the juvenile justice systems such as youth workers in the community and institutional settings, judges, politicians, police, prosecuting and defence attorney, and other policy-makers need to be educated about the importance of the

assessment process in order to enhance preventive intervention in the process of youth crime reduction efforts.

2.18 Measures used for reduction of youth crimes

The problem of juvenile delinquency is becoming more complicated and universal, and crime prevention programmes are not fully equipped to deal with the present realities (Flatley et al., 2010; Short, 1996). Many developing countries (Igbinovia, 2012; Wooden & Blazak, 1995) have done little in dealing with these problems or have relied on the NGOs to bail governments out, and international programmes are obviously insufficient (Farrington, 2000). Developed countries are engaged in activities aimed at youth crime prevention, but the overall effect of these programmes is rather weak. The mechanisms in place are often inadequate to address existing youth crimes: for example the recent Internet postings of the planned crimes in the school shootings in Germany and Virginia. In both situations police were notified, yet took too long to act because if no crime has been committed, even though signs are evident, actions are delayed. This also applies to gang crimes in the UK, especially in London where groups of gang members are not deterred before any crime is committed even though there are real signs that within a given time either one of the gang members will be gunned down or stabbed, or a community member attacked. Overall, current efforts to fight juvenile delinquency are characterised by a lack of systematic action and an absence of task-oriented and effective social work networks with both offenders and victims (Thompson and Massat, 2005). However, juvenile delinquency can be prevented if the societies understand its causes. The study that has been conducted by the Centre for Crime and Justice Studies at King's College London has found that targeted stop and search programmes successfully led to a fall in illegal carrying of weapons and their use in crime. In some areas there was a 30% fall in crime and the way police were perceived locally was also found to be important if crime reduction programmes are to be successful (Browling & Weber, 2011; Weber & Browling 2012).

Treatment of offenders also needs to be based upon an understanding of causal factors (Rutter & Giller, 1984). Prevention of juvenile delinquency would involve training teachers to identify children who are at higher risk of getting involved in crime, training parents to help to support these children as well as professional help given earlier so that they are able to cope better. The community and the adolescents should also be involved in programmes that are developed to combat delinquency. The Foresight programme highlights the many ways in which developments in science and technology are creating changed potential for

crime and for crime prevention (Foresight Crime Prevention Panel, 2000). In addition, programmes (UN, 1990; Burns et al., 2005) that operate to strengthen social bonding may have potential to reduce drug abuse and delinquency, for example improving parental relationships, particularly with the father, may have direct and positive effects and may be protective against the development of negative behavioural outcome. Another potential direction for approaches to treatment and prevention includes interventions that focus on peer influences. Negative peer influences have consistently been found to be among the strongest predictors of delinquency and drug use amongst youths. Programmes (Mulvey, Arthur, & Reppucci, 1993) that promote decision-making, judgement and social skills potentially reduce the impact of these influences.

Even more importantly, developmental stages need to be streamlined in order to examine the relative strength of the main predictors at different ages. This is particularly relevant to treatment because programmes must not only be age-appropriate in content, but must target risk factors for a given age group most linked to adolescent delinquency (Rutter & Giller, 1983). Much as some antisocial children outgrow this behaviour, in the treatment planning, it is important to note that most serious offenders are likely to have had a prior pattern of habitual antisocial behaviours. Thus, treatment should focus on risk factors associated with offending behaviour and labelled criminogenic needs (Andrews & Bonta, 2006). In fact, when planning preventive intervention to tackle youth crime, it should be borne in mind that young people choose to become delinquents or criminals, and can also choose to stop deviant activities. This is supported by other literature which argues that individuals neither fall into crime, nor fall out of it; rather they consciously make decisions to follow this path or actively participate in the process of desistance, or at least invest so much in conventional goals that they do not want to take any risks that jeopardise their investment (Sampson & Laub, 2004).

Various research findings (Kerns & Prinz, 2002; Tolan, Guerra, & Kendall, 1995) also suggest that, as risk and protective factor models of antisocial behaviour mature, emphasis should be placed on the ecology of development and the need to develop multicomponent programmes to address multiple risk factors across multiple contexts concurrently. Developmental life-course (DLC) theories of delinquency have integrated the risk-factor prevention and treatment paradigm with research on features of criminal career trajectories as well as the effects of life transitions on offending (Farrington, 2005). Therefore, treatment programmes must help juvenile offenders develop a new sense of purpose and identity as hard-working citizens rather than as lifelong criminals. They should provide personal and

vocational skills that allow this identity to unfold. Thus, skills should not be taught in isolation, but rather as part of efforts to help offenders see their future self as engaged in healthy relationships and purposeful activities as constructive members of society. With regards to reduction in youth crime, a successful prevention strategy should be comprehensive in its focus, contain a multi-dimensional approach and target underlying individual and social mechanisms that contribute to negative behavioural outcomes (Fishbein & Perez, 2000: 476). Kazdin (1997) suggested three major strategies: population-based prevention intervention, intervention to focus on high risk groups, and treatment-centred programmes for offenders. Similar to these are three major strategies which are important in the prevention of juvenile delinquency: the identification of risk factors, the development of screening procedures to identify children at risk, and the implementation of preventive intervention for changing risk factors and reducing children's probability of engaging in antisocial behaviour. These strategies can be looked at on three levels – primary, secondary and tertiary – as discussed below.

2.19 Primary level

Primary prevention attempts to cover all children in a geographical setting, without any further selection criteria, for example, prevention of child abuse and neglect. There is general agreement in the literature that universal primary prevention could be the most effective approach for reducing delinquency in the future and that this may have a greater impact and be more palatable to society as a whole when implemented in a more global context of prevention, for example when aimed at general health promotion (Farrington & Welsh, 2007). Situational prevention is designed to reduce the opportunity for antisocial behaviour and to increase the risk of difficulty of committing antisocial acts; community prevention is designed to change the social conditions and social institutions that influence antisocial behaviours in communities. Measures which alter the situational characteristics of the environment are employed to make offending difficult or increase the likelihood of detection. For example, opportunities for attaining the potential object of crime are made harder or less attractive through physical barriers (Crawford, 1998), for example guns are not sold to particular age groups or not sold at all, youth checks for possession of knives at school gates, using better community surveillance, such as CCTV monitoring of stores, and implementing neighbourhood watch schemes.

In the United Kingdom and United States of America for example, neighbourhood watch schemes have been put in place to encourage community residents to be alert to possible

crimes in their area, and to take responsibility for the protection of their neighbours as well as themselves. The rule is to report any suspicious activities by strangers and exercise social control over behaviours in public places in the neighbourhood.

Ekblom (1994) considered the use of a proximal distal mechanism. He argued that mechanisms are always causal and linked together in chains of causes and effects of crime, thus the probability that a criminal act is committed lies in the fact that it is within a cycle of several causes, and that action prior to the criminal event could interrupt a chain of cause and effect which would otherwise have ultimately led to the event. This is important because it explains why criminal events occur and why certain interventions are believed to prevent criminal events from occurring. This approach can help to disorganise gangs who are about to commit crime, if police or authorities can approach them especially when it is imminent.

Identification of potential victims as a target of preventive attention is also important. Thus potential victims have been increasingly exhorted to prevent crime and to protect themselves from risks, for example through national awareness campaigns, good quality street lighting in cities, and installation of steering column locks in cars (Muncie, 2004). The media, as the main source of public information, should play a key role in informing the public about the destructive results of armed conflicts; and round-table discussions should be organised to develop strategies for counter-trafficking and for integrating the victims of armed conflicts including former child soldiers and the victims of harassment and sexual abuse into society. Important preventive strategies include understanding of early predictors, availability of early family support and pre-school education. Early prevention programmes such as home visits during pregnancy and infancy could help to alleviate any problem associated with these stages, for example issues of child physical abuse and neglect in the first two years of life could be prevented since neglect and abuse are known to be predictive factors as discussed earlier on (Yoshikawa, 1994). Psychological intervention such as social skills training should be employed, for example behaviourbased approaches such as instruction, modelling, role playing, coaching and feedback for children who have previously encountered antisocial behaviour (Goldstein, Glick, Cartnan, & Blancero, 1994). Self instruction training in which negative self talks are modified and changed to positive self talks can play a role in everyday behaviour. Cognitive elements are known to have better outcomes (Izzo & Ross, 1990). Social problem-solving which fosters interpersonal problem-solving skills leads to conflict avoidance and reduces the risk of aggressive antisocial behaviour (Kazdin, 1995).

Furthermore, school interventions which involve programmes to enhance social competence and social problem-solving, programmes targeted at the reduction of aggressive behaviour and programmes to reduce bullying have all been evaluated and used to prevent delinquency (Rutter et al., 1998). In fact research findings show that effective schooling is characterised by strong positive leadership, high expectations of pupils, systematic monitoring of pupil progress, and good opportunities for students to take responsibility and become involved in the life of the school. Also included in these programmes are appropriate use of rewards, involvement of parents in school activities, the use of joint planning and a consistent approach towards students, academic emphasis and a focus on learning and high-quality, purposeful learning (Sherman, 2002).

2.20 Secondary level

Secondary prevention attempts to prevent antisocial behaviours in those at risk such as children who are aggressive at a tender age (Short, 1996). It targets individuals by measuring risk factors that are specifically related to delinquency in order to identify specific group of individuals who are most vulnerable to become future delinquents. Hoge and Guerra (2008a,b) suggested that risk factors can also be used to guide the development of interventions targeting one or more potentially changeable risk or protective factors within individuals or within the context of their environment, for example cognitive-behavioural programmes targeting individuals' cognitions, or family interventions designed to facilitate more effective family functioning and parental involvement. According to Henggeler, Melton, and Smith (1992), a treatment programme which entails helping individuals learn how best to manage interconnected systems in their social ecology in order to reduce youth delinquent risk is one of the most effective treatment programmes for juvenile offenders.

Further findings showed that most effective preventive measures of delinquency focus on a very high-risk group of poor families, the quality of its programme and the length of follow-up; for example, it has been suggested that broad and accessible criteria for inclusion, such as poverty or rate of unemployment in the community can be used to determine the level of risk within the population (Quinsey et al., 2004). Developmental prevention consists of intervention designed to inhibit the development of antisocial behaviour in individuals by targeting risk and protective factors that influence human development. Childhood intervention should include the situations in which behaviour occurs, specific triggers, and qualification of the behaviour which could be done through risk assessment and health needs of the child. Cognitive and emotional assessment which examines perception,

thoughts and feelings associated with behaviour should also be carried out and the child needs to be closely monitored and the treatment outcome evaluated (Hoge & Guerra, 2008a,b; Rutter & Giller, 1983;Short, 1996;). At secondary level particular risk of certain types of victimisation can also be minimised. For example insurance companies may foster the production of categories of 'at risk' population and promote secondary crime prevention among potential victims by offering financial incentives through the cost and availability of insurance cover, with a lower cost of premiums where protection is in place, for example, burglar alarms, locks and CCTV cameras.

In addition, if adolescents who are prone to anger are assessed earlier (Blake & Hamrin, 2007; Novaco, 1997), the information from the assessment can be used to develop treatment programmes, such that the treatment goal is to assess an anger-provoking situation and apply the most appropriate and effective response learned during anger control training that would include relaxation, self-instruction talks and aggression replacement. In doing so, problems of juvenile delinquency can be prevented. Since adolescents who have instrumental anger have high levels of cognitive abilities, counselling, skills building, and performance that enhance social coping skills should be considered. Comprehensive cognitive-behavioural therapy (Hollin, 2004) should be provided to tackle anger control, social skills training and attribution. All these should be taught via role-play and applied to real life situations including adolescents' family and school environment. In fact, educational programmes help young people learn how to engage in positive self talk, deal with conflict, and control aggression. The programmes change the beliefs about gang glamour and help young people find alternatives to illegal behaviour (Dugdale, 1985). Anger control training should be employed, and the use of cognitive-behavioural work, which combines self instructional methods with relaxation training, could help to lower levels of aggression; for example aggressive adolescents with severe behavioural problems have been reported to improve with this intervention (Aggleton et al., 2000).

Another intervention approach that could be used is Aggression Replacement Training (ART) which was formulated in the USA to meet the growing problem of juvenile gang violence (Goldstein et al., 1994). Being a multi-model treatment, ART consists of social skills training, self instructional or anger control and moral reasoning enhancement as discussed earlier; however, this is carried out in the community or institutional settings. Parents need to be trained in child management skills such that sessions take place in the natural environment and in the presence of the child. Here techniques are repeated and practised through role

play so that the parent experiences handling the child in the most appropriate manner; and the parents' childhood experiences are also explored. Components that could be added to parent training therapy include encouraging telephone calls, and systemic family therapy, for example incorporating attachment theory into a principally structural model and home visits (Aggleton et al., 2000; Byng-Hall, 1995). In their studies, Sampson and Laub (1993) suggested that strong adult social bonds, as evident in marital attachment and job stability, are significantly associated with lower levels of crime among groups previously identified as both delinquent and non-delinquent. Work with troubled youth should help them to develop the social and cognitive skills necessary to avoid conflict and control aggression and will help with prevention as well. Children reared in strong families, quality schools and healthy communities typically develop these skills as a matter of course. Parents, schools, law enforcement agencies, and local communities could be involved in these programmes (UN, 1990). Within the economic sector, professional development programmes should be set up to provide legal alternatives for income generation. Supplying adolescents and young people with increased economic opportunities, professional training and education, and assistance in organising businesses as done by most NGOs in developing countries can help prevent youth involvement in delinquent activities (Burns et al., 2005; UN, 2003).

Today, though specialised skills for work are being developed and counselling bureaus are being established, family counselling or therapy is known to offer much promise. In an area where the divorce rates alone are a sufficient indication of the widespread need for help, trained and specialised skills should be focused specifically on the medical, emotional and broader psychological requirements of the family in order to help resolve difficulties before they get out of hand. Provision should be available in the community for the individual who feels the need for advice about his or her family relationships and should be competent enough (Henggeler et al., 1992; Henggeler, Melton, Brondino, Scherer, & Hanley 1997). Traditionally, family physicians, friends and attorneys have performed much of this advisory activity on an informal basis, but now there is a need to train counsellors who are able to help individuals with such problems (Calhoun, Glaser, & Bartolomucci, 2001).

Family environments that model aggression to a child need to be tackled as well, for example anger management systems should include both adolescents and family members so that counselling and family anger control training can be provided for the whole family (Calhoun et al., 2001; Rutter & Giller, 1983; Wiesner et al., 2003, p.320). More importantly, preventive programmes based on social learning theory require placing an individual in a favourable

environment where he or she would be less tempted to imitate violent behaviour. One of the examples of such an environment is the social services of the church. The actual role of contemporary religion in delinquency prevention is not easy to evaluate. However, its potential role is tremendous and the fulfilment of that potential depends on the vitality of a religious sector in the lives of its followers. The formulation through religion of a standardised morality that is in conformity with the law establishes a system of social control norms that overlap substantive legal norms (Wiesner et al., 2003, p.320). The social services of the church can do much to provide more experimental, intensive and therapeutic assistance to delinquents than public resources customarily are equipped to perform.

The family appears to play the most important role in the prevention of child and juvenile delinquency. The most impressive prevention efforts focus on the families of troubled youth, including those young people with serious behaviour problems (Buel, 2002). For example, in the United States, when parent management training was provided to the parents of problem children aged 3–8 years, the children fared far better than those in a control group assigned to a waiting list for the programme. Overall, between two-thirds and three-quarters of the children in the programme achieved clinically significant change and returned to a normal range of behavioural functioning (Rutter et al., 1998). Further, it has been noted that parenting skills offered to high-risk families whereby home visitor nurses provide guidance from pregnancy and delivery to aftercare for infant development helped to prevent child abuse and neglect (Zagar, Busch, & Hughes, 2009; Zigler, 1994). It also improved cognitive development and reduced behaviour difficulties which might result in future delinquent activities (Rutter et al., 1998). This programme could be adapted for the UK environment where there is high rate of adolescent mothers and most youth crimes including knife and gun crime are the result of poor parenting styles. In line with this, adolescent mothers with behaviour problems are noted to associate with males who also have history of behaviour problems and provide inadequate care to their developing foetus. Therefore, providing quality of care for adolescent mothers and parenting support may help their offspring not to develop into delinquents. In fact, Tremblay et al. (1999) argued that adolescent mothers should be the focal point of prevention plans. Intervention promoting pregnancy delay among high-risk adolescents should be put in place, since babies born to adolescent mothers with a history of deviant behaviours are at a very high risk for many developmental problems as well (see also Farrington, 2002, 2007; Farrington & Welsh, 2007). In addition, Tremblay et al. (1999) also observed that, in the prevention of juvenile delinquency, when interventions target more than one risk factor, there are significant differences between treated and

untreated groups, hence intervention in multiple contexts is more likely to be effective than intervention in a single context.

Successful interventions need to be implemented long before adolescence and last for a relatively longer period of time. Programmes need to be implemented with integrity and consistency, and preventive interventions should be evaluated with long-term follow-ups that employ sound experimental designs (Rutter and Giller, 1983; Tremblay and Craig, 1995).

Furthermore, the basic parenting skills training programme should focus on how to play with the child, use of praise and reward for appropriate behaviours, limit setting and discipline as well as problem-solving, anger management, good communication, depression control, and giving and receiving support (Patterson, DeBaryshe, & Ramsey, 1989). The use of videotape modelling has been shown to be effective in improving parenting skills and reducing children's disruptive behaviours. Kazdin (1987,1997) suggested that the combination of social problem-solving and parent management training was found to have a significant effect of diminished delinquency and enhanced social functioning as assessed in a one-year follow-up. In addition, early treatment of disruptive behaviour which seeks to train parents, children and teachers in how to prevent the escalation of antisocial behaviours could also lend a hand in preventing juvenile delinquency. For example, the work of the Oregon social learning centre focuses on the child and the parent; and the Webster-Stratton programme includes teacher training and other strategies which include encouraging praise for desirable behaviours alongside the use of systematic sanctions for undesirable behaviours (Webster-Stratton & Herbert, 1994). Better still is Botvin's life skills training (UN, 2003) that focuses on the provision of information, fostering social resistance skills, independent decision-making, anxiety coping skills and self-directed behaviour change which have all been used to prevent substance abuse in adolescents and reduction in the use of cigarettes, alcohol and marijuana.

According to General Strain Theory (Moon & Morash, 2013), the major causes of juvenile delinquency are aversive atmospheres at home and school. The emotional atmosphere, the hostilities and the inadequacies expressed in parent-child relationships do greater injury to the child than physical hurts (Petrosino, Derzon, & Lavenberg, 2009). Preventive measures need to discourage delinquency by improving quality and harmony within the family system. Preventive programmes based on General Strain Theory refer to effective family social work: a field designed to strengthen family life through assisting individuals and family units and to improve the community circumstances essential to wholesome family living. Private

agencies and governmental services, especially departments of public welfare/social services, contribute to this work; many of them today, especially in moderate-sized cities, merge child welfare services with their family casework for more integrated assistance (Kazdin, 1997; Moon & Morash, 2013).

Two of the most common characteristics observed among delinquent children are dislike of school and teachers, and poor academic performance (Farrington, 2000; Junger-Tas, et al, 1994). It would seem that any real solution to this problem lies not in penalty classes or special schools with long hours or even being locked up, but in preventive measures such as vigorously attempting to adapt the educational process to the needs and interests of children (Sprott, Jenkins, & Doob, 2005). Since poor academic achievement is associated with anger and frustration, providing academic tutoring and dropout prevention classes that focus on academic skill building may be included in such programmes and this may in turn lower levels of anger during school days. In addition, a combination of parent and child training was also found to be effective in tackling youth crime. Thus, parents are helped to boost their children's academic skills through homework support, fostering good learning culture and liaison with teachers, while children are taught social skills, problemsolving and behavioural control in the classroom (Petrosino et al., 2009; Rutter et al., 1998). Classroom organisation, programmes of study and teaching methods should also be planned to meet the interests and needs of children and adolescents at their level of development. Varied opportunities for the expression of diverse abilities and sufficient elasticity would allow the individual some freedom in adaptation, and there would be far less aversion and passive indifference to school (Houchins, Guin, & Schroeder, 2001, p.110). It is important to remember that flexible programmes and good teaching are largely a matter of adequate budgets, careful selection and good planning; therefore, this should be taken into account when drawing up preventive programmes or planning for such curriculum.

Every school system should have attached to it or continuously available to it the facilities of a psychiatric clinic or study home to which cases of juvenile delinquency might be referred for observation and assistance. If teachers are trained sufficiently and selected to be sensitive to children needs, they should be able to refer a large proportion of maladjusted children for clinical assistance early and thus prevent the development of serious conduct problems and delinquency (Houchins et al., 2001). In addition, the school must continue to provide formal education to meet particular needs for children with psychological or conduct problems. According to General Strain Theory, in cases where the problems of personality

are serious enough and the classroom environment becomes the source of frustration for children, children should be treated for their special requirements in groups established according to their needs. If these individuals are to be taught separately, they need programmes and teachers trained and adapted to their particular needs.

Furthermore, a wide range of recreational facilities and services of particular interest to youths should be established (US Surgeon General, 2001) and made easily accessible to them. For example, in a number of towns in the United States the establishment of basketball programmes for adolescents led to a 60% decrease in crime rates. Researchers at Columbia University in New York City also found that having a boys' or girls' club in a public housing project reduced the level of crime by an average of 13%. Another research study conducted in the United States also revealed that most of the activities of juvenile delinquent groups were concentrated around the town's only park. The layout of the park was redesigned to create many more leisure and recreational alternatives for juveniles and their parents. The number of positive afternoon activities held in schools and parks was also increased. All of these measures led to a considerable reduction in juvenile delinquency (Hoge & Guerra, 2008a,b). Similar to this is a programme in Stevenage, a town in the south of the United Kingdom where large youth centres and playgrounds were built and several youth clubs organised, and the result is that young people have largely avoided delinquent activities. Utting (1996) also noted that projects in which the main target has been the development of schemes to foster young people's constructive use of leisure facilities, encourage outdoor games, or use youth workers to help engage youths in constructive activities have been found to be very effective in reducing crime. For example in the USA, there has been a renewed interest in the value of youth organisations such as the Scouts (Quinn, 1995).

Community behaviour can also influence behaviour modelling of juvenile delinquents. Community organisation and planning represent tremendously significant possibilities for the development of youth offending measures. For example, greater attention could be given to the role and responsibility of local communities in dealing with juvenile delinquency (Barrett, 2011; Quinn, 1995). Programmes such as those that are designed to train youths in constructive activities and the idea that young people can and should work in partnership with adults to improve conditions in their communities would yield a good outcome. For example, adolescents could be asked to sit on boards, share ideas and support community efforts through structured volunteering, as seen in London in the boroughs of Newham and Enfield where children have formed their own mayoral committee and drawn up their own

budgets with the aim of reducing youth crimes in these communities (Barrett, 2011). Similarly, in one city in the USA, law enforcement officers, human service agency representatives and local citizens forged a partnership to combat crime in ten high-crime neighbourhoods. The initiative, which included the establishment of new athletic leagues for young people, a youth forum for teens to speak out on community problems, and various other prevention measures led to a 29% drop in crime in the targeted neighbourhoods and a citywide reduction in violent crime (Tilley, 2005).

In addition to this, the involvement of NGOs and volunteers such as pensioners, students, politicians, celebrities and high-profile politicians seems to be generating promising results in reducing delinquency. Generally, programmes for preventing gang delinquency should also endeavour to integrate children and youth into organised group activities. This can be achieved through social service agencies or organisations such as the Young Men's Christian Association (YMCA), Young Women's Christian Association (YWCA), Girl Guides and Boy Scouts, as well as independent boys' and girls' clubs and community centres. Multi-sectoral prevention initiatives designed and implemented by entire communities are the most effective, in particular those that build on the strengths and interests of youth rather than focusing only on their problems or deficits (Henggeler et al., 1997; Mulvey, 1993). Community schemes have also been noted to have advantages over supervision especially for minor offences. This provides alternatives to custody that combine supervision of the offender, support in relation to home stresses, rehabilitation and penalties. This includes group or individual work, teaching social skills, and various other activities. This programme, which was also termed intermediate treatment, was suggested to yield effective results especially if parents were involved and more attention given to post-treatment social adjustment and behavioural change.

Use of social crime prevention has also proved vital (Mulvey, 1993). Thus, it is important to tackle the root causes of crime and the dispositions of individuals to offend. This seeks to explain and address the social causes of offending behaviour within the social and economic environment (UN, 2003; US Surgeon General, 2001), for example relative deprivation, lack of social cohesion, poor living conditions, development of confirming subcultures and others. It is important to address the factors in the individual which predispose him or her towards criminal motivation and at the community level it is important to alter social conditions that influence an individual to commit offences within the community (Tilley, 2005). Finally, in developing countries (Hagan & McCarthy, 1998; Inciardi, Horowitz, & Pottiger, 1993; Inciardi

& Surratt, 1998) special attention must be given to street children and to children and adolescents who have lost their families during armed conflicts or through diseases like HIV/AIDS, and have thus had no appropriate family surveillance. The majority of programmes serving street children are remedial in nature, as they operate on particular occasions, providing food, clothing and occasionally shelter and health services. These initiatives, which provide symptomatic treatment, have to be complemented by programmes that also address the causes of being on the streets (Mulvey, 1993; Tyson and Stones, 2002).

2.21 Tertiary level

Tertiary prevention attempts to prevent further antisocial behaviours by already known delinquents. This has limitations in that it focuses on a small group of individuals who are already delinquents, leaving out much larger groups of juveniles who engage in other antisocial behaviours, and it is unlikely to succeed when targeting individuals who are long-time delinquents and who have developed a sophisticated pattern of antisocial behaviours (Flatley et al., 2010; Junger-Tas et al., 1994). Criminal justice prevention consists of deterrence, locking up and rehabilitation strategies operated by law enforcement and criminal justice agencies. At the tertiary level, for those who are already victims of crime, initiatives run by the police may seek to offer domestic security upgrading including a check on existing arrangements and for the provision of new locks or bolts and at the scene of crime police may also offer prevention advice. General assistance should be also given to victims of crime, for example legal, emotional or financial support, since such activities seek to minimise the harm done by crime, regardless of its effect or future victimisation. In the Kirkholt project (Forrester, Frenz, O'Connell, & Pease, 1990) high rates of repeat victimisation in relation to domestic burglary can be prevented through targeting victims and their neighbours. This involves the establishment of a task force within the police and research group to promote prevention through engagement of victims who could also help. Hence, there is need for professionalisation, since crime problems change with adaptation by offenders and preventers, as each tries to adapt and or frustrate the other, and social and technological changes create new crime and prevention opportunities. Therefore, it is important to draw a comprehensive framework for understanding and planning crime prevention and reduction (Ekblom, 1994).

One promising area of prevention work involves strengthening the position of victims by developing relevant programmes and training for them and supporting victims' associations (Farrington, 2000). The problem of youth victimisation is still characterised by a theoretical

vacuum. Recent studies have shown that differentiation between offenders and victims is based not on sex and age, but on differences within each gender; in other words, offenders and victims of the same gender represent different 'types' of masculinity and femininity. In fact, restorative justice where juvenile offenders confront victims and make amendment or compensate the losses they have caused, encourages juvenile offenders to engage more closely with the real problems of the victims and communities than use of rehabilitation alone would achieve. This emphasises how victims can help in the social reintegration of offenders, through making amends and reconciliation, and reintegrative and relational justice (Rutter et al., 1998). These and other gender-related considerations must be borne in mind in the development of prevention programmes. Expanding efforts in this direction would be particularly useful for dealing with street and orphaned children and the victims of armed conflict, sexual abuse and trafficking.

According to learning theories, juvenile delinquency preventive programmes (Hawkins, 1996; Hawkins & Weis, 1985) should be based on positive and negative reinforcements. Operant learning theory, postulated by B. F. Skinner (1957), suggested that a young person's behaviour is influenced by rewards or punishments. Ideally, one would expect that deterrence (conviction or heavy punishment) would cause an individual to change his or her behaviour, or increasing the level of punishment would have a stronger effect on deterrence. However, this might not be the case, especially if it is not administered immediately or if this is viewed as being discriminatory and unreasonable. For example, in England and Wales, the time between arrest and sentence is an average of 121 days. This does not have a strong deterrence effect on individual behaviour (Rutter et al., 1998). This probably explains why punishment has not yielded effective results in preventing crime among either juvenile or adult criminals. In addition, preventive programmes with the use of negative reinforcements such as confinement and boot camps (Bottcher & Ezell, 2005; Mackenzie, Bram, McDovall, & Souryal, 1995) mainly operating in the USA have also shown very little effect. Although not as restrictive as confinement in a secure facility, boot camps are programmes that focus upon changing attitudes and behaviour through discipline. However, they are known for their harsh militaristic styles; for example, juvenile delinquents are organised into platoons and required to wear uniforms and participate in daily activities of drill exercises and physical training which extend from 6:00 a.m. to 9:00 or 10:00 p.m. (Fagan & Zimring, 2000). In addition, deterrence should be accomplished by the certainty of punishment, and by making the severity of each punishment surpass any benefit derived from the crime. Heavier penalties and locking up juveniles need to be considered in terms

of their effects on the individual child. Conflict always exists between punishment and the UN Convention on the Rights of the Child; however, the primary goal in carrying out this preventive measure should be prevention of juvenile crimes and protection of other vulnerable people. Therefore, one wonders how far a child should be punished!

Within the traditional school of thought, as adapted in an American cultural context, to crack down on juvenile delinquents and criminals, offenders commonly receive mandatory sentences for specified offences. This has allowed most states to pass legislation to punish offenders in proportion to their crimes, for example aggravating circumstances such as the use of firearms are punished more severely. Many juvenile delinquents also are now moved into the adult system, and individual criminals receive longer and more severe sentences. By sending juveniles to adult court, there is an increased chance that young offenders will encounter adult offenders and, consequently, after this contact the juvenile should learn to behave better, hence reducing delinquent activities. Nationally, more prisons have been built and more offenders have been imprisoned. On the one hand, locking up offenders has proved positive in reducing crime rates since being in custody means offenders are not allowed to commit crime in the community (Rutter et al., 1998). However, this is also criticised by human rights activists as weighing too heavily in favour of punishment, without incorporating philosophies of rehabilitation, as should be the case in line with the UN Convention. Locking up children in prisons denies them opportunities and means to access education, skills, training, recreation, information, parental care and social security, as noted in articles 6, 26 and 28 of the UN Convention on the Rights of the Child (1989).

With regard to the dilemma between policy and mode of crime prevention, Vizard, Wynick, Hawkes, Woods, & Jenkins (1996, p.259) clearly highlighted the need to balance the assumptions of the Children Act 1989, 'taking into account the wishes and feelings of the child', with the need to challenge this assumption when the young person may have wishes and feelings directed towards abusing others. The suggestion here is that emphasis be put on a multi-disciplinary team to establish a full inter-agency systematic approach for each referred case of young criminal or sex offender, following the child protection procedures and being sensitive to the need for early prevention.

Mentor programmes (Colvin et al., 2002) that involve mostly positive reinforcements in changing juvenile behaviour could be used in tackling juvenile delinquency. Most programmes involve volunteer staff who see themselves as giving something to or sharing

something with the youths who are being mentored (Colvin et al., 2002, p.20). Mentor programmes are less costly than other approaches to delinquency prevention. Often the mentors are volunteers who may or may not receive reimbursement for out-of-pocket expenses, or are former delinquents who served their sentence and are ready to change the lives of other potential juvenile delinquents. As a juvenile justice strategy, mentoring is an opportunity to provide support where it is missing and to supplement it when it is weak.

Since the majority of crimes are committed by a relative handful of repeat offenders who typically display serious behaviour problems in early childhood, prevention of recurrent crime is best achieved through 'restorative justice' (Bazemore, 1998; Galaway & Hudson, 1996) which is usually carried out by non-governmental remedial organisations and local communities. Restorative justice involves all the parties affected by a specific offence to collectively determine how best to deal with the aftermath of the offence and its implications for the future as already discussed under primary prevention. Additional victim support services and awareness campaigns focusing on victims' rights are needed, and witness protection policies must be developed and implemented, particularly with respect to organised crime and specific offences such as trafficking in persons, where intimidation or retaliation may be used against those who cooperate with the police in preventing, investigating or prosecuting offences (Quinsey et al., 2004).

Experience shows that efforts to fight gang membership are the most ineffective method of crime prevention. Several techniques for transforming the gang environment have been suggested, but they tend to deal only with the criminal aspect of the problem; the socioeconomic and other conditions and circumstances that compel juveniles to enter gangs remain forgotten (Giroux, 1996; Krug et al., 2002; Rutter & Giller, 1983; Short, 1996). Further, traditional social institutions are rarely engaged in the process. Nonetheless, programmes designed to address the problem of gang membership are often implemented, and many of them are reported to be successful by some evaluators and as completely inadequate by others. For example Crawford (1998) and Walker et al. (2009) noted that different boroughs in London have set up their own Youth Crime Prevention initiatives (UN, 2003). The borough of Camden's new plan has been developed to tackle youth offending through training, education and employment. Young people who are at high risk such as those with substance abuse, mental health, or unstable family environment problems are also offered assistance. The 40 most prolific offenders in this borough are also being targeted. Since Somali young people are disproportionately represented in the youth criminal justice system, a mentoring

scheme is being set up to help them desist from criminal activities. In Hackney where there is also a high rate of juvenile delinquency, a number of interventions are jointly being delivered by the Metropolitan Police Service (MPS), Voluntary and Community Sector (VCS), and Youth

Offending Team (YOT) to young people at all levels of offending, for example, Operation Stabiliser which is led by MPS, Youth Futures by VCS, and Gang Mobile Intervention Team by YOT. So far four young people have been moved out of the borough and given support to access appropriate training and employment. On the other hand, the Leadership programme run with the Metropolitan Black Police Association has also targeted black juveniles to explore issues around low educational achievement through peer leadership. With this the rate of reoffending was noted to be only 25% as compared to the average of 52% in London; other boroughs also have their own programmes. According to some researchers (Crawford, 1998) the implementation and positive appraisal of a number of initiatives can be attractive to politicians who wish to demonstrate that they are taking action against juvenile delinquency. Such political considerations make adequate evaluation of prevention work difficult in many cases, with the result that ineffective programmes may continue to operate while the problems of juvenile delinquency remain unsolved, because politicians are affiliated to different political sectors and have got different political ideologies about the causes of crime and crime prevention as noted below.

2.22 Political models of crime prevention

Traditional crime prevention focuses on victimisation deterrence, primarily through opportunity reduction, protection and surveillance. Its principles are concerned with the control of crime. It suggests that crime is ultimately connected to choice within a framework of incentives or disincentives (Hollin, 1992). Policy on social exclusion (Gabbidon & Greene, 2005) of offenders and other social groups either by keeping them out of certain areas or through incarceration tends to complement punitive policies and rhetoric. Liberal crime prevention views crime as a social problem. Crime evidences itself in pathological behaviour which requires correcting, often in relation to individuals. Behaviours may be due to lack of opportunities, a mismatch between cultural goals and institutional means of achieving them, social disorganisation or inadequate parenting. The major aim of prevention would be to identify risk factors (Farrington & Welsh, 2007) in individuals, families and community in order to correct them and employ early intervention with high risk groups. Finally, a radical crime prevention measure is concerned with community control and social change. This views crime as an area of political struggle, whereby crime is the product of social divisions

and inequalities, that is, as seen in social divisions of class, gender and ethnicity. It shifts attention to economic inequalities, social exclusion and political marginalisation, rather than individuals or communities. Its major aim is to reduce power differences and inequalities coupled with community empowerment (Crawford, 1998).

Consistency is an essential factor in achieving prevention at all levels. It should be noted that delinquent acts are generally committed by juveniles in a group or at least within the framework of a particular group's norms (Short, 1996; Wooden & Blazak, 1995). For preventive measures to be effective, the interplay between risk and protective factors needs to be carefully understood. It is important to integrate the primary, secondary, tertiary and political modalities within the general preventive programmes. Prevention work must also take into account not only individual motivation, but also group cultural dynamics, and at an even broader level, it should be noted that juvenile delinquent groups may have close ties with adult organised crimes and connections with local community members, which must also be considered in the development of prevention programmes. Table 2.10 is a summary of crime prevention, adapted from Crawford (1998, p.19). **Table 2.10 Summary of crime prevention target: two-dimensional typology of crime prevention**

	Primary	Secondary	Tertiary
Social	Education Socialisation Public awareness and advertising campaigns Neighbourhood watch	Work with those at risk of offending Youths Unemployed Community regeneration	Rehabilitation Confronting offending behaviour After care Diversion Reparation
Situational	Target hardening	Target hardening and design Measures for 'at risk' groups Risk prediction Assessment Deterrence	Individual deterrence Incapacitation Assessment of dangerousness and risk

2.23 Intervention

Interventions that use pragmatic, case-specific, and broad-based but problem-focused strategies provided in multiple settings seem to be more effective in tackling delinquency development (Mulvey, 1993). Interventions are also more likely to produce positive outcomes if they are implemented during the pre-school and elementary school age period (Kazdin, 1997). When helping younger children who commit minor offences, social learning

approaches that focus on teaching relevant skills such as communication, social reinforcement, child management and contingency contracting are noted to be more effective (Barth, 1990; Kazdin, 1987). Behaviour-oriented and communication skills-oriented parent and interventions with adolescents, and behavioural family system therapy such as Alexander's functional family therapy model (Alexander & Parsons, 1982) show promising results with children.

In fact, the family preservation model which includes Multi-Systemic Therapy (MST; Henggeler, 1999; Quinsey et al., 2004) has also been cited to yield a positive outcome in dealing with antisocial behaviours, since services provided in a home have many advantages for assessment and permit greater involvement of the family. This increases the success of intervention in terms of generalisability, maintenance of changes and treatment efficacy. MST as a mental health intervention adopts a social-ecological philosophy towards understanding antisocial behaviours. The underlying philosophy here is that criminal conduct is multi-causal; therefore, treatment must address the multiple sources of criminogenic influence. This involves youth values and attitudes, social skills as well as youths' family, school environment, peer group and neighbourhood. Therapists work at home to empower parents to be able to rear their children more effectively, for example, in follow-up studies of serious juvenile offenders, MST was noted as the most effective method in reducing rates of out-of-home placements; and equally effective with youth and families with divergent backgrounds (Quinsey et al., 2004: 150–1). MST is also showing good long-term outcomes with high risk antisocial adolescents (Henggeler, 1999).

Cognitive-Behavioural Therapy (CBT) has also been found to be effective in treating children with externalising or conduct disorders (Durlak, Fuhrman, & Lampman, 1991). The main focus of CBT is on the central role of cognition in skill acquisition and use, although social skills may also be addressed. Guerra and Knox (2002) noted that attitudes, beliefs and social-cognitive problem-solving skill deficits contribute to aggressive and delinquent behaviour. CBT programmes include training participants in one or more of the following areas: anger management, social problem-solving, social perspective taking, cognitive self-control, empathy, moral reasoning, and changing attitudes and beliefs. CBT uses a variety of intervention techniques like self-instruction, role play, modelling, group discussion, imagery and a variety of reinforcement procedures, which help to promote social-cognitive development. However, this depends on the child's cognitive stage of development. Comprehensive cognitive-behavioural programmes have been found to yield significant

improvements in associated cognitions and skills as well as corresponding improvements in antisocial and delinquent behaviour for youths who were locked up and those on probation. For example, in a study where the group received a 12-session intervention designed to enhance problem-solving skills and change normative beliefs that support aggression, there was a significant improvement observed in problem-solving skills and a reduction in normative beliefs that support aggression and the normative beliefs supporting aggression were directly related to behaviour change. There was also a short-term change in problem behaviour within the institution (Guerra & Slaby, 1990). In another study which included a 10-week course of cognitive-behavioural skills training, where skills taught included self-control, consequential thinking, negotiation and ability to refuse drugs or alcohol, there was effective increase in targeted skills in the intervention group relative to the control group (Hawkins, Voncleve, & Catalano, 1991). Furthermore, in a study (Rhode et al., 2004) where locked-up youths participated in the Coping Course, a 16-session cognitive-behavioural programme designed to teach a variety of cognitive skills including relaxation, cognitive restructuring, coping and problem-solving, there was a significant improvement relative to the control group in a number of skills and other externalising behaviour problems which are closely linked to juvenile delinquency. In addition to these, multimodal interventions, such as the Seattle Social Development Project and Fast Track Programme which try to tackle antisocial behaviour in all the domains at home, school and with peers seem promising, although meta-analysis is yet to be employed to evaluate their effects on delinquency (Hawkins et al., 1991, 1998a,b).

In addition, Functional Family Therapy (FFT), which is also a family intervention, works with less serious and generally younger delinquent youths (Alexander & Parsons, 1982). It is a structured intervention that combines social learning theory, behaviour management, family concepts and cognitive process (Sexton & Alexander, 2000). Its main aim is to improve family functioning through problem-solving, enhance emotional bonding among members and improve parental supervision and guidance, all done through training. It has positive effect on reduction of delinquency across levels within the juvenile justice system including diversion, probation and alternatives to being locked up (Sexton & Alexander, 2000). When administered by a competent therapist in a real-world setting, its prognosis showed a reduction in felony recidivism for up to 18 months following intervention as compared to a control group (Washington State Institute for Public Policy, 2004).

Multidimensional Treatment Foster Care (MTFC, Mash & Barkley, 2009) is another intervention programme in which participating youth do not live at home but in a therapeutic living environment with foster parents. It is for youths with serious delinquent problems who need out of home placement. Structure and behaviour management for these youths are provided by families from the community who are recruited and trained to help them. The biological parents of these youths are also given family therapy. There has been a consistently reduced arrest rate among MTFC youths.

Intervention is more likely to succeed when implemented early in the development of problem behaviours (Gibson, 2006; Rutter & Giller, 1983). Therefore, the best approach can be identified using a method like Programme Development Evaluation (PDE) in which outcome research is combined with theory testing (Quinsey et al., 2004). In PDE, the basic idea would be to formulate programme elements in terms of proximal theory of the phenomenon to be changed, develop measurements of programme elements, monitor implementation and evaluate both the programme outcomes and theory in a cyclical process. Such programmes would include both primary and secondary prevention. Secondary prevention would involve strategies such as use of standardised assessment instruments like youth level of services or Case Management Inventory-Revised. These instruments are designed to measure specific criminogenic needs, since the PDE approach would involve determining the degree to which programme elements change these needs and relating these changes to outcome. Thus, if a programme was successful in changing these needs, but these changes were unrelated to outcome, the programme would be deemed unsuccessful and the theory on which it was based contradicted (Quinsey et al., 2004, p.141).

Therefore, the best preventive intervention measure (Loeber et al., 2003) should minimise the amount of intervention received by each child and concurrently maximise efficacy. For example, a successful preventive intervention was applied to the whole target group in bullying prevention in Norwegian schools. Protective factors also help in the suggestion of target intervention. Identification of risk and protective factors also permits determination of risk status and potential targets of intervention. Therefore, to pursue prevention, all children (6–17 years) at risk of becoming delinquents need to be identified. Screening methods such as those employed by Loeber and colleagues (1984) are suggested to yield positive results in helping to identify youths at risk and then applying appropriate intervention or preventive strategies. The prevention of juvenile delinquency requires addressing targets and problems specifically related to delinquency based on both tested theory and empirical support.

It has also been suggested that some prevention approaches have proved ineffective. Studies show that boot camp does not reduce criminality, and short-term or quick-fix job training has not lowered arrest rates. Neither traditional psychotherapy nor behaviour modification have shown great promise as vehicles for redirecting delinquent and criminal youth. A few methods, especially scare-oriented approaches or programmes that place groups of delinquent youth together for extended treatment, have actually worsened the behaviour of participants. Therefore, a crime prevention system (Henggeler et al., 1997; Hughes, McLaughlin, & Munice, 2002; Rutter, 1994; Rutter & Giller, 1983; Short, 1996) will only be effective if the contents and framework of prevention efforts are clearly defined and the functional opportunities of all agencies included in that system are appropriately utilised. All of the subjects and targets of prevention work (including adolescents themselves and their relations in different spheres of society) should be covered and the specific characteristics of each taken into consideration as well as the mechanisms of administration, control and coordination for this type of prevention work.

2.24 Policies in the UK

Home Office circular 44/90 encouraged local bodies, namely the police and local authorities, to develop partnership approaches to crime prevention. The Morgan report (Home Office, 1991) also explores ways in which inter-agency crime prevention could be made normal business and under what administrative arrangements leadership should be placed in the hands of the local authority, institutionalising crime prevention in partnership as part of normal local agency practice and policy. Hughes et al. (2002) indicated that a repeat victimisation programme of research practice and policy was significant in developing routine crime prevention. In addition to this, the Crime and Disorder Act (1998) was introduced to put partnership crime prevention on a statutory footing and this requires participation by local authorities, police forces, probation services and health authorities. It also compels statutory agencies to draw in or consult community groups, the voluntary and private sectors, and minimises data-sharing obstacles, which can inhibit problem-solving approaches to crime reduction (Hughes et al., 2002, p.21). It is clearly stated in sections 5 and 6 of the Crime and Disorder Act that the statutory duty on chief police officers and local authorities, in cooperation with the police authorities, probation committees and health authorities, is to formulate and implement a strategy for the reduction of crime and disorder in the area.

Section 17 of the Crime and Disorder Act (1998) imposes on every local authority a duty to exercise its various functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent, crime and disorder in its area. As such, all the 28 boroughs in London have set their own Youth Crime Prevention initiative; for example in the borough of Westminster, training programmes are being run to ensure that throughout the borough, Police Community Support Officers are briefed by young people on the issues they face living in this area. Through the Children's Fund, they also run a number of prevention projects including the Junior and Senior Youth Inclusion Support Panel which is funded by the Youth Justice Board to prevent offending by 8–13-year-olds at high risk of offending. Included in these programmes are Positive Futures, Family Intervention Project, Acceptable Behaviour Contract (ABCs), Uncut Project, Fear and Fashion Project and Operation Curb. Similarly, the borough of Merton finalised its Youth Crime and Prevent Strategy 2007–9 which involved activities to reduce youth crime at varying levels of intervention. A multi-agency anti-gangs strategy has also been set up which include cross-borough work. Interventions include targeted multiagency work such as Virtual Behaviour Services, Teen Talk, an interactive one-to-one cognitive programme, a responsible driving group, healthy living programme and first aid course. A multi-agency Joint Tasking Group focuses on environmental crime or antisocial behaviour (ASB) hotspots and runs projects including a knife amnesty, street search and school knife policies.

Legislation requires agencies to work together in setting targets, appointment of regional crime reduction directors (RCRD) and processes of multi-inspectorate as well as single inspectorate and routine attention crime and disorder across the country. It also points towards inter-agency cooperation to collaborate and organise work that prevents and reduces crime. However, new rules, roles, committees, tiers of authority, accountability mechanisms and reporting hierarchies are emerging in relation to crime reduction, crime prevention and community safety. The Crime and Disorder Act's joint statutory power gives responsibility to all local authorities to create community safety departments and appoint community safety officers. It also put forward target setting and crime reduction related performance indicators which are being widely used by central authorities such as the Home Office, Audit Commission and HMIC (Her Majesty's Inspectorate of Constabulary) as mechanisms to gauge performance levels and responsibilities. It is therefore important to professionalise and create experts; for example, a growing number of texts, research and edited collections as well as numerous contributions to general journals in criminology have been and are being published (Hughes et al., 2002). There is also promise through research

for evidence-based principles and analytical techniques to be learned and used by a cadre of crime prevention experts to provide professional advice on dealing with community safety issues.

Other policies also place emphasis on the use of cautions for first-time young offenders in combating juvenile delinquency and some research findings have supported this policy and noted that the re-offence rate for first-time offenders who receive cautions is very low (Audit Commission, 1996; Rutter & Giller, 1983). However, other studies argued that cautions are not likely to alter behaviours in some first-time young offenders and neither do they alter behaviours with recurrent offenders (Osborn & West, 1978).

The following national policy (Hughes et al., 2002: 32) was also put forward to help in crime prevention:

- Continued investment in multidisciplinary programmes of basic research on the generation of crime events, and on mechanisms for their prevention and reduction.
- The adoption of a problem-solving approach at the local and national levels, attuned to variations and change in what problems emerge and how problems are generated.
- The involvement of members of the community in community-focused crime prevention and reduction.
- The provision of educated cross-disciplinary researchers with an understanding of relevant theory, research techniques and methods of engagement with others to help understand and anticipate problems.
- The creation of research-literate local and national policy-makers and practitioners, able to interpret and make appropriate use of findings.
- Provision for the collection of reliable data that can be shared across agencies and routinely analysed in aggregate form.
- Provision for problems emerging in local settings to be subjected to broader analysis and attention at regional or national level to identify emerging needs and prevention opportunities.
- Arrangements to ensure that major normative issues surrounding crime reduction ends and means are attended to by both practitioners and policy-makers, with provision for democratic accountability for the decisions made.

2.25 The UN Convention on the Rights of the Child and Prevention of Juvenile Delinquency

The preference of the United Nations Guidelines for the Prevention of Juvenile Delinquency is for social approaches rather than involvement of courts of justice. The document states that 'youthful behaviour or conduct that does not conform to overall social norms and values is often part of child development and tends to disappear spontaneously in most individuals with the transition to adulthood'. A large proportion of young people commit some kind of petty offence at some point during adolescence without becoming serial criminals. However, while delinquency is a common characteristic of adolescence, it is very important to note that juveniles often create stable criminal groups with a corresponding subculture and start to engage in the activities of adult criminal groups and choose delinquent careers (United Nations, 1990).

The prevention of juvenile delinquency is an essential part of overall crime prevention in society and the United Nations Standard Minimum Rules for the Administration of Juvenile Justice recommend that positive measures be adapted to strengthen juveniles' overall well-being, rather than opt for state intervention (United Nations, 1990). Various countries have adopted the established preventive measures which take into account the UN Convention guidelines, approaches such as those which attempt to promote the well-being of the child, like explaining the negative aspects of offending to a delinquent and trying to reconcile offenders and victims in delinquency prevention; whereas other countries still use harsh punitive approaches where offenders are heavily punished in order to deter others from getting involved or prevent recurrent crime. However, it should be noted that, whatever approach an individual country has chosen, early intervention would represent the best approach in preventing juvenile delinquency. The issues of orphans and vulnerable children should also be looked at more closely, and the problems of street and homeless children, which is a common phenomenon in developing countries, should be given special attention, such as through rehabilitation programmes which aim to take children off the streets.

The United Nations Convention on the Rights of the Child therefore provides a framework for improving the living conditions of children. It states that children have rights, which rights should be respected and taken into account before planning any form of preventive intervention that helps to tackle the problem of juvenile offenders. These rights focus on the following four broad areas:

Survival rights, as stated in articles 6.1, 6.2 and 24.1, deal with the basic needs that must be met for children to enjoy good health for adequate growth, including medical care, nutrition, shelter and clothing. For street children most of these needs are not satisfied. In fact, at least in the risk assessment process, they still go through rough conditions which make them more vulnerable to developing deviant behaviours such as burglary, stealing, sexual assaults, prostitution, drug and human trafficking as well as getting involved in unhealthy gang culture. Because they lack parental guidance and other basic needs which should have been protective factors to buffer the risk factors, most of them end up becoming juvenile delinquents. Therefore, it is important that community-based improvements be made in slum and squatter settlements since they have the potential to prevent children from living on the streets and to help reintegrate them into their neighbourhoods. Another objective of preventive work is to help street children engage in optimistic self-appraisal and form positive attitudes.

Development rights as stated in articles 6, 26 and 28 relate to the opportunities and means for providing children with access to education, skills, training, recreation and rest, information, parental care and social security. When planning and organising preventive intervention programmes for juvenile offenders, the developmental right of the offender is one that may be well catered for, for example juveniles who drop out of school due to low academic achievement and get involved in deviant activities may be rehabilitated through programmes such as academic skills building, where parents are also trained to boost children's academic skills through homework support, good learning environment, and liaising with teachers such that when reintegrated back into the educational system they do not become victims of school dropout. These youths/children are also taught social skills, problem-solving and behaviour control. Indeed, most rehabilitation programmes cater for youths' educational needs; for example some of the youths who commit serious crimes and are incarcerated go through vocational training and acquire skills that they can use to gain employment when released back into the community. Also personal and vocational training is used to teach youths to engage in healthy relationships which make them constructive members of society. On the other hand, through parent management, parents of adolescents with behaviour problems are able to gain good parenting skills, which help in the reduction of problem behaviours, hence promoting the developmental rights of their children.

Protective rights as stated in articles 2, 19.1, 19.2, 32.1, 33, 34, 36 and 37 focus on the legal and social provisions that must be made by each country to protect children from exploitation, drug abuse, sexual abuse, cruelty, separation from family, discrimination, and the effects of all types of man-made or natural disasters. Using protective rights, early prevention such as home visits during pregnancy and early childhood would help to assess risks of child abuse and neglect which often predict delinquency and being placed in foster homes. Early intervention in this area helps to prevent a child from being separated from the family. For youth offenders, intervention such as Multi-Systemic Therapy or Multi-Systemic Family Therapy which is offered within the natural setting of the family would help all family members to explore their own behavioural problems and above all protect the child from being separated from his or her family, and from drug or sexual abuse. However, for youths who commit serious offences and need to be put in an institution or locked up, programmes such as these would be more promising, but still be in conflict with UN Convention on the Rights of the Child, in terms of not separating any child from his or her biological parents. In addition to being protected, neighbourhood watch systems have helped to identify suspicious strangers within the community in order to protect vulnerable members of the society, in particular children and young persons, as well as the elderly.

Participation rights as stated in articles 12, 13, 14 and 17 focus on the opportunities and means provided to children to enable them to express opinions on matters affecting their lives, including freedom of worship, access to information about themselves, and freedom to give evidence (where applicable). Children are knowledgeable about their situations and can devise innovative solutions to their problems if consulted. Street children, in particular, have already learned to make important decisions regarding their daily lives without the assistance of adults. Juvenile delinquents are trained to get involved in constructive activities and are encouraged to work in partnership with adults, police officers, community workers and youth offending teams so that they can express the issues they are facing and see how best they can help those in authority to deal with those issues. Using participation rights, youth offenders are encouraged to interact with their victims so that they understand the seriousness of the incident and together with the victim and social workers develop a series of steps towards reconciliation, paying for damages and providing whatever remedial assistance the victim might require. If successful resolution occurs, the juvenile is not locked up or labelled a delinquent. Therefore, this helps in avoiding the influence of jail that can reinforce delinquent behaviour. For example, in the United States, 95% of juveniles who have participated in such programmes and agreed to provide restitution have fulfilled their

obligations, and recurrence levels have been reduced by 50% in general; such schemes are therefore much more cost-effective than confinement.

In setting up preventive intervention programmes for reduction of youth crimes, the United Nations Convention on the Rights of the Child has to be borne in mind in order to protect and vulnerable children. Some of the interventions such as incarceration and use of heavy punishment which are still used in some countries and have been noted to yield good results are being heavily criticised. With regard to the dilemma between policy and mode of crime prevention, there is a need to address the values of the UN Convention on the Rights of the Child (1989), taking into account the survival, developmental, protective and participation rights, but also the need to challenge these rights especially when juveniles according to free will theory choose to commit crime. While there is a need to take into account the wishes and feelings of the child, there is also the need to challenge this assumption when the young person may have wishes and feelings directed towards abusing other people. What is required is to set up a multidisciplinary team to establish a full inter-agency systematic approach for each referred case of young criminals or sex offenders, following the child protection procedures and sensitive to the need for early prevention.

2.26 Concluding remarks

Juvenile delinquency is a child's behaviour marked by disobedience, violation of law, persistent mischievousness, antisocial behaviour, or intractability such as to refuse correction by parents or authority and to constitute a matter for action by the juvenile courts. Psychologists, criminologist and sociologists all define juvenile delinquency differently as already discussed. However, it should be noted that all their definitions agree that there is no single salient route cause, rather a combination of risk factors and protective factors that better explain the development of juvenile delinquency. Young people are more likely to become victims of crimes committed by juvenile delinquents and it should be noted that delinquency is largely a group phenomenon and it is frequently engaged in by certain subcultures of young people who have jointly assumed a particular identity. Juvenile delinquency as a complex phenomenon is usually witnessed in adolescents who are in transition from childhood to adulthood. All the challenges that are placed on them makes it difficult for some of them to cope. Therefore, those who are unable to cope with these challenges are at a higher risk of becoming delinquents. It is also primarily a male phenomenon, with crime rates for male juveniles and young adult offenders more than double those for females. Some forms of deviant acts are also more evident in developed

countries than in developing countries, with developed countries leading in gun and knife crimes. Juvenile delinquency is also co-morbid with other disorders such as aggression, Conduct Disorders, Oppositional Defiant Disorder and Attention Deficit Hyperactivity Disorders.

Various theoretical perspectives based on myths, psychopathological, psychoanalytic, sociological, cognitive and learning paradigms have all been used to explain the complexity of conditions and circumstances producing delinquency. Aetiological factors such as genetics, the family, peer influence, media influence, poor academic achievement, poverty, neighbourhood culture, individual factors and PTSD, have all been linked to the development of delinquency. Therefore, it is important to bring together different kinds of causal explanations while trying to understand the evolution of juvenile delinquency. Cultural contexts are also important in understanding the causes of juvenile delinquency and developing culturally appropriate measures to deal with it. Delinquency often arises from an accumulation of different pressures rather than from any single salient cause.

There is no single factor that can explain delinquency; rather, it is a combination of risk factors such as prenatal problems, difficult temperament, family disadvantage and peer rejection interacting with protective factors such as positive parenting styles and high parental monitoring that best predicts juvenile delinquency. Therefore, the question remains: What happens to those youths who do *not* become delinquents, in spite of the fact that they are reared in circumstances similar to those who do become juvenile delinquents? Alternatively, what factors prevent them from becoming potential delinquents? Is it religion, resilience or personality? Further research needs to be carried out on juvenile delinquency to better understand the protective factors that prevent the effects of exposure, and the difference between violent offenders and non-violent offenders.

Assessment of juvenile offenders (Baker, 2004, 2005, 2008) needs to be done prior to treatment programmes since the risk assessment helps in planning rehabilitation strategies that can be used to help these children. Issues of consent to treatment, confidentiality, the decisions relating to competency to waive rights and fitness to plead should all be borne in mind when assessing various competencies in the youth. Professionals who carry out the assessment should act under ethical guidelines and be governed by professional bodies like those mentioned before. Since children and adolescents are at different levels of cognitive development, this aspect needs to be taken into account when administering other tools,

and professionals such as psychologists, psychiatrists and social workers need to have knowledge about developmental psychology. Standardised instruments (Achenbach & Rescorla, 2001; Buss & Warren, 2000; Gibbs et al., 2001; Reynolds, 2002; Weschler, 2004; Wirt et al., 2001;) such as the Reynolds Adolescent Depression Scale—Second Edition (Reynolds, 2002), the Personality Inventory for Children—Second Edition (Lachar & Gruber), Child Behavioural Check List (Achenbach, 1991), Weschler Intelligence Scale for Children—Fourth Edition (Weschler, 2004), and other comprehensive risk and risk-need measures should be used to assess causal or risk factors before employing a particular mode of preventive intervention, and those which yield false positives and false negatives need to be combined with other forms of measures (see also Barnoski and Markussen, 2005; Borum et al., 2005; Hoge and Andrews, 2010; Worling and Curwen, 2001). On the other hand, other individuals such as judges, layers, community youth workers, politicians, attorneys, police officers and others need to be educated about the usefulness of carrying out assessments in order to lay down the most effective strategies in dealing with juvenile offenders and in planning the most effective preventive intervention. However, it should be noted that new models of treatment face problems of retaining cases in treatment, the problem of comorbidity, insufficiency of long-term follow-up evidence, and difficulties in interpreting the clinical significance of change in an individual. Therefore, there is a need to train more professionals, especially child and adolescent practitioners who are able to identify children at risk, understand how to use the different assessment tools and also equip them with evidence-based interventions that will work well with children and adolescents in order to prevent juvenile delinquency.

There are three different levels of crime prevention: *primary* which involves all children in a geographical setting, without any further selection criteria, *secondary* prevention which attempts to prevent antisocial behaviours in those at risk, and *tertiary* prevention which attempts to prevent further antisocial behaviours in already known or recurrent offenders. Prevention programmes for juvenile delinquency need to be based upon several theoretical approaches and developed for every particular case of juvenile delinquency. Successful early preventive interventions for juvenile delinquency and related antisocial behaviour depend on the efficacy of parent education and pre-school programmes that enable young children to understand more readily the consequences of their behaviour for self and peers, critically helping them to make safe choices and reach safe independence in adolescence. It is also important to use techniques that take a holistic approach addressing quality of life, needs assessment and meeting current needs. The issue of punishment as a method of

deterrence of youths from committing violent crimes also needs to be addressed in relation to the UN Convention on the Rights of the Child and the Children's Act. However, more research is required to determine the effectiveness of punishment, boot camp or incarceration preventive measures to reduce juvenile delinquency.

The recognition that delinquent behaviour is the result of multiple risk factors rather than a single cause has fostered the development of programmes focused on multiple risk factors, for example Aggression Replacement Training (ART) and counselling for individuals at risk, Multi-Systemic Family Therapy (MSFT) or Multi-Systemic Therapy (MST) for risk groups, as well as the emergence of multi-model, multi-context programmes designed to prevent and mitigate risk across context, for example the Metropolitan Area Child Study (MACS) for individual, peer, school and family risks. ART, which is primarily a skill-based anger management programme, also includes a moral reasoning component designed to help youth consider the harmful consequences of aggressive and antisocial behaviour and strengthen empathy. Multi-Systemic Therapy (MST) adopts social-ecological philosophy to understand antisocial behaviours and involves the whole family in their natural environment and is said to yield positive outcomes with high-risk antisocial adolescents. Cognitive-Behavioural Therapy (CBT) which involves techniques such as self-instruction, role play, problem solving, imagery and a variety of contingency factors has also been found to successfully treat children with conduct disorder, a co-morbid condition with delinquency; and all their efficacies have been tested by use of meta-analysis studies. Multimodal intervention, such as the Seattle Social Development Project and Fast Track Programme which try to tackle antisocial behaviour within the home, school, and with peers is also known to produce promising results.

A key to reduction of serious antisocial behaviour in young people is appropriate multiagency, strategically coordinated mental health care for young people at the stages of prevention, early intervention and ongoing specialist interventions that can be offered through adolescence with safe transfer into adult mental health care to support young people and their families within the community. It is also important to note that local communities have a pivotal role to play in helping young people make pro-social choices and also to inject money into mental health and social services for children and adolescents to avoid future increase in prison populations. Therefore, for delinquency policies to be effective higher priority must be given to marginalised, vulnerable and disadvantaged young people in society, and issues relating to youth in conflict with the law should be a central focus of

national youth policies. The administration of juvenile justice should be decentralised in order to encourage local authorities to become actively involved in preventing youth crime and reintegrating young offenders into society through support projects, with the ultimate aim of fostering responsible citizenship. Policies should also be put forward to handle the specific range of problems in developing countries including issues of street children, orphans and vulnerable children and those who were once child soldiers who need intervention to tackle any possible symptoms of PTSD. However, all this should be done in line with the UN Convention on the Rights of the Child (1989) and the Children's Act (1998).

As noted, the present mixed design research work aims to investigate a range of risk factors associate with juvenile delinquency including attachment and parenting styles. Other additional risk factors that will be investigated in this study included early maternal deprivation or child-parent separation, neglect and abuse, post-traumatic stress disorder (PTSD), trauma of sexual abuse and family discord.

This mixed design research work ultimately aims to draw a perspective on how such multiple risk factors and/or negative exposure might predict or contribute to offending and reoffending behaviour among an at-risk group sample. It is hoped that the main outcomes emerging from this mixed methods investigation will help in identifying core needs of those exposed to early childhood trauma; and hence in the formulation of new policies, and possible strategic legislation on protection and mental health care provision for this young, vulnerable and at-risk group.

Overall, the main questions that this study will address are:

- (i) To what extent do early childhood deprivation and negative experience including child-parent separation, maltreatment or abuse impact the development of children, and thus increase the prevalence of challenging behaviour and juvenile delinquency?
- (ii) Are there any associations between insecure attached characteristics, neglect, maltreated children and juvenile delinquency?
- (iii) Are detained and reoffending juvenile delinquents in the UAE more likely than others to have experienced insecure attachments, or suffered separation, neglect or child abuse during their formative years?

- (iv) Do juvenile delinquents (males) detained in the UAE suffer any level of post-traumatic stress symptomology?

It is worth noting, however, that this study will also integrate those protective factors such as the local traditional culture and other child rearing practices which promote resiliency and enhance child development.

CHAPTER 3 RESEARCH METHODOLOGY

3.1 Introduction

This chapter explains where the present mixed methods research was conducted, who the participants were, how they were selected, the process of data analysis and research design and also addresses ethical considerations.

The present investigation has used the mixed designed approach (Johnson, Onwuegbuzie, & Turner, 2007; Morgan, 2007; Morse & Niehaus, 2009; Plano Clark & Creswell, 2008; Tashakkori & Teddlie 2010; Teddlie & Tashakkori, 2009). It was an attempt to investigate the influences of various risk variables (factors) on juvenile delinquency, using quantitative and qualitative methods; and a sample of young offenders remanded in various rehabilitation care centres in the UAE. These risk factors include early childhood trauma, separation or post-traumatic stress disorder (PTSD influence), maternal deprivation, insecure attachment as well as family discord, neglect and abuse.

The purpose of the present study thus was to assess the impacts of early exposure to childhood trauma and its relevant consequences on overall behaviour including juvenile delinquency. Other objectives were to investigate parental attachment styles (secure or insecure attachments) among a group of detained juvenile delinquents in the UAE. The first assessment which used the YOQ (see appendix B attached) assessed participants' profiles and the history of abuse and neglect among the participant juvenile delinquents. Further this study examined the level of PTSD symptoms among the juvenile delinquents with the main

expectation and hypothesis that male juvenile delinquent participants who were exposed to early childhood trauma are more likely to manifest PTSD symptoms, and predicted to have insecure attachments and conduct ‘externalising’ behaviour patterns.

Three sets of questionnaires and/or measures were used for data collection for this investigation: (i) the Arabic version of the widely used Young Offenders Questionnaire/profile (YOQ). This measure is used in almost all juvenile rehabilitation centres across UAE, the Arab world, England and Wales (Baker 2004, 2005, 2008); (ii) the Children’s Posttraumatic Stress Disorder Inventory or ‘Children’s PTSD Inventory’. The Children’s PTSD Inventory is a structured interview specifically developed and designed by Phillip Saigh (Saigh, 1989, 2004); (iii) the Parental Attachment Questionnaire (PAQ) which was developed and designed by Maureen Kenny (Kenny, 1987, 2010).

However, the YOQ is a structured profile assessment tool originally developed (Baker, 2004) to be used by the assessing team members working with young offenders who come into contact with the criminal justice system. It aims to look at the young person’s offence or offences and identify a range of factors or circumstances – ranging from lack of educational attainment, abuse or maltreatment to mental health problems – which may have contributed to such behaviour. The information gathered from this assessment tool can be used to inform research and court reports so that appropriate intervention programmes can be drawn up and developed. This assessment tool is also designed to highlight any particular needs or difficulties the young person has, so that these may also be addressed. Outcomes of this initial assessment can also help to measure changes in needs and risk of reoffending over time. A similar version of this assessment tool is also used in England and Wales on all young offenders who come into contact with the criminal justice system. Details of the history of this assessment tool were originally developed by the Centre for Criminology, University of Oxford (Baker, 2005, 2008; Baker et al., 2003, 2005). The University of Oxford Centre for Criminological Research undertook the development and design of the assessment with the following aims:

- identify the factors most closely linked with offending by young people;
- measure changes in needs and risk of reoffending over time;
- assist practitioners in planning intervention programmes; • highlight the need for further assessment in specific areas.

The total number of volunteer participants who used the YOQ were 227 participants. The remanded juvenile delinquents were ($n = 107$ 47.1%) participants. This particular volunteer subsample was selected from various care institutions designated for juvenile delinquents in the UAE. A further counterpart sample (120 participants, 52.9%) representing the nondelinquents group was also included. The latter were volunteer participants randomly selected from mainstream schools.

Moreover, the Children's PTSD Inventory was used with 114 delinquent participants and the PAQ was used with 111 juvenile delinquents who were remanded and/or serving their sentence in various rehabilitation care centres in the UAE. Participants were of various ages and educational levels. Almost all were local national Emiratis who were included in the sample.

3.2 Design

A mixed quantitative and qualitative design research approach (Bryman, 2006; Creswell & Plano Clark, 2011; Greene, 2007; Johnson et al., 2007; Morgan, 2007; Morse & Niehaus, 2009; Plano Clark & Creswell, 2008; Tashakkori & Teddlie 2010; Teddlie & Tashakkori, 2009) was employed to examine risk factors that associate or predict juvenile delinquency using a sample of young offenders remanded in various rehabilitation care centres in the UAE.

There is increasing interest in the field of mixed methods research design (Tashakkori and Teddlie 2010; Teddlie and Tashakkori, 2009) and the diverse ways in which quantitative and qualitative methodologies can be systematically combined (Bryman, 2006). The benefits of mixing both methods include enhancement of the interpretation (Creswell & Plano Clark, 2011; Greene, 2007) and overcoming the weaknesses of single design (Johnson et al., 2007; Morgan, 2007); and indeed addressing the question at different levels (Morse and Niehaus, 2009) as well as helping generalisation (Johnson et al., 2007; Tashakkori & Teddlie 2010; Teddlie & Tashakkori, 2009). Furthermore, the mixed methods involve the collection, analysis and integration of quantitative and qualitative data in either a single or multiphase study with the hope of developing a more complete understanding of the problem (Bryman, 2006; Creswell & Plano Clark, 2011; Johnson et al., 2007).

This study was conducted through two main stages. In the first phase of this research, the participants completed the Young Offenders Questionnaire (YOQ). The questionnaire assessed the relevant risk factors that predict or associate with juvenile delinquency. This

measure is used in almost all known juvenile rehabilitation centres across the Arab world. It is worth noting that all measures used in this study (including the interview of the qualitative follow-up study) were administered to only volunteer participants by the main researcher of this study who was assisted by other highly trained and qualified members of staff with backgrounds in psychology, sociology, counselling and social policy working at various rehabilitation centres. In the second phase, the Children's Posttraumatic Stress Disorder Inventory or 'Children's PTSD Inventory' designed by Phillip Saigh was used and also the Parental Attachment Questionnaire PAQ. The Parental Attachment Questionnaire (PAQ) which was developed and designed by Maureen Kenny was used following a 45minute interval. Participants were individually interviewed in appropriately allocated consulting rooms at each of the visited rehabilitation centres using the Children's PTSD Inventory and PAQ. The former examined the level of PTSD among individuals participating in this study. The Children's PTSD Inventory was administered by the researcher and assisted by trained psychologist and counselling staff.

Following participation approval and inclusion, participants were informed about the study in an information sheet (see appendices A–L) and asked for further personal consent. As noted, the data collection was carried out by trained research staff with prior experience of conducting psychological research. Research staff were also given prior instructions on their role and permitted level of input in the process of data collection. The participants were informed that the study was concerned with the feelings they have towards themselves, others and their future, without providing specific information about the individual assessment tools. This was done in order to control for the participant responding in a socially desirable manner so as to avoid the stigma attached to mental health diagnosis or PTSD emotional symptoms. Confidentiality and the right to withdraw from the study at any time were emphasised in the information sheet and verbally by the data collectors for honest responding (see appendices). Furthermore, it was highlighted to the participants that there were no right or wrong answers, and that they should refrain from conferring with staff or others. All participants in this particular study were given the questionnaire in a free hour allocated by rehabilitation centre. The instructions on how to complete each questionnaire were exhibited on the questionnaire itself, and the participants were encouraged to ask the data collector/s if they failed to understand any scale items. Following the completion of the assessment tools, the participants were all debriefed (see attached appendix E) with a full explanation of the aim of the study. The PTSD scale and PAQ were scored manually using a specific scoring sheet before the data were analysed and computer software SPSS was

used. The specific criteria on which the PTSD Index for DSM-IV were based (specifically social, emotional and cognitive, reexperiencing, avoidance and other symptoms) were further investigated in the follow-up qualitative study to assess whether there were any significant psychological problem or harm resulting from the trauma of abuse among some remanded volunteer young offender participants (see part II of the results section in chapter 4) which focused on the qualitative outcomes and reactions of sexual abuse trauma experience among young offenders.

3.3 Participants

One hundred and seven ‘volunteer delinquent participants’ were able to complete the YOQ questionnaire. All were volunteers recruited from the remanded juvenile inmates at various rehabilitation centres in the UAE. The age limit for criminal responsibility is 11 years; thus all delinquents were referred to these rehabilitation centres by court decision. The length of sentence was variable. All participants, including the non-delinquents who formed a counter subsample, were informed about the voluntary and confidential nature of their participation in the study and informed consent was received. The research project was also discussed with the Principal and the manager as well as with staff working in these schools/rehabilitation centres. It is worth noting that the 120 non-delinquent participants who formed a counterpart sample were randomly selected from local schools, and completed the Young Offenders Questionnaire (YOQ) only.

Meanwhile, a total of 104 volunteered juvenile delinquents used the Children’s PTSD Inventory for the study. Again, all subjects were informed about the voluntary and confidential nature of their participation in the study and informed consent was received. The director and senior counsellors and staff were briefed about the nature of this study. The PAQ was administrated, as noted, to participants following a 45-minute interval. The PAQ was completed by 111 of juvenile delinquents. Table 3.1 shows the full profile of the sample who participated in this phase of the investigation which mainly focused on past family relations and the nature of attachment ‘feelings and experiences’ the individuals had. Overall, the majority, 38.7%, of the sample were 14 years old, followed by 22.5% who were 16 years old. Those who were 17 years old represented 18% of the sample. A very small sample represented 13- or 18-year-olds. The majority of the sample had the secondary education leaving certificate as represented by the percentages of the 14–16 year-olds (see Table 3.1). It should be noted that this sample had all used the YOQ questionnaire, the Children’s PTSD

Inventory and PAQ. The target of each subgroup was 120 male participants only but due to missing data in some of the questionnaires, and the release of some inmates in subsequent visits the research ended with fluctuating subsamples. Due to cultural sensitivity and complex social factors, only male volunteer participants were included in this investigation. Hence this was the largest sample which can be said to represent the whole profile of participant juvenile delinquents taking part in this investigation.

Table 3.1 Sample profile

Variable		Number	Percentage
Age	13 years	6	5.4
	14 years	43	38.7
	15 years	15	13.5
	16 years	25	22.5
	17 years	20	18.0
	18 years	2	1.8
	Total	111	100.0
Education	Primary	3	2.7
	Secondary	87	78.4
	High school	21	18.9
	Total	111	100.0

Overall, the main sample of this study was divided into two subgroups. A total number of 227 participants were included in this study. That is ($n = 107$, 47.1%) participants were serving juvenile delinquents. This subgroup was selected from various care institutions designated for juvenile delinquents in the UAE. Meanwhile, a total number of 120 participants (52.9% of the main sample) represented the non-delinquents (the counter subsample) and were selected from local mainstream schools.

3.4 Data collection instruments

3.4.1 The Children's PTSD Inventory

The Children's Posttraumatic Stress Disorder Inventory or the 'Children's PTSD Inventory' as it known, is a structured interview specifically designed by Phillip Saigh (Saigh, 1989, 2004) for the manifestation of PTSD reactions in children and adolescents, age 6–18 years old. It is an individually administered, structured, clinical interview which can be completed in approximately 15–20 minutes, based on the level of stress exposure and symptom endorsement reported. The Inventory form is organised into five sections of questions that correspond with the DSM-IV-TR symptom clusters and grouped for *Exposure and Situational Reactivity, Re-experiencing, Avoidance and Numbing, Increased Arousal, Significant Distress or Impairment*. Item scores are tallied to produce a continuous scale score that may be aggregated to yield a total score. A total score of 6 is required for a positive diagnosis of *Acute PTSD, Positive Chronic PTSD* or *Positive Delayed Onset of PTSD*; a score of less than 6 is *Negative PTSD but with PTSD symptoms*. A *No or Negative Diagnosis* assessment is assigned to respondents who manifest or acknowledge no reactions to a traumatic event. Internal consistency reliability was tested using Cronbach's alpha and ranged from acceptable to excellent, with the lowest for Situational Reactivity .58 and the highest for Avoidance and Numbing .89. Overall diagnosis was rated as .95. The validity was endorsed by several empirical research findings (Saigh, 2004; Saigh et al., 2000; Yasik et al., 2001). Further, Yasik et al. (2001, p.80) administered the Children's PTSD Inventory to 76 traumatized and 28 non-traumatized youths. The diagnoses of this particular instrument were compared to other tools' diagnoses. Moderate to high sensitivity, specificity, positive and negative predictive power, and diagnostic efficiency were evidenced across criterion measures. Convergent validity was evidenced by significant correlations with the Revised Children's Manifest Anxiety Scale, Children's Depression Inventory, Child Behaviour Checklist (CBCL) Internalizing Scale, and the Junior Eysenck Personality Inventory (JEPI) Neuroticism Scale. Discriminant validity was also observed through non-significant correlations with the CBCL Externalizing and the JEPI Extraversion scales.

3.4.2 Parental Attachment Questionnaire (PAQ)

The Parental Attachment Questionnaire or PAQ was developed by Maureen Kenny to reflect on theory of attachment and parenting styles for use with young adolescents and adults. The PAQ describes the relationships to parents along three dimensions: parents as a source of emotional support, parental fostering of autonomy, and affective quality of the parent–child relationship. This measure mainly asks participants about their early child– mother and child–father relationships, including any step-parents, foster parents or other relationships.

Members of the investigated sample were asked to answer the 55 items on a 5-point Likert scale. Response options are (1) *Not at all*, (2) *Somewhat*, (3) *A moderate amount*, (4) *Quite a bit*, (5) *Very much*. Item scores are then calculated for the three subscales ranging from 0–155. The higher the number, the more positive the relationship between the subjects and their parents (see Kenny, 1987, 2010). Using Cronbach's alpha the reported PAQ full-scale internal consistency was reported at .93 and .95 for samples of first-year college men and women. The test-retest reliability over a two-week interval was .92 for the measure as a whole, and from .82 to .91 for the three individual scales derived from factor analysis. Several studies have endorsed the reliability and validity of the PAQ questionnaire (see Huff, 2001; Kenny & Rice, 1995; Shochet, Smuth, & Homel, 2007; Towler, 2005).

3.5 Data analysis and procedure

Frequencies, Chi-Square, t-test with mean and standard deviation were obtained and compared using the Statistical Package for Social Sciences (SPSS 17.0) within participants for their individual scores of the three measured employed. Separate analyses were conducted for YOQ, PTSD and the PAQ total scores and subscale scores were obtained to assess the relationship between juvenile delinquency, childhood trauma and PTSD, attachment and other possible risk factors.

A qualitative data analysis method was employed to analyse the interview data and explore participants' personal experiences. The primary focus of the qualitative data analysis underpinning this research is to articulate the thoughts, feelings, and attitudes of the participants. A narrative-based approach is viewed as a reliable method for revealing in-depth thoughts, feelings, and the beliefs of subjects, particularly those that may be a source of pain (Allport, 1942; Grbich, 2007). Content analysis has been widely employed across a range of research fields (Zhang and Wildemuth, 2009) and is defined as a method for the analysis of written, verbal or visual messages (Cole, 1998). This method enables the generation of valid inferences from the data in its context to contribute new insights and representation of facts (Krippendorff, 1980).

The procedural aspects of the qualitative analysis process involves the application of a systematic approach over several stages: coding and describing data; conceptualisation, classification, categorisation of data and identification of themes; connecting and interrelating data, and interpretation and formulation of explanatory accounts (Krippendorff, 1980).

The goal in applying the content analysis method is to achieve a condensed and broad description of the research phenomenon (Kyngas & Vanhanen, 1999) which culminates in a conceptual understanding, system, map or categories. According to Dey (1993) underpinning the content analysis is a central question of what is going on? By analysing the content of the interview transcripts of the research subjects some sense of the overall truth can be derived conveyed in the adolescents' personal discourse. This research adopts a descriptive approach which relied less on open formal coding and classification and focused on understanding meaning and presenting a rich description of participants' personal experiences supported by direct quotations.

Qualitative content analysis employs individual themes as the unit of analysis rather than specific linguistic elements associated with quantitative analysis (Tesch, 1990). For the purpose of this study individual themes were sought in the interview transcripts expressed in sentences, phrases or paragraphs from the accounts of the interviewees. This process utilised an open coding scheme to categorise and classify transcripts and extract quotes. A non-intrusive inductive approach was adopted to enable themes to emerge from the interview transcripts and to identify insightful narrative.

To maximise the validity of the representation of the social reality, content analysis was performed in a careful and controlled manner to identify and draw insights which reflected the interviewees' personal experience (Zhang & Wildemuth, 2009). Content was coded to identify quotations to presents conclusions in interviewees' own language in describing their experiences. While themes and categories can be pre-developed this approach adopted an inductive reasoning approach where themes emerged during continual iterations of careful examination and comparison (Zhang & Wildemuth, 2009).

This process facilitated the identification of similarities and differences in the responses of the interview to develop a broad view of thoughts and feelings contained with personal narratives. Quotations have been drawn based on subjective selection of data in line with the research focus. The analytical procedure involved repeated reading of the interview transcripts to identify content which conveyed the voice of participants. Repeated reading of the transcripts enhanced familiarity and immersion with the data to identify relevant narratives which can provide insights to address the research questions (Polit & Beck 2004). Transcripts were annotated with headings, notes and codes to describe the content (Burnard, 1991) which were reviewed for consistency during each iteration.

3.6 Materials

The materials used in the study are placed in the appendices.

- A letter of ethical approval from rehabilitation centre for access approval. - National or organisational approval.
- A consent letter in Arabic to send out to the parents of the selected participants, which included the aims and details of the study, the participant selection criteria that needed to be fulfilled, information on confidentiality and the right to withdraw (see appendix section).
- A personal consent form in Arabic for the individual participants with the same information as the parental information sheet (see appendix section).
- Questionnaire packs which contained various scales used to collect the main data of this research (see appendix section).
- The three highly structured questionnaires used in this study:
 - (i) The Young Offender Questionnaire (YOQ) (ii)
 - Parental Attachment Questionnaire (PAQ) (iii)
 - Children PTSD Inventory.

3.7 Ethical considerations

Prior to their participation, the researcher met separately with heads of rehabilitation centres and juvenile offenders and introduced himself and the research aims and briefed them on the main objective and goals of this investigation. The participants received information sheets (see appendix) which clearly stated the name of the researcher, what the study involved, confidentiality, time for completing each questionnaire and the right to withdraw from the study. The researcher also took this opportunity to build rapport with the young offenders through a breaking the ice exercise – mainly asking all offenders to name a few friends and the name of the person sitting beside them. Prior to the completion of questionnaires, the researcher fully explained (via a small workshop) the contents of the questionnaires and opportunities for further clarification were given. Participants were also instructed to give a small sign if at any time during the process they wanted clarity on some of the questions or were feeling distress.

Participants were reminded that they were under no obligation to complete the questionnaires, and had the full right to withdraw (should they feel they wanted to) from the study at any time, without stating any reason. This issue was emphasised throughout. The

juvenile offenders participating in this investigation and other counterpart sample were also reminded that the questionnaires are confidential and that their names were not required for completion of the questionnaires. The participants were also given consent forms (see appendix) to sign after the briefing if they agreed to take part in the study. A similar process was conducted with the countersample, 'the non-delinquent sample' who have only used the YOQ. Most parents and guardians, foster parents and step-parents consented; most of the individuals were 13–18 and the law and ethical conduct require researchers to obtain consent before any participation and inclusion.

On the arrival of participants into the classroom and prior to the completion of the questionnaires, the researcher once more briefed the participants and offered the chance for final possible withdrawal (should they feel they wanted to) from the study. Participants were encouraged if possible to complete all the items in the questionnaires and without leaving any missing data. They were reminded that the data were for research purposes only and that no identifying information (including names and surnames) would be included or used on the questionnaires as the questionnaire would be coded with numbers which would be known only to the researcher and each individual participant.

The researcher reaffirmed that all data obtained from individual participants would be coded so that their anonymity would be protected in any reports or future published research work, or presentations that result from this study. Participants were informed that the questionnaires and consent forms would be stored for up to five years only. Then all records will be destroyed. Upon completion of the testing, the researcher thanked each individual participant and verified that they were not feeling anxious or distressed in any way and encouraged them to utilise the counselling services offered by the rehabilitation care centres or contact the main researcher should they feel distressed or anxious in the subsequent days or weeks.

Overall, it is worth indicating that the sample of this investigation was drawn from juvenile delinquent rehabilitation centres in the United Arab Emirates. In fact, consenting offenders and their parents during February–June 2010 were selected. Those who expressed willingness to take part and those who signed the consent forms were included. Before data collection, the research project was discussed with the heads of these centres, with the local security authority (for organisational consent) and with parents of the offender participants for permission to be given, so that the study could take place at several rehabilitation centres.

The inclusion criteria for participating in this research were all those young offenders who have criminal records and who were remanded in these centres; and those whose parents had themselves consented and volunteered were included. Parental and school consents were also obtained for the non-delinquent comparable sample who have used the YOQ survey.

Further, the participants received information which clearly stated the name of the researcher and contact, what the study involved, confidentiality, time for completing the questionnaires and the right to withdraw from the study. Also before filling in the questionnaires, measures were taken to put them at ease, relaxed and comfortable through conversation and building rapport. Participants were reminded of confidentiality throughout. Finally, they were asked whether they had understood what had been said and whether they had any questions. After the briefing, the participants were given consent forms to sign if they agreed to take part in the study. They were also told that they were free to withdraw from the study at any time without giving reason if they wished to.

Overall, participants were further reminded that the information sought was for research purposes only, no names of participants were required, and responses would be kept confidential. Participants were asked to complete the questionnaires accurately without any fear. They were also told that confidentiality would only be breached if the researcher observed that the participants or anyone else was at risk of any harm. The participants were also told that the questionnaires completed would only be read by the researcher and the supervisor, after which all questionnaires would be destroyed. Overall consent was sought from both individuals and parents.

The researcher further explained to all participants how the data collected would be stored to ensure that nobody else apart from those individuals mentioned earlier would have access to the information; and that no names would be needed and if they wished to withdraw from the study they were free to do so at any stage. The hope was to contribute to the growing literature on the impact of trauma and maternal attachment on juvenile delinquency and hence increase knowledge and awareness among professionals to develop and use evidence-based policy to decrease offending among young adolescents.

It is worth emphasising here again that all measures used in this study (including the second phase of this investigation, i.e., the qualitative follow-up study) were administered by

researchers who were highly trained and/or qualified members of staff with backgrounds in psychology, sociology, counselling and social policy working at the rehabilitation centres or at the AD Police Research Institute. In brief, ethical considerations included individual consent, right to withdraw, data protection access, no harm, no deception and debriefing and other considerations highlighted in the research ethical guidelines of BPS, APA and London Metropolitan University. Indeed, all of the above had to be observed before data were collected.

CHAPTER 4 RESULTS AND KEY FINDINGS

4.0 Part I: Result of the quantitative study

Using both quantitative and qualitative (mixed) approaches, the present study was designed to investigate some of the risk factors which are related and/or associated with juvenile delinquency in the UAE. The proposed associated risk factors included mental health problems and matters related to maternal deprivation, separation, divorce, trauma and PTSD, insecure attachment, maltreatment (i.e. neglect or abuse) and school influences. This investigation will be conducted through two stages. These two stages include investigation of matters related to behaviour conduct and motivation of young offenders as well post-traumatic stress disorder and its association with maternal deprivation hypothesis.

As well as exploring early maternal deprivation, separation, trauma or maltreatment influences among a sample of young offenders detained in various rehabilitation care centres in the UAE, the main goal of this research project is to draw quantitative and qualitative perspectives as to how such risk factors and/or negative exposure have an impact on behavioural problems and thus contributed to offending and reoffending experience of the examined young detained individuals. Overall, the present research investigation is also hoping to shed some light on Bowlby's attachment theory and related work on the maternal deprivation hypothesis. The main questions that are addressed are the following:

- (i) To what extent does early maternal deprivation and negative experience including child-parent separation impact on child development; and does such experience contribute to challenging behaviour and juvenile delinquency?

- (ii) Are there any associations between neglect and insecure attached characteristics and juvenile delinquency? Thus are detained and reoffending juvenile delinquents in the UAE more likely to have experience of separation, divorce, trauma and/or insecure attachments?
- (iii) Do juvenile delinquents detained in the UAE suffer mental health problems or any level of post-traumatic stress symptomology and to what extent do males and females differ in the manifestation of such symptoms?

As noted in 3.3, a total number of 227 participants were included in this study. That is 107 juvenile delinquents were selected from various care institutions and a total number of 120 participants who represented the non-delinquents counter subsample. The latter participants were selected from local mainstream schools.

Focusing on the age of the participants, there were 90 participants (40.1%) of the whole sample below 15 years old; with a further 78 participants (34.4%) at age 15–16 and 58 participants (25.6%) of the main sample above 16 years old. The majority of the participants included in the study were local national ‘Emiratis’ ($n = 200$, 88.1%), with 2.2% ($n = 5$ participants) from GCC countries, while only 4% ($n = 13$) participants were from other Arab countries and 5.7% ($n = 9$) from foreign countries. Most of the participants who participated in this investigation came from the Emirate of Abu Dhabi. That is to say participants who live in Abu Dhabi formed the greatest percentage of the sample ($n = 105$, 46.3%), with 39.6% of the participants living in or residents of the Emirate of Abu Dhabi. With regard to health and well-being as well as educational matters, it has been suggested that over one-third of the sample (32.2%, $n = 73$ participants) had special needs, and a very small percentage had no education. Others (73.1%, $n = 166$ participants) claimed to have intermediate education (see Table 4.1).

Table 4.1 The main participants included in this study, their age, level of education, health and well-being, place of residence and birth

Age/ in yrs	Frequency	Percentage	Juvenile Situation	Frequency	Percentage
Below (15) yrs	91	40.1	Delinquent	107	47.1
(15–16) yrs	78	34.4	Non-delinquent	120	52.9
Above (16) yrs	58	25.6	Total	227	100

Total	227	100	Health condition	Frequency	Percentage
Nationality	Frequency	Percentage	Good	185	81.5
Local	200	88.1	Average	39	17.2
GCC	5	2.2	Bad	3	1.3
Arab countries	13	4.0	Total	227	100
Foreign countries	9	5.7	Special need	Frequency	Percentage
Total	227	100	Yes	73	32.2
Education Level	Frequency	Percentage	No	154	67.8
Illiterate	3	1.3	Total	227	100.0
Primary	13	5.7	Type of Disability	Frequency	Percentage
Intermediate	166	73.1	Hearing	28	38.4
Secondary	45	19.8	Visual	23	31.5
Total	227	100.0	Mental	10	13.7
Place of Birth	Frequency	Percentage	Motor	12	16.4
Abu Dhabi	90	39.6	Total	73	100.0
Dubai	30	13.2	Residence area	Frequency	Percentage
Sharjah	50	22.0	Abu Dhabi	105	46.3
Fujairah	14	6.2	Dubai	13	5.7
Ajman	8	3.5	Sharjah	62	27.3
Umm al Quwain	5	2.2	Fujairah	15	6.6
Ras al Khaimah	7	3.1	Ajman	8	3.5
Abroad	23	10.1	Umm al Quwain	3	1.3
Total	227	100.0	Ras al Khaimah	4	1.8
			Unidentified	17	7.5
			Total	227	100

With regard to accommodation and environment, Table 4.2 shows that 8.2% of the sample participants were living in towns and cities, while 12.3% live in villages with only 7.5% living in remote areas. Also a proportion of the sample (37.9%) declared that they live in separate villas, while 8.8% of this sample lived in flats and tower buildings. More than half of the

sample (53.3%) live in government granted houses. The majority of participants (57.3%) declared they live in houses owned by their families.

Regarding number of rooms in the household, 18.1% of the sample reported that their houses contain fewer than 4 rooms, a larger proportion of the sample (46.3%) stated that rooms in their household range between 4 and 6 rooms, and 35.7% indicated that their houses has more than 7 bedrooms. It became clear that 67.8% of the sample's homes have 6 persons or less, while 46.3% of the sample declared that their houses accommodate 7–10 persons.

Table 4.3 shows that almost a third of the participants (32.7%) live in a house with more than 10 persons, and this result is statistically significant at the 0.001 level.

Table 4.2 Type of accommodation and living environment of main participants of this study

Permanent residence	Frequency	Percentage	Type of Accommodation	Frequency	Percentage
City	182	80.2	Separate villa	86	37.9
Village	28	12.3	A flat in a building	20	8.8
Remote area	17	7.5	Gov. granted units	121	53.3
Total	227	100.0	Total	227	100.0
Quarter Type	Frequency	Percentage	House's rooms number	Frequency	Percentage
Low class quarter	121	53.3	Below (4) rooms	41	18.1
Middle class quarter	84	37.0	(4–6) rooms	105	46.3
High class quarter	22	9.7	(7) rooms and more	81	35.7
Total	227	100.0	Total	227	100.0
Accommodation ownership	Frequency	Percentage	Number of individuals	Frequency	Percentage
Rented	55	24.2	(6) individuals or less	154	67.8
Family property	130	57.3	(7–10) or less	38	16.7
Government granted	42	18.5	More than 10 individuals	35	15.4

Total	227	100.0	Total	227	100.0
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Table 4.3 Number of individuals in the family household of participating sample

Juvenile Situation Number of family members	Delinquents		Non-delinquents	
	Frequency	Percentage	Frequency	Percentage
(6)members and less 34 31.8	120	100 (7–10) members	38	35.5
More than (10) members	35	32.7	0	0
Total 107 100 120 100	$\chi^2 = 120.68$, Degree of Freedom = 2,			
	Significance level = 0.001			

4.1 Health-related matters and morbidity

Table 4.4 shows that 63.9% were already admitted to hospital for treatment and 17.6% had undergone surgical operations, while 4.8% are suffering from mental and neural diseases and 2.2% were suffering from physical disability. When it compared the two subgroups the analysis did not reach any significant level for matters related to their health and well-being.

Table 4.4 The health and morbidity of the participating sample

Have you ever been admitted into hospital?	Frequency	Percentage	Do you suffer any psychological or mental disorders	Frequency	Percentage
Yes	145	63.9	Yes	11	4.8
No	82	36.1	No	216	95.2
Total	227	100.0	Total	227	100.0
Have you ever undergone surgery	Frequency	Percentage	Are you suffering from any physical disability?	Frequency	Percentage
Yes	40	17.6	Yes	5	2.2
No	187	82.4	No	222	97.8
Total	227	100.0	Total	227	100.0

Focusing on early childhood experience, this study postulated that maltreatment, abuse and/or neglect, separation and maternal deprivation are more likely to be risk factors in juvenile delinquency. Overall, Table 4.5 shows that 18.7% of the delinquents claimed that they had not received sufficient care during early childhood, with only 1.7% of the counterpart sample – the non-delinquents mainstream school sample – answering that they had not received appropriate attention during their early childhood. Significant level between these two groups reached .001 with chi-square (χ^2) value of 18.7.

Table 4.5 Early childhood care and treatment experience received by participants in the sample

Juvenile Situation Delinquents Frequency y ge	Non-delinquents Percent Frequenc	During your childhood, did you receive adequate care? y age		
		Percent	age	age
Yes	87	81.3%	118	98.3%
No	20	18.7%	2	1.7%
Total	107	100	120	100
$\chi^2 = 18.7$, Degree of Freedom = 1, Significance level = 0.001				

Similarly, Table 4.6 shows that 46.7% of the delinquent juveniles had maltreatment experience, i.e. they have been physically abused: ‘frequently beaten’ by older family member adults such as their father or any other older care provider such as ‘brothers’ during their childhood. Meanwhile, the chi square result displayed in Table 4.6 shows a significant difference between the juvenile delinquent group and their counterpart subsample of mainstream school $\chi^2 = 32.4$, Degree of Freedom = 1, Significance level = 0.001.

Results show that a significant proportion (20.6%) of the delinquent juveniles have been subjected to sexual abuse or an attempt at sexual abuse. Comparison made between juvenile delinquents and non-delinquents indicated significant differences between the two sub-samples with (χ^2) value = 18.8, and significant level at 0.001. These results clearly suggested that the delinquent juveniles were subjected to sexual abuse or an attempt at sexual abuse more often than the non-delinquent juveniles.

Focusing on neglect by parents and family, one-third of the sample, i.e. 31.8% of the delinquent juveniles, reported that they have had such experience. When this group was compared with their counterpart, the mainstream school participants, only 3.3% of the latter sample reported that neglect experience, see Table 4.6.

Table 4.6 Level of parental abuse and maltreatment that the juvenile delinquents received from their parents and family

Frequency	Percentage	Subject to cruel	
		Juvenile Situation Delinquents beating by the father or brothers	Non-delinquents Percentage
Yes		50 124	46.7% 15 12.5%

No	57	53.3%	105	87.5%
Total	107	100%	120	100%
Significance Level = 0.001 , Degree of Freedom = 1, $\chi^2 = 32.4$				

Frequency	Percentage	Juvenile Situation		Delinquents	Non-delinquents	Being beaten
		Frequency	Percentage			
by other children						
Yes		36	33.6%	18	15.0%	
No		71	66.4%	102	85.0%	
Total		107	100%	120	100%	

Significance Level = 0.001 , Degree of Freedom = 1, $\chi^2 = 10.8$					
Frequency	Percentage	Juvenile Situation	Delinquents	Non-delinquents	Abuse
or attempt of sexual abuse					
Yes		22	20.6%	3	2.5%
No		85	79.4%	117	97.5%
Total		107	100	120	100

Significance Level = **0.001**, Degree of Freedom = 1, $\chi^2 = 18.8$

Juvenile Situation		Delinquents		Non-delinquents	Family
Frequency	Percentage	Frequency	Percentage		
negligence and inattention					
Yes		34	31.8%	4	3.3%
No		73	68.2%	116	96.7%
Total		107	100	120	100

Significance Level = **0.001**, Degree of Freedom = 1, $\chi^2 = 32.8$

Frequency	Percentage	Juvenile Situation		More	Frequency	Percentage
		Delinquents	Non-delinquents			
pampered by the family						
Yes		31	29.0%	10	8.3%	
No		76	71.0%	110	91.7%	
Total		107	100	120	100	

$\chi^2 = 16.3$, Degree of Freedom=1, Significance level=**0.001**

Table 4.7 shows that 41.1% of the delinquent juveniles suggested that their needs and desires were unsatisfactorily met, compared to 15.8% of non-delinquent juveniles, with value of chi-square (χ^2) = 18.04, and p-value and significance reached to 0.001 level. Also 29.9%

of the delinquent juvenile participants have felt they were unfairly treated by their parents, unattached, deprived and less close.

The study also uncovered that 39.3% of the delinquent juveniles felt deprivation, while 13.3% of the non-delinquent juveniles had this feeling, and the chi-square (χ^2) value has reached 19.9, which is a statistical significance at the level of 0.001 and that means that the delinquent juveniles had felt deprivation more than the non-delinquent juveniles.

It is very clear from the results displayed in Tables 4.6 and 4.7 that a sizeable proportion of the juvenile delinquent participants had unpleasant hardship experiences during early and late childhood, and this was the case when compared with the non-delinquent juvenile participants who were drawn from ordinary mainstream schools.

Table 4.7 Expressed feelings of the participants in relation to needs satisfaction, deprivation and being unfairly treated within the family

Juvenile Situation	Delinquents		Non-delinquents	
Insufficiently satisfying needs and desires	Frequency	Percent	Frequency	Percent
Yes	44	41.1%	19	15.8%
No	63	58.9%	101	84.2%
Total	107	100	120	100
0.001 =Significance Level • 1 =Degree of Freedom • 18.04 = χ^2				
Juvenile Situation	Delinquents		Non-delinquents	
Treatment discrimination between sons	Frequency	Percentage	Frequency	Percentage
Yes 32 29.9% 16	13.3%	No 75 70.1% 104		
86.7%				
Total	107	100	120	100
0.01 =Significance Level • 1 =Degree of Freedom • 9.03 = χ^2				
Juvenile Situation	Delinquents		Non-delinquents	
	126			

	Feeling Deprived			
	Frequency	Percentage	Frequency	Percentage
Yes	42	39.3%	16	13.3%
No	65	60.7%	104	86.7%
Total	107	100	120	100

$\chi^2 = 19.9$, Degree of Freedom=1, Significance level=0.001

4.2 Schooling, achievement and being referred to social services during early and late childhood

Table 4.8 clearly suggests that a sizeable majority (74.8%) of the juvenile delinquent participants were happy and keen to attend school. Also an overwhelming majority (99.2%) of their counterpart group expressed similar desire, that is, were happy to attend and be at school.

Although a very good proportion of both groups and subsample participants were satisfied about their schooling and achievement, those who were in the juvenile delinquency group tended to endorse the view that their schooling at some stage was worsening; and many of them were referred to social service perhaps for help and as a result of conduct matters etc.; see Tables 4.8 and 4.9. Indeed, when this particular group is further compared with their counter participants of mainstream schools, the former was significantly different in relation to social service referral $\chi^2 = 19.9$, Degree of Freedom = 1, Significance level = 0.001. See the last part of Table 4.8.

Table 4.8 Schooling matters and referral to social service of the two subsamples included in this investigation

Juvenile Situation	Delinquents		Non-delinquents	
	Did you like to go to school	Frequen cy	Percent age	Frequen cy
Yes	80	74.8%	119	99.2%
No	27	25.2%	1	0.8%
Total	107	100	120	100

$\chi^2 = 31.1$, Degree of Freedom = 1, Significance level = 0.001

Juvenile Situation	Delinquents		Non-delinquents	
	Frequenc y	Percenta ge	Frequenc y	Percenta ge
Academic achievement	y	ge	y	ge
Excellent	17	15.9%	8	6.7%

Good	71	66.4%	112
Bad	19	17.8%	0
Total	107	100	120
$\chi^2 = 30.8$, Degree of Freedom = 2, Significance level = 0.001			
Juvenile Situation	Delinquents	Non-delinquents	
Did your academic Frequency get worse	Percentage Frequency	Percentage	level
Yes	49	45.8%	0
No	58	54.2%	120
Total	107	100	100
$\chi^2 = 70.1$, Degree of Freedom = 1, Significance level = 0.001			
Juvenile Situation	Delinquents	Non-delinquents	
Did you visit the social worker during your schooling	Frequency		
Percentage Frequency	Percentage		
Always	10	9.3%	77
Sometimes	63	58.9%	14
Never	34	31.8%	29
Total	107	100	120
$\chi^2 = 82.7$, Degree of Freedom = 2, Significance level= 0.001			

Furthermore, this particular vulnerable group of juvenile delinquent participants have had frequent troubles with teachers and peers; and were more likely to be absent and have little desire to continue with their schooling and/or education. See Table 4.9.

Of particular interest, Table 4.9 clearly shows that 32.7% of the delinquent juveniles were having trouble with one teacher or more, while the comparable percentage of the nondelinquent juveniles was small (8.3%). It was also clear that many and/or a significant number (38.3%) of the delinquent juveniles tend to be truant and absent from school without any reason for a period more than one week. Also 55.1% of this particular subsample (i.e. juvenile delinquent group) have had no desire to continue their education.

Table 4.9 Participants' level of problems with teachers and peers as well as attendance and their desire to continue schooling and/or education

Juvenile Situation	Delinquents		Non-delinquents		
	Have you ever been beaten at school before	Frequenc y	Percenta ge	Frequenc y	Percenta ge
Yes		35	32.7%	10	8.3%
No	72 67.3%	110 91.7%	Total 107 100	120 100	
$\chi^2 = 21.1$, Degree of Freedom = 1, Significance level = 0.001					
Juvenile Situation		Delinquents		Non-delinquents	
	Have you ever being absent from school without an excuse for more than a week	Frequenc y	Percenta ge	Frequenc y	Percenta ge
Yes		41	38.3%	3	2.5%
No	66 61.7%	117 97.5%	Total 107 100	120 100	
$\chi^2 = 46.4$, Degree of Freedom = 1, Significance level = 0.001					
Juvenile Situation		Delinquents		Non-delinquents	
	Did you have a desire not to continue your education	Frequenc y	Percenta ge	Frequenc y	Percenta ge
Yes		45	42.1%	3	2.5%
No	62 57.9%	117 97.5%	Total 107 100	120 100	
$\chi^2 = 53.1$, Degree of Freedom = 1, Significance level = 0.001					
Juvenile Situation		Delinquents		Non-delinquents	
	Have you ever had a desire not to continue your education	Frequenc y	Percenta ge	Frequenc y	Percenta ge
Yes		59	55.1%	17	14.2%
No	48	44.9%	103	85.8%	Total 107 100
$\chi^2 = 42.6$, Degree of Freedom = 1, Significance level = 0.001					

4.3 Family matters and relationships

Tables 4.10 and 4.11 below show clearly that participants of both subsamples tend to come from large family size and fathers of multiple marriages (i.e. average family size for juvenile delinquents was 8.5 family members compared to 7.6 for non-delinquent participants subsample). Due to culture norms, it is also evident that some of the nondelinquent participants have fathers of multiple marriages but less so than those of multiple marriage fathers of delinquent participant members included in this study. See Table 4.11. It is worth noting that Arabian Muslim culture allows men to have multiple marriage, i.e. more than one wife. When a man is married to more than one wife at a time, the relationship is called *polygamy*, and there is a marriage bond between each wife and the husband.

It is also worth noting here that despite the sizeable number of multiple marriage fathers in the group of participants in the study, the overwhelming majority of both subsample participant fathers have only one marriage. That is 71.7% of the non-juvenile delinquent participants and 58% for the juvenile delinquent sample respectively have fathers of one marriage; see Table 4.11. Moreover, Table 4.11 shows that 42.1% of juvenile delinquent participants declared that time spent with their father was of short duration. Overall, results show (see Table 4.11) that the non-delinquent participants tend to spend more time with their fathers than those in the juvenile delinquent group.

Table 4.10 Average family members or family size that related to both subsamples of participants employed in this study

Juvenile Situation	Mean	ST Standard deviation	T Value	Significance level
Delinquents	8.5	3.39	2.1	0.05
Non-delinquents	7.6	3.21		

Table 4.11 Results of relevant father relationships (multiple marriage) and time spent with offspring participants involved in this study

Juvenile Situation Father's times of marriage	Delinquents		Non delinquents	
	Frequent cy	Percent age	Frequent cy	Percent age
Once	63	58.9%	86	71.7%
		28.3%		Two times
Three times	12	11.2%	0	0
Four times	5	4.7%	0	0
Total	107	100	120	100

$\chi^2 = 20.7$, Degree of Freedom = 3, Significance level = 0.001

Juvenile Situation Delinquents Percent	Frequent Percent	Non-delinquents Period spent by Father with the family		spent by Frequent cy age	
		the father with the family	cy age	cy age	cy age
		130			

Long time	62	57.9%	91	75.8%
Short time	45	42.1%	29	24.2%
Total	107	100	120	100

$\chi^2 = 8.2$, Degree of Freedom = 1, Significance level = 0.004

4.4 Results of family income and participants' social economic status (SES)

Results presented in Table 4.12 show over one-third (34.9%) of the juvenile delinquent group responded that their family monthly income is not enough to cover daily expenses, compared to only 10.3% of non-delinquents who answered the same question. It was also revealed that the former group (the juvenile delinquent participants) tend to spend and use money more than their counterpart sample non-delinquent participants. Almost a third of delinquent juveniles responded (30.8%) that their pocket money was more than 100 dirham a day; also 29% of this same particular group stated their daily pocket money used to be 1 dirham or less. See Table 4.11 for further details.

Overall, 46.7% of the delinquent juveniles answered that their daily pocket money is not enough; against 2.5% of the non-delinquents who responded to the same question.

Table 4.12 Both subsamples' responses to income and daily expenses

Juvenile Situation	Delinquents	Non-delinquents
monthly income enoughls the family	Frequency	Percentage
Percentage		
Yes 70 65.1% 108 89.7% No 37 34.9% 12 10.3%		
Total	107	100

$\chi^2 = 6.9$ Degree of Freedom = 1, Significance Level = 0.01

Juvenile Situation	Delinquents	Non-delinquents
Pocket money -in dirham	Frequency	Percentage
Percentage		

1-10	31	29.0%	67	55.8%
11-50	27	25.2%	41	34.2%
51-100	16	15.0%	12	10.0%
More than 100	33	30.8%	0	0
Total	107	100	120	100

$\chi^2 = 49.1$, Degree of Freedom = 3, Significance Level = 0.001

Juvenile Situation	Delinquents	Non-delinquents		
Pocket Money sufficiency	Frequency	Percentage	Frequency	Percentage
Yes	50	46.7%	3	2.5%
Sometimes	41	38.3%	117	97.5%
Never	16	15.0%	0	0
Total	107	100	120	100

$\chi^2 = 93.7$, Degree of Freedom= 2, Significance level= 0.001

4.5 Results of rate of family divorce among the samples

Table 4.13 indicates that the rate of divorce among parents of the delinquent juvenile participants was higher than among the parents of the non-delinquent group. The rate of divorce among parents of the delinquent juveniles reached 18.7%; while only 8.3% of the parents of non-delinquent participants were divorced.

Reported results (see Table 4.13) suggest that 21.79% of the delinquent juvenile participants have stated that there were severe and endless arguments and quarrels with their parents and in the home surroundings. Only 12.2% of the non-delinquent participants reported the presence of such arguments within their home environment. Chi-square (χ^2) suggested significant differences between these two subsamples $\chi^2 = 13.1$, Degree of Freedom = 2, Significance level = 0.001.

Table 4.13 Family divorce rate among participants of both subsamples included in this investigation

Juvenile Situation	Delinquents	Non-delinquents		
Had ever a divorce taken	Frequen Percent	Percent	Frequen cy	Percent
Place between the parents	cy	age	cy	age
Yes	20	18.7%	10	8.3%

No	87	81.3%	110	91.7%
	107	100	120	100
$\chi^2 = 5.3$, Degree of Freedom = 1, Significance level = 0.02				
Juvenile Situation	Delinquents	Non-delinquents		
Did your parents use to quarrel and involve in disputes	Frequent ^{cy}			
	Percentage	Frequency	Percentage	
Always	20	21.7%	5	12.2%
Sometimes	22	23.9%	23	56.1%
Never	50	54.3%	13	31.7%
Total	107	100	120	100
$\chi^2 = 13.1$, Degree of Freedom = 2, Significance level = 0.001				
Juvenile Situation	Delinquents	Non-delinquents		
Did your father				
your desires and ambitions pay consideration to	Frequent ^{cy}	Percentage		
	Frequency	Percentage		
Always	41	38.3%	61	50.8%
	43	35.8%	25	23.4%
Never			16	13.3%
Total	107	100	120	100
$\chi^2 = 6.2$, Degree of Freedom = 2, Significance level = 0.05				
Juvenile Situation	Delinquents	Non-delinquents		
Parents contradictory treatment and care of you	Frequent ^{cy}	Percentage	Frequent ^{cy}	Percentage
	Frequency	Percentage	Frequency	Percentage
Always	17	16.7%	12	10.0%
Sometimes	44	43.1%	41	34.2%
Never	41	40.2%	67	55.8%
Total	107	100	120	100
$\chi^2 = 5.9$, Degree of Freedom = 2, Significance level = 0.05				

Additionally, the results of Table 4.14 below reveal that the home surroundings of juvenile delinquent were described as authoritarian, and imposed considerable restrictions on young developing adolescents. In fact 29% of the juvenile delinquent group suggested that their parents have always imposed such restrictions on their movement. Meanwhile only 42.1% indicated that such restrictions were imposed infrequently, 'sometimes', on them.

The findings of this study also revealed that a considerable proportion of delinquent juveniles (over a third, 35.5%) who participated in this study tend to move out and leave home early.

Table 4.14 Home restrictions imposed on participants in this study and trend level of leaving home early among both subsamples

Juvenile Situation	Delinquents	Non-delinquents		
Does the family impose any restrictions you don't like?	Frequen cy	Percent age	Frequen cy	Percent age
Always	31	29.0%	14	11.7%
Sometimes	45	42.1%	6	5.0%
Never	31	29.0%	100	83.3%
Total	107	100	120	100
$\chi^2 = 72.1$, Degree of Freedom = 2, Significance level = 0.001				
Juvenile Situation	Delinquents	Non-delinquents		
Did you leave home during adolescence and stay outside	Frequen cy	Percent age	Frequen cy	Percent age
Percentage				
Yes	38	35.5%	10	8.3%
No	69	64.5%	110	91.7%
Total	107	100	120	100
$\chi^2 = 25.1$, Degree of Freedom = 1, Significance level = 0.001				

4.6 Juvenile delinquent family background and previous conviction

It is clear from the results of Table 4.15 that members of the delinquents group are more likely to have one or more of their family members with convictions and criminal records. Overall, the results indicated that 27.1% of delinquents' families have one or more of their family members previously convicted for crimes, in comparison to 5.8% of the nondelinquent participants. The delinquent participants have also indicated that they used and drank alcohol more than their counterpart group. Chi-square (χ^2) result revealed that there were significant differences between these two groups with regard to both alcohol consumption and criminal records.

Table 4.15 Criminal records and alcohol consumption among members of delinquents' families

Juvenile Situation	Delinquents	Non-delinquents		
Had ever one of your family being convicted and/or criminal records				
	Frequency	Percentage	Frequency	Percentage
Yes	29	27.1%	7	5.8%
No	78	72.9%	113	94.2%
Total	107	100	120	100
$\chi^2 = 19.2$, Degree of Freedom = 1, Significance level = 0.001				
Juvenile Situation	Delinquents	Non-delinquents		
Do any of your family members drink alcohol				
	Frequency	Percentage	Frequency	Percentage
Always	10	9.3%	1	8.8%
Sometimes	24	22.4%	2	1.7%
Never	73	68.2%	117	97.5%
Total	107	100	120	100
$\chi^2 = 35.5$, Degree of Freedom = 2, Significance level = 0.001				

4.7 Association with their peer group

Table 4.16 demonstrates that 69.2% of the friends of the delinquent juveniles are of the same age, while 85.8% of the friends of the non-delinquent juveniles are of the same age. So it was revealed that 15.9% of the friends of delinquent juveniles are older than them, while only 8.3% of the friends of the non-delinquent juveniles are older.

Moreover, the delinquent juveniles noted that their criminal behavioural records were influenced and led by their friends; hence 33.6% of the friends of the delinquent juveniles have already committed a crime.

Table 4.16 The influence of friends and peer group on juvenile delinquent behaviour

Juvenile Situation	Friends' ages	Frequency	Percentage	Frequency	Percentage
		y	ge		
Same age		74	69.2	103	85.8
Elder		17	15.9	10	8.3
Younger		1	0.9	7	5.8

Different ages	15	14.0	0	0		
Total	107	100	120	100		
$\chi^2 = 25.4$, Degree of Freedom = 3, Significance level = 0.001						
Juvenile Situation	Delinquents		Non-delinquents			
Friends' Nationalities	Frequenc	Percenta	Frequency	Percentage		
	y	ge				
UAE	81	75.7	87	72.5		
Arabs	8	7.5	24	20.0		
Foreigners	4	3.7	1	0.8		
Different nationalities	14	13.1	8	6.7		
Total	107	100	120	100		
$\chi^2 = 10.9$, Degree of Freedom = 3, Significance level = 0.01						
Juvenile Situation	Delinquents		Non-delinquents			
Your position among friends	Frequency Percenta					
				ge		
Normal	89	83.2%	105	87.5%		
Leader	12	11.2%	15	12.5%		
Subordinate	6	5.6%	0	0		
Total	107	100	120	100		
$\chi^2 = 6.9$, Degree of Freedom = 2, Significance level = 0.03						
Juvenile Situation	Delinquents	Non-delinquents	among your friends	Is		
there anyone	Frequency	Frequenc	Percenta			
convicted or accused		Percenta	y	ge		
Yes	36	33.6%	14	11.7%		
No	71	66.4%	106	88.3%		
Total	107	100	120	100		
$\chi^2 = 15.9$, Degree of Freedom = 1, Significance level = 0.001						

Also 55.1% of delinquent participants stated that their friends have influenced their behaviour; see Table 4.17. It was also revealed that 86% of the delinquent participants meet their friends on a daily basis, compared with 66.7% of non-delinquents.

Table 4.17 Friends' influence on juvenile delinquent behaviour

Juvenile Situation	Delinquents	Non-delinquents		
Did your friend influence your Percent conducts and thoughts?	Frequency	Percent	Frequency	Percent
Yes	59	55.1%	47	39.2%
No	48	44.9%	73	60.8%
Total	107	100	120	100
$\chi^2 = 5.08$, Degree of Freedom = 1, Significance level = 0.02				
Juvenile Situation	Delinquents	Non-delinquents		
use to visit you at home? Did your friends	Frequency	Percent	Frequency	Percent
		Percent	y	ge
Always	16	15.0%	20	16.7%
Sometimes	49	45.8%	74	61.7%
Never	42	39.3%	26	21.7%
	Total 107	100	120	100
$\chi^2 = 8.6$, Degree of Freedom = 2, Significance level = 0.01				
Juvenile Situation	Delinquents	Non-delinquents		
Meeting friends	Frequency	Percent	Frequency	Percent
		Percent	y	ge
Daily	92	86.0%	80	66.7%
Every week			12	11.2%
			35	29.2%
Every month	3	2.8%	5	4.2%
	Total 107	100	120	100

$\chi^2 = 11.9$, Degree of Freedom = 2, Significance level = 0.003

4.8 Internet use and abuse

Table 4.18 shows that 65% of both subsamples use Internet websites for entertainment. However, it was found that almost 1 in 10 (9.3%) of delinquents prefer to visit sex websites, compared to only 0.8% of non-delinquents. Comparison of both groups revealed significant differences between the two subgroups that relate to exposure to sex sites on the Internet.

$\chi^2 = 15.8$, Degree of Freedom = 7 P value and significant level = 0.003

Table 4.18 Level of exposure to Internet websites of both subsamples

Juvenile Situation	Delinquents		Non-delinquents	
	Preferable websites	Frequency	Frequency	Percentage
		Percentage	CY	ge
Social	9	8.4%	12	10.0%
Scientific	2	1.9%	10	8.3%
Political	1	0.9%	4	3.3%
Religious	8	7.5%	9	7.5%
Entertainment	70	65.4%	78	65.0%
Academic	4	3.7%	5	4.2%
Sexual	10	9.3%	1	.8%
Other	3	2.8%	1	.8%
Total	107	100	120	100

$\chi^2 = 15.8$, Degree of Freedom = 7, Significance Level = 0.03

Results displayed in Table 4.19 clearly show that theft was the most prevalent crime among delinquents, i.e. 31.8% of their conduct, followed by sexual crimes 16.8%, and fighting behaviour 12.1%. Results of this investigation also revealed that most criminal behaviour, i.e. 71% of their criminal conduct, was committed in groups, with support of others, while 29% of their criminality was committed on their own, and 73.8% of delinquency (criminality) was committed at night. With respect to the location of the crime, this study also revealed that 70.1% of the delinquency was committed in the cities.

Table 4.19 Criminality and conduct behaviour among juvenile delinquent participants

Crime Type	Frequency	Percentage	How did he commit the crime	Frequency	Percentage
			Alone		
Abduction	3	2.8	With others	31	29.0
Reckless driving and run over	3	2.8		76	71.0
Theft	34	31.8	Total	107	100
Fight	13	12.1			
Sexual crimes	18	16.8	Time of Crime	Frequency	Percentage
			At night	79	73.8

Adulteration	8	7.5	During the day	28	26.2
Murder	8	7.5	Total	107	100
Drugs	3	2.8	Legal situation	Frequen	
				cy	Percentag
Absence from homes	4	3.7	Convicted	41	38.3
Arson	8	7.5	Detainee	66	61.7
False Report	2	1.9	Total	107	100
Forging passports	3	2.8	Period of Punishment	Frequen	Percenta
Total	107	100	Less than (6) months	16	39.0
Place of crime	Frequen	Percent	(six months to less than one year)	13	31.7
City	75	70.1	One year and more	10	24.4
Small town or rural areas	32	29.9	Deportation	2	4.9
Total	107	100	Total	41	100

Results of this study found that 59.2% of the delinquents were not aware of the seriousness of their criminality. The majority of their criminal behaviours were influenced by peers, as the result of social and psychological factors and 'carelessness'.

Table 4.20 Factors influencing the criminal behaviour of juvenile delinquents participating in this study

Conviction when committing the act	Frequency	Percent age	Knowing the seriousness of the act committed	Frequency	Percentag e
Yes	41	38.3	Yes	33	30.8
No	66	61.7	No	74	69.2
Total	107	100	Total	107	100
The real motive to commit delinquent act	Frequ ency	Percent age	Committing the act even if	Frequenc y	Percentag e
Traditions and customs	1	0.9	Yes	12	11.2
Family disputes and problems	16	15.0	No	95	88.8
Friends encouragement	55	51.4	Total	107	100
Psychological conditions	22	20.6	Feeling of remorse	Frequenc y	Percentag e
Economic conditions	6	5.6	Yes	97	90.7
Desire to revenge community	3	2.8	No	10	9.3
Other	4	3.7	Total	107	100
Total	107	100	Influences leading to delinquent act	Frequenc y	Percentag e
You have committed the act	Frequ ency	Percent age	Psychological condition	19	17.8
Unconsciously	34	31.8	Friends	49	45.8
Deliberately	73	68.2	Economic conditions	7	6.5
Total	107	100	Social conditions	11	10.3
			Thoughtlessness & indifference	39	36.4
			Psychological condition	19	17.8

Those with previous records and criminal conduct represent 19.6% of the main delinquents who have already entered care and rehabilitation; see Table 4.21. Further, around two-thirds of the juvenile delinquent participants (71%) of this particular sample also indicated that the family reaction towards their criminality was characterised by anger and sadness, and 83.2% believe that the attitude of the community towards their action is bad, with 94.4% of

delinquents also reporting they will never return to their delinquency after completing (serving) their sentence and rehabilitation programme, with most indicating the possibility of starting a new life; see Table 4.21.

Table 4.21 Anticipated reactions by family and community

Previously entered the care	Frequency	Percentage	Family Reaction *	Frequency	Percentage
Yes	21	19.6	Indifference	9	8.4
No	86	80.4	Anger and sorrow	76	71.0
Total	107	100	Reproach	21	19.6
Times being confined at the care	Frequency	Percentage	Physical punishment	5	4.7
One time	10	47.6	Deprivation of pocket money	1	0.09
Two times	7	33.3	Guidance and advice	20	18.7
Three times and more	4	19.0	Other	3	2.8
Total	21	100	Total	107	100
Possibility of resuming a new life	Frequency	Percentage	Community attitude regards their act	Frequency	Percentage
Yes	101	94.4	Bad	89	83.2
No	6	5.6	Normal	18	16.8
Total	107	100	Total	107	100
			Return to delinquent behaviour after leaving the care centre	Frequency	Percentage
			Yes	6	5.6
			No	101	94.4
			Total	107	100

*More than one answer

Further results presented in Table 4.22 show that 44.9% of the delinquents sample spent a month in a rehabilitation care centre, and 22.4% had around six months of rehabilitation care, while only 10.3% of the delinquents sample spend over a year in rehabilitation care. It is also revealed that 89.7% of the juvenile delinquents were exposed to rehab regulations.

Table 4.22 Duration and time spent in rehabilitation care centre by inmates

When did you enter the Juvenile Care	Frequ ency	Percent age	Reading Care's regulations	Frequ ency	Percent age
Few days ago	23	21.5	Yes	96	89.7
Over one month	48	44.9	No	11	10.3
Over six months	24	22.4	Total	107	100
For a year	11	10.3	Normally, guidance and advice offered before leaving	Frequ ency	Percent age
More than five years	1	0.9	Yes	94	87.9
Total	107	100	No	13	12.1
			Total	107	100

Focusing on service provided at the rehabilitation care centre, Table 4.23 shows that 54.2% view the official staff working with inmates in the rehabilitation centre official as fair and respectful.

Table 4.23 The view of inmates towards the official staff working in the rehabilitation detention centre

S	statement	totally agree %	agree %	Totally disagree %	disagree %	I don't know %
1	Juvenile Care Centre's officials are fair	54.2	29.9	8.4	5.6	1.9
2	Officials pay attention to their duties	53.3	34.6	3.7	4.7	3.7
3	JCC officials are humble and merciful	59.8	23.4	9.3	3.7	3.7
4	They respect juvenile	54.2	28.0	6.5	8.4	2.8

Furthermore, inmate delinquents detained in the rehabilitation care centre viewed the care, the hygiene and the food as well as education, sport and recreation activities, vocational training and pastoral care as good and beneficial; see Table 4.24.

Table 4.24 Expressed view on the rehabilitation measures in the services provided to inmates in juvenile care centre

S	Items	Very good %	Good %	Fair %	Unfair %	Don't Know %
1	Meals	37.4	19.6	29.0	13.1	0.9
2	Health Care & Hygiene	59.8	28.0	7.5	1.9	2.8
3	Religious Guidance Programs	60.7	20.6	7.5	5.6	5.6
4	Educational Programmes	44.9	29.0	9.3	9.3	7.5
5	Sports Programmes	57.9	23.4	7.5	7.5	3.7
6	Recreational Programmes and Concerts	17.8	23.4	11.2	24.3	23.4
7	Vocational Training	22.4	20.6	8.4	21.5	27.1

Focusing on the education provided to inmates in the juvenile rehabilitation and care centres, Table 4.25 shows that 52.3% of juveniles describe the presented educational programmes including lectures as very useful, with 32.7% describing the material as useful. On the other hand, 35.5% of juvenile delinquents who participated in this investigation consider the overall instructions and pastoral guidance they receive to be professionally strict and fair. See Tables 4.25 and 4.26.

Table 4.25 The usefulness of educational (measures) programmes as viewed by detained inmates during the rehabilitation period

Lectures and guidance seen as:	Frequency	Percent age	Instructions and orders	Frequency	Percentage
Very Useful	56	52.3	Very(professionally) Strict	38	35.5
Useful	35	32.7	Strict	33	30.8
Useless	5	4.7	Fair	28	26.2
Completely useless	3	2.8	Unfair	5	4.7
Don't know	8	7.5	Don't know	3	2.8
Total	107	100	Total	107	100

Also juvenile delinquents who participated in this study felt that it is important to notify their parents when discharging them from the detention or the juvenile rehabilitation care centre.

Table 4.26 The view of inmate juvenile delinquents on complaints and parental notification

Complain when feeling that injustice is practised by officials	Frequency	Percentage	Had they been asked to commit offence by peers	Frequency	Percentage
Totally Agree	56	52.3	Agree	6	5.6
Agree	17	15.9	Don't Agree	36	33.6
Totally Disagree	22	20.6	Will Report them	36	33.6
Don't Know	12	11.2	Won't Report them	18	16.8
Total	107	100	Don't Know	11	10.3
Importance of notifying parents about the discharge date from the care centre	Frequency	Percentage	Total	107	100
Very Necessary	76	71.0	Expect that someone will be waiting for them upon dismissal	Frequency	Percentage
Necessary	15	14.0	Certainly	78	72.9
Unnecessary	7	6.5	Of Course	10	9.3
Totally Unnecessary	6	5.6	Almost think so	8	7.5
Don't know	3	2.8	Don't think so	7	6.5
Total	107	100	Don't know	4	3.7
How often are they informed about their parents' conditions while in care centre	Frequency	Percentage	Total	107	100
Consistently informed	32	29.9	First thing to do when dismissed	Frequency	Percentage
Informed	25	23.4	Meet parents	84	78.5
Not informed	23	21.5	Meet friends	6	5.6
Totally uninformed	15	14.0	Walk around the city	5	4.7
Don't know	12	11.2	Don't know	12	11.2
Total	107	100	Total	107	100

Confidence level in their peers	Frequency	Percentage	Acceptance to bear punishment instead of others	Frequency	Percentage
Very Strong	21	19.6	Certainly Agree	5	4.7
Strong	29	27.1	Agree	8	7.5
Weak	27	25.2	Don't Agree	30	28.0
Very weak	13	12.1	Totally Disagree	58	54.2
Don't know	17	15.9	Don't know	6	5.6
Total	107	100	Total	107	100

Regarding several social and psychological reasons given for breaking the law, Table 4.27 below seems to indicate that young adolescents violate the law due to two important factors which include individuals' mood problems or stress (51.4%) and the demands of modern lifestyles (39.2%). A sizeable number of juvenile respondents chose these particular factors. Other important factors emphasised by juvenile delinquents include family disintegration which accounted for 38.3% of responses; and unemployment with 31.7% of respondents who indicated that their criminal offences were due to unemployment.

Table 4.27 Main reasons for violating the law as viewed by juvenile delinquents participating in this investigation

S	Reason for violating the law	Totally Agree %	Agree %	Totally disagree %	Disagree %	Don't know %
1	Living in a poor family	4.7	14.0	49.5	22.4	3.9
2	Living in a disintegrated family	16.8	21.5	41.1	13.1	7.5
3	Ignorance and lack of education	12.1	26.2	35.5	17.8	8.4
4	Stress of urban lifestyle	8.4	30.8	33.6	13.1	14.0
5	Rural lifestyle	4.7	15.0	42.1	22.4	15.9
6	Unemployment	12.1	19.6	32.7	18.7	16.8
7	Mood problems	22.4	29.0	14.0	16.8	17.8

Focusing on rehabilitation measures which could combat reoffending, the Ministry of Interior UAE, Abu Dhabi Police and staff working at prison services do their utmost to curb the possibility of reoffending. Table 4.28 highlights major activities that most inmates engage in while they are on remand at the rehabilitation care centres.

It seems obvious from Table 4.28 that most rehabilitation centres in the UAE try to engage juvenile delinquents in various activities while they are on remand. This wide range of activities includes involvement in daily vocational and skills training programmes, religion education, guidance and pastoral care, involvement in sport activities and attending special schools. Evidence suggests that only very few of the juvenile delinquents on remand in these rehabilitation care centres (i.e. 8.4–15.9%) sleep or do not involve themselves in such activities; see Table 4.28.

Table 4.28 Daily activities performed by juvenile delinquents while on remand in rehabilitation care centre

		Regular Activities attendance %	Slight Practice and attend %	Usually I don't practice or attend %	I don't practice or attend at all %	Don't know %
1	Preparation for employment vocational and skills training and how to perform a certain craft	24.3	23.4	29.9	15.9	6.5
2	School attendance Reading and attending centre's special school	50.5	25.2	12.1	4.7	7.5
3	Listening to juvenile stories	57.9	20.6	10.3	6.5	4.7
4	Talking with peers	80.4	6.5	11.2	0.9	0.9
5	Playing cards	20.6	17.8	31.8	25.2	4.7
6	Practising sport activities	69.2	16.8	4.7	4.7	4.7
7	Reading the Quran and praying	75.7	13.1	5.6	3.7	1.9
8	Reading a book or story	42.1	27.1	15.0	9.3	6.5
9	Not doing anything	8.4	18.7	30.8	29.0	13.1
10	Spending a lot of time sleeping	15.9	34.6	24.3	15.0	10.3

Table 4.29 shows that only 26.2% of juvenile delinquents participating in this investigation and remanded at various rehabilitation care centres in the UAE consider that the number of visits they receive are *very sufficient*; an additional 19.6% of participants see them as

sufficient. Overall, it seems that a very large proportion of juvenile delinquents (72%) in the sample participating in this investigation indicated that they were *very happy* to receive visitors, with a further 16.8% who were only *happy*. This study also showed that most juvenile delinquents do not correspond with their families or friends via writing; see Table 4.29.

Table 4.29 Inmates' view of the weekly and monthly visits arrangements

Opinion about number of visits	Freq uency	Perce ntage %	Happiness due to having visitors	Freq uency	Perce ntage %
Very sufficient	28	26.2	Very happy	77	72.0
Sufficient	21	19.6	Happy	18	16.8
Insufficient	47	43.9	Unhappy	3	2.8
Don't know	11	10.3	Annoyed	2	1.9
Total	107	100	Don't know	7	6.5
Frequency of sending letters to parents and friends	Freq uency	Perce ntage %	Total	107	100
I always send	6	5.6	Frequency of receiving letters from parents	Freq uency	Perce ntage %
I send	13	12.1	Very frequently	5	4.7
I don't send	63	58.9	Frequently	15	14.0
No need to send	14	13.1	Seldom	36	33.6
Don't know	11	10.3	I don't receive at all	45	42.1
Total	107	100	Don't know	6	5.6
Permission to visit parents at home	Freq uency	Perce ntage %	Total	107	100

			How often does the visit take place?	Freq uency	Perce ntage %
Yes	12	11.2	Once in a week	6	50.0
No	95	88.8	Once in a month	1	8.3
Total	107	100	Others	5	41.7
			Total	12	100

4.9 Early childhood trauma and post-traumatic stress disorder (PTSD) level among juvenile delinquents participating in this study

As noted, one of the highlighted aims of this study was to investigate further the relationship between juvenile delinquency, early childhood trauma and PTSD among a sample of young offenders detained in various rehabilitation care centres in the UAE. The link between childhood trauma, mental illness and juvenile delinquency is a well-established and researched area (see Coleman, 2005; Everett & Gallop, 2001; Greenwald, 2002). This section of the results seeks to explore the above noted relationship between juvenile delinquency, early childhood trauma and PTSD among a sample of young offenders detained at various rehabilitation care centres. This is mainly to draw a perspective on the possible link between early exposure to childhood trauma including neglect, physical abuse or sexual abuse and juvenile delinquency. Overall, this project has already shed some light – in the introduction and the literature review – on Bowlby's maternal deprivation hypothesis and Mary Ainsworth's internal model and attachment theory as an essential framework. However, the possible link between juvenile delinquency and childhood trauma was assessed using the Children's Posttraumatic Stress Disorder Inventory or 'Children's PTSD Inventory'.

Members of the sample who participated in this particular part of the study consisted of 115 juvenile delinquents who used the Children's PTSD Inventory; see 3.4.1. PTSD examination revealed that some juvenile delinquent participants in this study have been exposed to a range of traumatic events. As a result, reported findings presented in Table 4.30 show that 36.5% of these participants suffered Acute PTSD, and 14.8% had Chronic PTSD, with 5.2% suffering delayed PTSD onset. On the other hand, 43.5% of juvenile delinquents were found to be PTSD Negative. For the non-delinquent sample, earlier findings revealed PTSD Negative symptoms, hence no further analyses were needed among this sample.

Table 4.30 The results of the impact of early childhood exposure to traumatic events on participants

Exposure to PTSD	Frequency	Percentage %
PTSD Negative	50	43.5
Acute PTSD	42	36.5
Chronic PTSD	17	14.8
Delayed Onset PTSD	6	5.2
Total	115	100

Focusing on reaction and symptomology, Table 4.31 shows that 50.4% of juvenile delinquents experienced situational reactivity compared to 49.6% who did not show similar reactions. Situational reactivity includes feelings of being terrified, being upset and numbed (Table 4.33), feeling that they can't do anything to stop what's happening, and excessive talking about the incidents. Also over half of the sample (59.1%) had thought about the incident and re-experienced the event for a month. This is through enactment, drawing and continuous thinking and through creeping images and bad dreams. See Table 4.32. **Table 4.31 Situational reactivity of participants to traumatic events**

Exposure to Situational Reactivity	Frequency	Percentage
Yes	58	50.4
No	57	49.6
Total	115	100

Table 4.32 Participants' level of re-experiencing the traumatic events

Re-experiencing	Frequency	Percentage
Re-experiencing symptoms for more than one month	47	40.9
Re-experiencing symptoms for one month or less	68	59.1
Total	115	100

Results of this study (see Table 4.33) show a considerable proportion of this sample, i.e. 41.7% of the participants, continued to demonstrate avoidance behaviour and numbing experience for more than one month, while 58.3% experienced these symptoms for less than a month.

Table 4.33 The numbing experience among participants taking part in this investigation

Avoidance and Numbing	Frequency	Percentage
Avoidance and numbing for more than one month	48	41.7
Avoidance and numbing for one month or less	67	58.3
Total	115	100

Other PTSD reactions experienced by a sizeable proportion of the participants include arousal behaviour such as inability to sleep, lack of concentration and alertness, and throwing temper tantrums and/or anger and defiance behaviour that resists pacification. Results presented in Table 4.34 reveal that 32.2% of juveniles exhibited increased arousal for more than one month, whereas 67.8% of the sample experienced these symptoms for less than a month.

Table 4.34 Arousal PTSD reactions experienced by some traumatised participants

Increased Arousal	Frequency	Percentage
Increased arousal for more than one month	37	32.2
Increased arousal for one month or less	78	67.8
Total	115	100

Overall, it is worth noting that this study found similar results reported in previous literature which suggested that not all survivor victims of trauma exhibit overwhelmingly distressful reactions. Rather some survivor victims of trauma display considerable resiliency and indeed tend to overcome the experience of negative traumatic events. Table 4.35 below shows that a significant number (73.9%) of the participants in this study had not witnessed high levels of distressing experience; only 26.1% of the sample were dysfunctional and significantly distressed.

Table 4.35 The level of distress experienced by the sample

Experiencing Significant Distress	Frequency	Percentage
Yes	30	26.1

No	85	73.9
Total	115	100

Having discussed PTSD reactions among traumatised members of the sample who took part in this investigation, the remaining part of the results section will be devoted to the early parent-child (attachment) relationship and possible influence on juvenile delinquency. Juvenile delinquents' attachment relationship was assessed through the Parental Attachment Questionnaire (PAQ). As noted earlier (see 3.4.2), the Parental Attachment Questionnaire (PAQ) was developed and designed by Maureen Kenny (Kenny, 1987, 2010) to reflect the theory of attachment for use with adolescents and young adults. The PAQ often tends to describe individual relationships to parents along three dimensions: Parents as a source of emotional support, Parental fostering of autonomy, and Affective Quality of the parent-child relationship. The questionnaire used with our sample asks participants about their mother and father, inclusive of step-parents, foster parents or others. Here respondents were asked to answer the 55 items on a 5-point Likert scale. Response options are (1) *Not at all*, (2) *Somewhat*, (3) *A moderate amount*, (4) *Quite a bit*, (5) *Very much*. Item scores are then calculated for the three subscales ranging 0–155. The higher the score indicates a positive relationship between the individual respondents and their parents. For this part of the investigation 114 participants were involved and used the PAQ.

Focusing on the profile of participating sample used in this part, Table 4.36 shows that 98.2% of participating juvenile delinquents had biological mothers, while 0.9% of them had a stepmother, and again a very small percentage (0.9%) had a foster mother. On the other hand, 86% of respondents stated that they have a biological father, while 5.3% and 0.9% of participants claimed that they have stepfathers and foster fathers as their fathers respectively; a small percentage (0.9%) call other persons fathers. For a reason which the author of this thesis did not elaborate with participants, it was found that around 7% of the participants who took part in the third part of the study did not answer the question whether they have biological fathers, stepfathers or foster fathers.

Table 4.36 Participants' profile and their relationship with their parents

Items	Frequency	Percentage
Meaning of		
Biological mother	112	98.2
Stepmother	1	0.9

Mother	Foster mother	1	0.9
	Total	114	100.0
Meaning of Father	Biological father	98	86.0
	Stepfather	6	5.3
	Foster father	1	0.9
	Others	1	0.9
	I will not answer this question because I don't have a father	8	7.0
	Total	114	100.0

As displayed in Table 4.37 below, general findings seem to show participants in this investigation were more attached to their mother than their father. Mean score attachment to mother was 3.57, slightly higher than the mean score (3.43) attachment to father. Table 4.38 shows responses of participants to various statements of the PAQ with mean scores of each statement for both parents. With regard to the non-delinquent subsample, again earlier findings (Tables 4.5–4.21) suggested in this particular sample that the majority of the participants were securely attached thus it was decided no further comparison and/or analyses were required.

Table 4.37 Participants' level of attachment to parents

Statement: In general, my mother/ father	Mean	Standard Deviation	T value	Significance Level
Mother attachment	3.57	0.55	2.93	0.01
Father attachment	3.43	0.61		

Table 4.38 Responses of participants to various statements of PAQ with mean scores of each statement for both parents

Statement: In general, my mother/father	Mother		Father	
	Mean	Standard Deviation	Mean	Standard Deviation
1. is someone I can count on to listen to me when I feel upset.	3.78	1.32	2.92	1.23
2. supports my goals and interests.	4.00	1.19	3.61	1.24

3. sees the world differently than I do.	3.20	1.58	2.95	1.49
4. understands my problems and concerns.	3.90	1.29	3.55	1.22
5. respects my privacy.	4.04	1.11	3.89	1.20
6. limits my independence.	3.32	1.38	3.13	1.34
7. gives me advice when I ask for it.	4.25	0.98	4.18	1.12
8. takes me seriously.	3.87	1.06	4.10	1.13
9. likes me to make my own decisions.	3.29	1.35	3.44	1.40
10. criticises me.	3.07	1.42	3.38	1.42
11. tells me what to think or how to feel.	3.58	1.38	3.42	1.33
12. gives me attention when I want it.	4.25	1.05	3.78	1.24
13. is someone I can talk to about anything.	3.80	1.34	3.40	1.37
14. has no idea what I am feeling or thinking.	3.30	1.43	3.12	1.36
15. lets me try new things out and learn on my own.	3.89	1.15	3.99	1.16
16. is too busy to help me.	2.94	1.52	2.96	1.28
17. has trust and confidence in me.	3.97	1.22	4.02	1.20
18. tries to control my life.	3.61	1.34	3.41	1.45
19. protects me from danger and difficulty.	4.24	0.99	4.17	1.13
20. ignores what I have to say.	2.46	1.43	2.50	1.37
21. is sensitive to my feelings and needs.	3.71	1.43	3.35	1.22
22. is disappointed in me.	2.54	1.46	2.64	1.45
23. gives me advice whether or not I want it.	3.99	1.18	3.97	1.24
24. respects my decisions, even if they don't agree.	3.42	1.43	3.21	1.39
25. does things for me which I would rather do for myself.	3.58	1.37	3.46	1.40
26. is someone whose expectations I feel I have to meet.	3.92	1.15	3.70	1.28
27. treats me like a younger child.	2.46	1.60	2.28	1.46
Total	3.57	0.55	3.43	0.61

Results of participants' views on the item that focused on time spent together with parents; and statements describing traits of parents in the scale indicated participants are keen (in

favour) of socialising closely with their mothers; mean value reached 3.27 compared to those who have chosen their fathers as source of close socialisation; mean score value for this latter group 'father preference' was 2.58. Outcomes of t-test comparison indicated significant difference at 0.01 level between both subgroups; see Tables 4.39 and 4.40.

Table 4.39 Outcomes of t-test comparison for participants who prefer close socialisations with mothers or fathers

During time spent together	Mean	Standard Deviation	T value	Significance level
Mother	3.27	0.59	2.18	0.03
Father	2.58	1.44		

Table 4.40 Participants' responses to various statements of PTQ

Statements: my mother/father was someone	Mother		Father	
	Mean	Standard Deviation	Mean	Standard Deviation
28. I looked forward to seeing.	4.27	1.14	2.28	1.46
29. with whom I argued.	3.50	1.40	3.96	1.25
30. with whom I felt comfortable.	4.34	1.00	3.39	1.34
31. who made me angry.	2.37	1.49	4.05	1.24
32. I wanted to be with all the time.	4.01	1.23	2.61	1.45
33. towards whom I felt cool and distant.	2.46	1.61	3.82	1.30
34. who got on my nerves.	2.22	1.39	2.55	1.52
35. who made me feel guilty and anxious.	2.72	1.57	2.42	1.36
36. I liked telling about what I have done recently.	3.27	1.48	3.05	1.52
37. for whom I felt feelings of love.	4.10	1.31	3.06	1.49
38. I tried to ignore.	2.19	1.47	3.78	1.35
39. to whom I told my most personal thoughts and feelings.	3.65	1.36	2.30	1.42
40. I liked being with.	3.99	1.18	3.33	1.36
41. I didn't want to tell what has been going on in my life.	2.64	1.53	3.75	1.23

Total	3.27	0.59	2.58	1.44
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Focusing on emotional feelings of participants when they meet and/or associate with their parents, it was revealed that the majority of participants expressed and left with warm feelings following time spent with parents (Tables 4.41 and 4.42).

Table 4.41 Expressed feelings of participants following time spent with parents as reflected by mean scores and SDs

Feeling Following time spent together	Mean	Standard Deviation	T value	Significance level
Mother	3.09	0.99	0.70	0.49
Father	3.04	0.86		

Table 4.42 Expressed feelings of participants as reflected by statements

Statement	Mother		Father	
	Mean	Standard Deviation	Mean	Standard Deviation
42. With warm and positive feelings.	3.98	1.40	3.70	1.34
43. Feeling let down and disappointed.	2.19	1.50	2.39	1.48
	3.09	0.99	3.04	0.86

This study also revealed that when the participants face serious problem(s), they seem to turn equally to both parents. See Tables 4.43–4.46. Table 4.47 shows overall mean scores of participants' responses to various statements in PAQ and t-test outcomes.

Table 4.43 Participants' responses when facing a problem

When I have a serious problem	Mean	Standard Deviation	T value	Significance level
Mother	3.19	0.70	1.0	0.32

Father	3.14	0.69		
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Table 4.44 To whom participants turn for help during difficult time

Statement	Mother		Father	
	Mean	Standard Deviation	Mean	Standard Deviation
44. I look to my family for help.	4.08	1.16	3.91	1.19
45. I go to a therapist, school counsellor, or to a clergyman.	2.97	1.47	3.04	1.42
46. I think about what my father or mother might say.	3.65	1.30	3.40	1.27
47. I solve the problem on my own without help from anyone.	2.82	1.37	2.87	1.40
48. I talk it over with a friend.	2.92	1.46	2.82	1.40
49. I know that my family recognises what I should do.	2.64	1.44	2.61	1.37
50. I ask my family for help if my friends can't do that.	3.24	1.42	3.32	1.35
Total	3.19	0.70	3.14	0.70

Table 4.45 Mean scores of participants' responses while seeking help from parents

I go to my parents for help	Mean	Standard Deviation	T value	Significance level
Mother	3.25	0.75	0.12	0.89
Father	3.26	0.80		

Table 4.46 Participants' response while seeking help from parents as reflected by several statements of PAQ

Statement	Mother		Father	
	Mean	Standard Deviation	Mean	Standard Deviation
51. I feel more sure of my ability to handle the problems on my own.	3.60	1.29	3.56	1.31
52. I continue to feel unsure of myself.	2.59	1.49	2.72	1.40
53. I feel that I would have gotten more understanding from a friend.	3.40	1.35	3.35	1.40
54. I feel sure that things will work out as long as I follow my parent's advice.	3.94	1.24	3.90	1.20
55. I am disappointed with their response.	2.76	1.37	2.79	1.31
Total	3.26	0.75	3.26	0.80

Table 4.47 Overall mean scores of participants' responses to various statements in PAQ and t-test outcomes

All statements related to parental relationship	Mean	Standard Deviation	T value	Significance level
Mother	3.40	0.49	2.56	0.01
Father	3.30	0.56		

4.10 Part II: Results of the qualitative study and the reactions of sexual abuse trauma experience among young offenders

4.10.0 Introduction

This research project focuses on young offenders who are remanded in several rehabilitation and correction centres in the UAE. Earlier findings reported in part one of the result section

of this study (Tables 4.5, 4.6, 4.34) suggested that a sizeable number of young offender participants were themselves in the past victims of both physical and sexual abuse (SA).

This study is formulated using qualitative data (cases 1–20 below) resulting from the above indicated research findings. The present follow-up investigation is designed to further investigate the link and/or the legacy impacts of early physical and sexual abuse on the behaviour (i.e. on later delinquency and aggressive behaviour), attitudes, feelings and on any other emerging reactions (themes) of a sample of abused young offenders remanded in several rehabilitation and correction centres in Abu Dhabi.

The main sample (see section 4.10.1 of selection method and participation) included in this qualitative follow-up investigation consisted of 45 consenting volunteer young offenders who were at the time in remand at the rehabilitation and correction centre in Abu Dhabi. Those who were identified as case positive and ticked ‘yes’ for item 7.6 of YOQ (i.e., SA case positive incident) were further consented and interviewed. Of those 45 consenting participants who completed the Arabic version of the Young Offender Questionnaire (YOQ), only 20 participants (44.44%) of the sample disclosed that they had been sexually abused previously by adults; and hence volunteered to share anonymously their feelings and reactions (see their full statements and reactions in the case examples 1–20 below). It is worth noting that section 7.6 of the YOQ questionnaire and structured interview included a list of interview questions on the perpetrator, the nature of incident, impacts and information on time, date and duration of the SA incident as well as on frequency, support, disclosure and a request on providing possible additional narrative recalls on the SA incident. The latter was relevant to a final interview question such as ‘tell me everything you may remember about your sexual abuse incident, i.e., everything that happened and you may recall’.

Widom (1989a,b,c,1992), who undertook a case-control study with 520 participants, reported that those who had been abused were more likely than the matched controls to have been arrested for a violent crime. The work of Widom (1997) and other researchers (Ireland, Smith, & Thornberry, 2002; Smith & Thornberry, 1995; Stouthamer-Loeber, Loeber, Homish, & Wei, 2001;; Thornberry, Ireland, & Smith, 2001) suggests that physically and sexually abused children are more likely to lead to subsequent arrest or a violent crime (see also Arias, 2004; Berger, 2004; Crosson-Tower, 2002; Dodge et al., 1990; Fagan, 2005; Lansford et al., 2002; Widom et al., 2006; Widom & White, 1997, 2009; White & Widom, 2003).

Focusing on the main data that collected for this study (Table 4.48), it appeared that criminality including stealing, juvenile delinquency behaviour, feeling of sadness or despair, tearfulness, low self-esteem and revenge were clearly illustrated by several participants included in this study. See for example also cases 1, 2 and 3. Below are some case examples of statements and illustrations of both attitudes and behaviours of victims of sexually abuse among participants.

4.10.1 Method: Participants

The participants included in the sample of this follow-up investigation were 45 volunteer young offenders (delinquent adolescents) who were remanded at the rehabilitation and correction centre in Abu Dhabi. Participants were approached and asked if they would like to participate (volunteer) in this follow-up study. Of those asked and who consented to complete the Arabic version of the Young Offender Questionnaire (YOQ), 20 participants (44.44%) of the sample disclosed that they had been sexually abused previously by adults. These young offenders who were case positive also suggested that the majority of abuse had occurred when they were young by familiar adults (see full statements in the case examples below). Moreover, those who were identified as case positive and ticked 'yes' for item 7.6 of YOQ attached were further interviewed by trained staff on the SA incident. As a result, further data were collected on the perpetrator, time, date, venue, duration of the sexual abuse, frequency, post-abuse feelings, impacts, disclosure of the incident and support. The average age of sexually abused young offenders at the time of inclusion in this follow-up study ranged between 15 and 17 years old.

It is worth mentioning that this qualitative study was initiated due to the disturbing evidence reported in chapter 4 of the main findings (see Tables 4.6, 4.17, 4.30–4.34) on the level of maltreatment, physical and sexual abuse as well as deprivation that some of the remanded participant juvenile delinquents have witnessed during their formative years.

Hence, the link between early exposure of childhood trauma including neglect, physical and sexual abuse and juvenile delinquency is further explored in the second part of the investigation. The main data of this second part of the study were collected through structured interview. All interviews were conducted in a consented and confidential environment. Participants responded to a variety of questions regarding their sexual abuse, feelings, the perpetrator and whether the participant was ever exposed to severe physical abuse. All participants signed statements of informed consent before participating in the study and were aware that cases of abuse made known to the researcher would be used for

research purposes only. Further, discussions with each participant classified as abused were held in close collaboration with a social worker and other relevant professionals working in the rehabilitation centre. As noted above, 20 young offenders (44.44%) were classified as sexually abused and 25 cases were not reported to be cases at that time. It should be noted here that, in order to gain the most reliable and useful information from sexually abused individuals, they were encouraged to give a free narrative of the alleged events, and a series of open, non-leading questions were asked. These include 'tell me everything you remember about...'; 'I understand some sexual abuse has occurred with you. Tell me more about that'; 'Tell me everything that happened there'. This is because freely recalled information is more likely to be accurate than information obtained in response to yes/no and forced choice questions (see Bruck, Ceci, & Hembrooke, 2002; Cantlon, Payne, & Erbaugh, 1996; Craig, Scheibe, Raskin, Kircher, & Dodd., 1999; Davies, Westcott, & Horan, 2000; Faller, 2007; Garbarino & Stott, 1992; Hayes & Delamothe, 1997; Lamb et al., 2003; London, Bruck, Ceci, & Shuman, 2005; Yuille, Hunter, Joffe, & Zaparniuk, 1993).

4.10.2 Qualitative case example accounts on the link between delinquency, sexual abuse experience, behaviour, attitudes and feelings of victims

As well as the above indicated three main aims (themes) which focused on subsequent behaviour, attitudes and feelings of SA trauma reactions, the following questions have guided the present study. That is, does early sexual or physical abuse relate to violent behaviour and delinquency in late adolescence or early adulthood? This study examined the extent to which sexual or physical abuse affects violent delinquency.

Content analysis of reactions and statements used (Faller, 2007; Craig et al., 1999; London, 2009) by the present study seems to demonstrate a possible association similar to those reported by the previous literature (Brezina, 1998; Cicchetti & Rogosch, 1997; Ethier, Lemelin, & Lacharite, 2004; Theodore et al., 2005) on early abuse and later aggression, violence and/or delinquency by at-risk groups. Accounts from 20 cases are presented below.

Case 1:

A 16-year-old boy, who has been in a rehabilitation and correction centre due to stealing. This young offender has only secondary school education and came from a large family of 6 members. His father had a multiple marriage experience, his family had police records.

The sexual abuse experience occurred forcibly by an older school boy in the school toilet. The perpetrator had threatened the victim of harm should he report the incident. The SA experience occurred when the victim was only 8 years old. The SA experience was later reported to his father and the school authority. The perpetrator was suspended from school. Although the experience was of short duration it was frightening and characterised by extreme anxiety and tearfulness. He says:

I was sexually abused at school and after it I felt totally different. Before this I was bullied and always scared, but after I was abused I was always anxious and have much fear.

The young victim still feels sad, ashamed and distrustful of others, and feels afraid of going out. Also the victim felt unhappy going to school. He says:

I have a great feeling of sadness, shame and I don't trust anyone young or old. It is very difficult for me to go outside and even more I am terrified to be alone in public. I am not happy going now to school because I would always be scared of what can happen.

The designated social worker at the time was supporting and helping the victim to overcome the problem. Overall, it was suggested that this experience impacted the life, attitudes (his outlook) and behaviour of the victim. He says: '*I want to stay away from people... trusting others can hurt you. I avoid any situation that remind me of this*'.

Case 2:

A 16-year-boy who has been in the rehabilitation and correction centre due to stealing and sexual assaults. He has been remanded and is awaiting a court hearing for these offences. He came from a large family who are living on social support. The victim was educated to primary school level. The sexual abuse occurred by a friend who was 8 years older than the victim. Case 2 was 8 at the time when the SA incident occurred. The venue of the incident was during a trip to the beach. The perpetrator had and during the trip was showing his victim a lot of pornographic photos; he later asked the victim to perform similar acts, threatening him. The victim tried to refuse but he was taken to an isolated place on the beach and was forced to perform some acts. The victim was then crying but the perpetrator told him to be quiet. Upon returning home the victim informed his mother. He says:

My parents didn't talk to me about it and I think they are ashamed of what happened, and ashamed of me. They don't say this but I feel that I did something wrong.

The victim indicated that he lived in a family where a great deal of discord had taken place. Currently the victim feels ashamed, guilty, angry and experiences feelings of revenge on children, and hates relating to others or going to school. He says:

I feel lost and uncertain not knowing what will happen...I am scared to be alone with anyone now and I hate to go on any trips. Often I feel angry and want to take revenge.

And:

I do not trust any of my friends now and feel alone. I feel guilty of what happened and I am sure my family see me differently.

Case 3:

A 14-year-old young offender, who was remanded as a result of stealing and fighting, lived with his family and was dependent on them. At the remand centre this young offender felt his freedom has been restricted, and is isolated from family members, friends and relatives. He was only educated to secondary school level. The SA incident occurred at school by a friend who was older than him. The perpetrator forced the victim to perform a sex act. The victim was at the time only 9 years old. The father was informed and a report made to the police. The victim felt fearful, ashamed, angry and highly anxious and had vomited a great deal at the time. In the interview he says:

I feel so helpless, full of shame and frequently I am angry...I feel dirty, different and I panic in many situations when I am near people. I feel alone now because I cannot trust or be with anyone.

Currently the victim wants revenge. The victim does not feel he would like to speak to others, has low confidence, and his interest in school has deteriorated. He says: '*I can't be friends with anyone... I hate school, it is difficult for me because I have to face children...I feel stupid and scared to do anything*'. The victim has difficulty sleeping. He easily gets angry and feels like crying most of the time. He says:

I feel like I can cry anytime...I have many sleepless nights with many nightmares and flashbacks in the daytime...I have problems with others as I get angry very quickly about almost anything.

Case 4:

A 17-year-old boy who was remanded at the rehabilitation and correction centre for stealing. The incident of SA occurred after a football game at school when the victim was only 8 years old. The perpetrator was 15 years old at the time. The perpetrator forced his victim to perform oral sex. The victim is still fearful of going to public places or school, has guilt feelings and experiences difficulty sleeping. The victim moved to another school as a result. The victim moved to more than one school, and still has a lot of nightmares. He says in the interview: '*I am scared to be anywhere with other people, especially school*'. The perpetrator used threats and told his victim that he would severely beat him should he reported the incident. The victim felt betrayed by this friend and fearful and have feelings of revenge. He says:

Sometimes I feel numb, lost...and extremely anxious. Changing schools doesn't help me feel better... I always feel guilty and continue to have many recollections of this... nightmares and difficulty sleeping.

Case 5:

A 15-year-old boy who is remanded as a result of stealing and sexual attacks. He feels poor respect from others and low self-esteem. He was sexually abused by the servant of the family – who was at the time 25 year old – at home and inside the room of the servant. The SA was reported to family and the police. The police arrested the perpetrator. The victim was threatened by the servant and told not to disclose or report the SA activity. He felt down, has poor confidence and has no desire for school. The SA occurred when the young offender was only 9 years old. He says:

I lost all respect from anyone and have no confidence anymore. I hate myself and sometimes I felt like killing myself...I was terrified and felt so helpless when it happened. It is always on my mind and I cry a lot about it. I don't want to be in school, my feeling of shame and I don't want to be part of anything.

Case 6:

Case 6 is a 16-year-boy, with primary education level only, remanded as a result of sexual attacks and stealing. A great deal of family problems within his home environment were reported. The young offender was sexually abused for the first time by the local grocer, when the victim was only 8 years old; later he was abused by a gang during the evening. It was painful abuse which resulted in the victim having difficulty walking and in passing urine. The SA experience made the victim tearful after the incident. The victim became sexually active against young children and currently he is unable to trust others. He says:

'After what happened I would cry at night for long time and I still cry often. I feel there is no hope and I hate myself'. The young offender was unable to cope with school; he later left the school due to failure and problems with other pupils. He says:

I couldn't cope with school, I have bad feelings all the time and I couldn't talk to anyone, the other children or teachers and it just made me alone. I was always getting in trouble at school because I found it hard to concentrate on the lessons or avoid problems with other children. I hate school and I feel everyone is against me.

The young offender now has the desire to sexually abuse younger children. The victim now dislikes school and experiences the desire for revenge and to sexually attack other children. He says:

I want to get revenge and I have thoughts to hurt other children same way I have been hurt. I feel the physical pain all the time...I can't walk or urinate properly. I feel sad and want to cry and don't trust anyone.

Case 7:

Case 7 is a 16-year-old boy, remanded for stealing and had previous prison experience. At 13 the victim started taking drugs. He comes from a very large family and was sexually abused by the family servant at the age of 8. The perpetrator at the time gave his victim sweets and told him not to disclose the incident of sexual abuse to anyone. It was painful half hour and a frightening experience, which occurred at home. He says: '*I was sore for days and felt dirty and disgusting*'. That experience made him very aggressive and caused a tremendous amount of problems with others. He says:

There are times I can't sleep because of the nightmares. It is rare I sleep well as when I sleep I feel like am going through again what happened. I am scared now of all strangers and school is difficult for me because I easily get aggressive and angry and I get in trouble with other students and teachers.

Case 8:

Case 8 is a 15-year-old boy who received 6 months' remand for stealing. He comes from a very large problem family, and associated with friends who often engage in stealing and sexual abuse activities. The perpetrator was the family driver who sexually abused his 6-year-old victim inside the family car, while taking his victim for a drive. The victim as a result

became fearful of strangers and had school problems. The victim reported the SA incident to his mother and then to the police. Speaking of his account he says:

I am always scared and I feel useless. I am not interested in school...and I face many problems as I get into arguments easily with many people. I always feel sad and think about dying.

Case 9:

Case 9 is a 15-year-old boy who was remanded for fighting and stealing. This young offender is a victim of SA by an older friend in the friend's house when he was only 8 years old. The perpetrator threatened his victim if he disclosed the incident. This victim experienced other incidents of SA from others but the victim suggested that he had consented to them. His first SA incident he says: '*I was always frightened and never had peace...I always have nightmares when I sleep*'. Later such activities become a '*normal*' habit for him. Hence several similar SA engagements with the first perpetrator and other friends later occurred, and the victim had consented to all these later activities.

Case 10:

Case 10 is a 16-year-old boy, remanded for drug taken, fighting and stealing. The victim has a large family; his father was twice married. His first SA encounter was by the local supermarket owner inside the grocery shop. At the time, the victim was only 7 years old. He still vividly remembers that particular Saturday morning. The perpetrator led his victim to the storage area inside the grocery (mini market shop). As soon the victim was inside the storage, the perpetrator closed the main door and tried to sexually abuse his victim. The victim was both screaming and crying at the time, and the encounter lasted five minutes. The screaming helped and the perpetrator eventually was forced to let his victim go. He says:

When I was attacked...it was terrifying and I fought as hard as I could. I was threatened not to say anything or I would be harmed...I have no trust now of any people I don't know. I have changed...I used to be friendly but now I am very scared of strangers and always angry towards them. I am scared to be alone with anyone.

Case 11:

Case 11 is a 17-year-old boy, coming from a large family and has secondary education. The father was twice married. This 17-year-old young offender was remanded for stealing. The

boy was sexually abused by his older friend during a trip to the desert. The sexual abuse incident took place when the victim was 11 years old. The older friend persuaded his victim to engage in the act; and the victim consented as a result of fear and threat. Later the victim had similar experience with others. The victim is currently very tense, anxious and fearful of strangers. He says:

I feel guilt and shame because I allowed myself to be forced...but I was threatened and I was terrified. My shame and guilt build up more every time it happened. I always worry...I am depressed and scared to be with anyone, especially people I do not know.

Case 12:

Case 12 is a 17-year-old boy who has only secondary school education; his father married twice. He was remanded as a result of sexual attacks on others. The friends that he associates with had police records, mainly due to fighting, stealing and sexual crime experiences. He was a victim of sexual abuse at the age of 8 by a perpetrator (his cousin) who threatened him should he disclose the incident. The victim felt ashamed and wanted revenge on the perpetrator. He says: I really hate my cousin for doing this to me...I am full of shame always...I think that it will never go away.

That experience led him to search for pornography and sex videos, etc. Later his school work was neglected and he failed miserably at school. The first experience was painful, and he cried as a result. The perpetrator told him not to disclose the indecent act and he videoed the victim with no clothes on. The perpetrator threatened his victim that he would publish all these videos on the Internet should he disclose the abuse. The perpetrator used these films to repeat the experience with the victim. He says: 'I felt trapped and angry because he filmed me and threatened to put them on the Internet if I told anyone'. The victim suggested that he has now has the desire to have similar experiences with younger children. He says: 'I search and watch sex pictures videos and I have thoughts about doing this with other children'.

Case 13:

Case 13 is a 16-year-old boy, with primary school education only, and has a poor relation with his family, particularly with his father. The 16 year-old associates with friends who have police records for stealing and sexual activities. He was remanded due to possession of drugs. He was victim of SA by an older cousin who was 10 years older than him at the time.

At the time the victim was only 8 years old and the perpetrator was 18 years old. The SA took place in the house of the victim during a visit the cousin made, and while none of the parents were at home. The perpetrator forced the victim to take off his clothes for the sexual abuse, otherwise he would video record the victim naked. The victim was beaten participate in the sexual abuse. This involvement made the victim sad and tearful and had nightmares, with no confidence in others. He says:

I was beaten and abused sexually by my cousin and it has hurt me deeply in many ways...I am often scared and sad and have regular nightmares...I have headaches often...I cannot trust or get on with anyone and I have no confidence in myself...I want so much to get revenge on this person for what he has done to me.

In this case the boy went on to take drugs and experienced deterioration of his schooling due to truancy.

Case 14:

Case 14 is a 16-year-old boy, with only primary education, remanded for stealing. His relationship with the family is very poor. He tended to associate with friends who fight and steal. His first SA encounter was by family member, his cousin. The victim at the time was only 7 years old, the perpetrator was 22 years old. The perpetrator asked his victim to lie down beside him on the sofa and then the perpetrator forced the victim to perform some oral sexual activities. The victim suggested that the experience was terrifying, fearful, and made the victim so anxious that he cried for any simple reason. He says:

I was extremely scared when he forced himself on me. He was much older and bigger then and I thought he would even kill me so I couldn't resist. I am constantly scared and can cry sometimes for any or no reason.

The experience also led the victim at a later stage to be sexually active, performing sex with few others.

Case 15:

Case 15 is a 15-year-old boy who was remanded for stealing. In the remand centre this young offender felt he has been isolated, his freedom is restricted and he is lonely away from family and friends. This boy formerly associated with friends who steal and gang fight. The first sexual abuse occurred when the victim was only 8 years old, in the school toilet; an

older 14-year-old pupil entered the toilet with the victim and forced his victim to perform oral sex with him. The victim felt ashamed, frightened and started to scream and cry. The perpetrator left the toilet and told his victim he would be punished severely should he disclose the incident to anyone. This incident made the victim leave this particular school and move elsewhere. He says:

Since this happened I always feel ashamed, guilty and scared...I couldn't stay in the same school after what happened...moving school did not help me with my feelings. Sometimes I hear voices...and have flashbacks...and many nightmares.

Case 16:

Case 16 is a 17-year-old boy who was remanded for drug taking and drug possession. This young offender had very poor relationship with his family, and associated with friends who have police records for stealing and drug possession. The boy was previously sexually abused at home at the age of 7 by the driver of the family who was 26 years old. For the victim, the SA experience was hard and painful. The experience made the victim have no confidence in others, suffered a great deal of nightmares, tension and anxiety and eventually led him to take drugs and become involved in sexual experiences. He says: '*I have no confidence in others and suffered many nightmares...I have a lot of tension and anxiety and I wanted to do anything to help me forget*'. The experience also made the victim tearful with constant crying episodes, being aggressive and fighting with others. He says:

'I am so angry that I am aggressive or violent to others around me. I can't control the bad feelings or thoughts I have...and sometimes I cry a lot'.

Additionally the SA experience made the victim leave school at an early age and led him to become sexually active at an early age, performing sex with others at an early age. During the incident he was threatened and was told that he would be beaten should he disclose the matter to others. The experience at the time was only disclosed to a similarly aged school friend.

Case 17:

Case 17 is a 15-year-old boy who was remanded due to both possession and drug taking. He associated with friends who have former police records for fighting and stealing. This boy had only primary level education. His sexual abuse experience occurred when the victim was only 9 years old; the perpetrator was a 15-year-old schoolboy. The incident took place

forcibly in the school toilet. The victim was then threatened not to disclose the matter. The matter was disclosed to the family and the police at the time. The victim suffered fear, the desire for revenge and had tearful guilt feelings. He says:

I don't have good feelings. Mostly I have a lot of fear, and feel very sad and hopeless...I am nothing to anyone...I have headaches, nightmares and I suffer all the time...and I want this person to pay.

Case 18:

Case 18 is a 16-year-old boy who was remanded as a result of fighting and association with friends who have police records for stealing. The victim was sexually abused by the local grocer in an old and uninhibited house. The victim was persuaded to perform the act with the perpetrator. This young man was threatened not to disclose the matter to anyone otherwise he will be killed. The victim told the researcher during the interview that he left the school and home as a result. He says:

I have much shame and fear and I cannot trust anyone. When I am with people I always feel very anxious and scared. I cannot concentrate on anything, I always feel tired and sad and I get many stomach pains and headaches.

Case 19:

Case 19 is a 16-year-old young offender who has been remanded in the rehabilitation and correction centre for stealing. The young offender has also been imprisoned in the past. He was sexually abused when he was only 8 years old by his 16-year-old neighbour in the toilet of a local park. The victim came from a broken family and his father had multiple marriages. The experience contributed to his constant nightmares and inability to trust others as well as his involvement in further sexual abuse, inability to continue with schooling and stealing. The perpetrator had given his victim a few presents before the incident took place which occurred under threat using a knife. The perpetrator asked his victim to perform oral sex otherwise the victim would be beaten. The victim was crying and unable to breathe at the time. The perpetrator told his victim not to disclose this incident otherwise the victim would be severely harmed. He says: 'When I was abused I was terrified and feel alone...I wanted to die. I cannot sleep because nightmares scare and remind me...I can never trust other people'.

Case 20:

Case 20 is a 16-year-old boy who has been remanded for stealing. This young offender had been sexually abused at the age of 9 by a local grocer inside the grocery shop. The perpetrator forcibly performed the sexual abuse while the victim was screaming and crying. The SA experience was very painful and made the victim fearful and unable to go outside the home for a while. The victim missed school and felt the desire for revenge on the perpetrator and others. At the time, the incident was reported to the police, and the victim was examined by a doctor who provided medication to relieve the victim from anal pain and injury. Prior to the incident the grocer has showered his victim with sweets and goods free of charge. The perpetrator threatened the victim with severe punishment should he disclose the incident. The perpetrator left his victim with a great deal of guilt feelings which were articulated. He says:

'I was abused I was screaming and crying but I couldn't stop it. It was so painful and after I couldn't face anyone or go anywhere. Later I felt anger and huge sense of revenge'.

(i) Internalised emotion reactions theme

Almost the majority felt very sad, tearful, anxious, ashamed, with low self esteem. Here are examples of their trauma reactions:

'I feel sad due to the forceful experience of the sexual experience, I was only 8 years old at the time. I am not only sad but the experience left me ashamed, tearful and anxious, as a result never happy to go to school' (case 1).

'The event robbed my freedom and association with friends and relative due to low-self esteem and being constantly ashamed' (case 3).

I don't want to be in school, my feeling of shame and I don't want to be part of anything (Case 5)

'I have low-self esteem, never confident, being ashamed and never liked school' (Case 6).

I always feel sad and think about dying (Case 8)

'I am fearful and sad most of the time' (Case 9).

The accounts from **Cases 9, 10 and 11** in relation to their SA experience indicated recollection of their experience, anxiety and fear of strangers. Recurring themes across the majority of the cases the adolescents experienced feelings of sadness, lack of confidence and desire to take revenge on the perpetrators. They experienced constant nightmares, drug usage and dislike for school. Accounts from cases 16, 19 and 20 indicated low self-esteem, anxiety, tension and desire for revenge.

(ii) Expressed externalising feelings and behavioural accounts (physical reactions of the trauma)

'I currently steal, feel revengeful and angry most of the time' (case 4).

'I have desire for revenge and sexual abuse others, sexually active against young children' (case 6). Cases 15, 17, 20 also expressed a desire for revenge on the perpetrators.

'I am aggressive, cannot avoid thinking about the event, take drug' (case 7).

Cases 15 and 17 have police records and admit to engaging in violent behaviour and theft.

(iii) Attitudes theme and remarks:

The attitudinal impact of sexual abuse experienced is captured in the case accounts: '*I become unable to trust others and strangers (Case 6); cannot avoid thinking about it constantly (Case 7); I want to stay away from people... trusting others can hurt you (Case 1). I have this great feeling of sadness...I feel guilty and blame myself (Case 2).*

(iv) PTSD and psychological reactions of the physical abuse and SA trauma

Typical PTSD symptoms are reflected in the case accounts: '*...after I was abused I was always anxious and have much fear (Case 1); I have a great feeling of sadness, shame (Case 2); I have many sleepless nights with many nightmares and flashbacks in the daytime (Case 3); I always feel guilty and continue to have many recollections of this... nightmares and difficulty sleeping (Case 4); I hate myself and sometimes I felt like killing myself (Case 5); because I easily get aggressive and angry (Case 7); I always feel ashamed, guilty and scared (Case 15); I have no confidence in myself (Case 13).*

In sum, the indicators of psychological distress or dysfunction above include distressing emotions such as sadness and grief, depression, anxiety, fear, rage or shame, rigorous imagery, trauma loaded by nightmares, flashbacks, and disturbing images, lack of sleep, headaches and addiction. They also included cognitive shifts and changes along the measurements of trust and a chronic suspicion of others, with a heightened sense of vulnerability, see also summary accounts of such reactions presented in table 4.48 across the 20 case examples.

Overall, the case examples (Table 4.48 below) displayed a range of behaviours and trauma reactions among victims of SA including aggression, violent behaviour, stealing, and use of drugs by a proportion of delinquent victims of sexual abuse. Most of these victims also appeared to be at the time sad, despaired, ashamed, having low self-esteem, suffering anxiety and nightmares. For the purpose of this study, the above indicated reactions were categorised in three major themes. That is internalising feeling versus externalising behaviour and cognitive or attitude components (see Boney-McCoy & Finkelhor, 1995). Below are excerpts (qualitative accounts) of the reported and exhibited reactions of sexually and physically abused participants categorised in various major themes. That is internalised emotion reaction theme, externalised feeling and behavioural accounts, attitudes theme and PTSD reactions.

Table 4.48 presents a summary of content analysis findings that are related to common reactions of sexual abuse experience by individual participants included in the study.

Table 4.48 Reactions of sexual abuse experience by members of the sample participating in the study						
Case No	Aggression	Stealing	Revenge	Sexual Abuse and Criminality	Drug use Abuse	Being sad, tearful, anxious, ashamed, low self-esteem & inability to sleep
1	X	X				X
2		X	X	X		X
3	X	X	X			XX
4		X	X			XX
5		X	X	X		XX
6	X	X	X	X		XXX
7	XX	X			X	X
8		X		X		
9	XX			X		XX
10	XX	X			X	X

11		X				XXX
12	X	X	X	X		X
13	XX		X	X	X	XX
14	X	X		X		XXX
15	X	X		X		XX
16	XX	X		X	X	XX
17	XX	X	X		XX	XXX
18	X					
19				X		XXX
20		X	X	X		XX

X: feature(s) present in the participant member of the sample

XX, XXX: More than one feature present in the participant member of the sample

All of the participants experienced at least one of the common reactions to sexual abuse, while 19 participants experienced at least two common reactions, and 16 out of 20 experienced three or more reactions. The most prevalent reaction experienced by 19 participants related to negative feelings and sleeplessness and while 13 participants experienced multiple reaction. Stealing was cited by 16 participants, while 13 indicated aggression with 6 experienced multiple aggression features. Sexual abuse and criminality was the next most common reaction in 12 participants. The desire for revenge was experienced by 9 of the sample while 5 experienced drug abuse.

4.10.3 Discussion

In this particular qualitative follow-up investigation – as noted – due to the disturbing evidence of the reported results section on the level of considerable deprivation, maltreatment and sexual abuse experience (see Tables 4.6, 4.17, 4.30–4.34) witnessed by some juvenile delinquent participants during their formative years, further investigation was carried out on the links between early sexual abuse and violent delinquency. Despite the sensitivity of the topic, this study was able to collect a small sample. The outcomes include self-report accounts on violent delinquency, SA trauma, internalised and externalizing behaviours. In general, the main findings reported here illustrate that early sexual abuse can predict subsequent violent and delinquency. Sexually abused children included in this qualitative follow-up study were more likely to exhibit a host of outcomes, presented in Table 4.48 above, including being sad, less likely to complete high school and being more likely to engage in criminal conduct behaviour. Thus, early sexual abuse led not only to later violent delinquency but also to a more global pattern of trauma reactions. Indeed, trauma survivors may also find themselves unable to stop thinking about what happened.

More recent studies (Grotevant et al., 2006) have also illustrated a link between early abuse and later aggression. That is, early maltreatment (abuse, neglect, or both) predicted aggressive antisocial behaviour during adulthood. Brezina (1998) reported that harsh parenting during childhood was related to delinquency later. Similarly, Fagan (2005) and Battle et al. (2004) found that adolescent self-reports of abuse were related to criminal offending during adolescence and adulthood.

In addition to links between early physical abuse and later aggression reported in the literature (Craig, Scheibe, Raskin, Kircher, & Dodd, 1999), the findings from this study from across 20 cases demonstrated further links between early physical or sexual abuse and other subsequent social and psychological problems, including guilt feelings, low self-esteem, distrust of others, feeling of despair, shame, lack of sleep and other internalizing mental health problems such as anxiety and depression; as well as early involvement in sexual activity. Other studies (Cicchetti & Rogosch, 1997; Garbarino & Stott, 2002; Rogosch, Cicchetti, & Aber, 1995; Small & Luster, 1994) have highlighted similar findings reported by the main data collected for the current research work.

Other common reactions to SA trauma illustrated by some of the participants in the followup investigation included feeling of detachment, having disturbing dreams and trouble sleeping, smoking and drugs taking. Other participants became withdrawn from things related to the event and blamed themselves and still have guilt feelings. Though few of the participants started to distrust others and had negative views on the world, these thoughts if continued without intervention can result in intense anger and aggressive behaviour that can cause problems with family, friends and others.

Focusing on alcohol, drug abuse and drinking it is worth noting that 'self-medicating' with drugs is a common and unhealthy way of coping with trauma and upsetting events. Victims of SA may drink too much or use drugs to solve their problems and try to deal with difficult thoughts, feelings, and memories related to the sexual abuse trauma.

Exacerbating the problem of child sexual abuse are the facts that the majority of child victims know their perpetrators (Rape & Sexual Abuse Center, 2002); and almost never tell others about this abuse. As a result, most child sexual abuse cases are never reported (Finkelhor & Jones, 2006). Victims who do not report sexual abuse, or those who report but are not believed, are at greater risk for physical, emotional and psychological problems that can

persist throughout adulthood. Consequently, many adult victims describe child sexual abuse as a 'life sentence' (NAPSAC, 2008).

Whealin (2006) classified symptoms of child sexual abuse into four categories: physical, emotional, behavioural and sexual. Physical signs of child sexual abuse include headaches and chronic abdominal pain. Emotional symptoms are more common and include inappropriate anger, anxiety and depression. Behavioural signs include irritability, compulsive washing, refusal to attend school, withdrawal and re-enactment of abuse behaviours. Sexual symptoms include an unusual interest in sexual ideas, and encouraging other children to perform sexual acts. Psychological effects of child sexual abuse include lower levels of self-esteem and post-traumatic stress disorder symptoms (PTSD) (Elliot, 2001; Hopper, 2006). The magnitude of these effects ranges from mild to severe to life-threatening.

All reactions require immediate counselling intervention. The degree to which a sexually abused child exhibits typical signs and symptoms is influenced by several factors including the extent to which violence was part of the abuse, duration of the abuse, the child's age at the time of abuse, the child's relationship to the perpetrator, and responses by adult caretakers (Hopper, 2006; Newton, 2001).

The findings of this follow-up investigation have enhanced our understanding of the effects of physical abuse on later violent delinquency, aggression, and other socially relevant outcomes including the internalised feeling and attitudes of SA victims. Future work is needed to understand the mechanisms that underlie the relationship between early physical or sexual abuse and subsequent negative outcomes. The outcome of this study should improve preventive interventions and reduce the incidence of abuse and indeed enhance treatment and rehabilitation programmes designed for victims of sexual abuse.

4.10.4 Recovery from stress reactions

It should be noted that if stress and trauma reactions are interfering with relationships, work, or other important activities of these victims, then they may need assistance and help from professional counselling. Treatments should be available and recovery is an ongoing gradual process. Most people could recover from trauma over time and counsellors must be prepared to treat at least two types of child sexual abuse clients, namely both victims and offenders, and their families. Treatment issues for victims typically include anger, trust issues,

social withdrawal, self-blame, emotional dysregulation, eating disorders, self-injury, and a range of post-traumatic stress reactions (Budrionis & Jongsma, 2003). Cognitive-behavioural approaches have been reported to 'reduce the impact' of (child) sexual abuse (Berliner & Elliot, 2002), and to be more effective treatment (Deblinger, Stauffer & Steer, 2001; Hosin, 2007).

Overall, the literature reveals that positive outcomes are associated with early detection and treatment (American Academy of Child & Adolescent Psychiatry, 2004; Hosin, 2007). Sexually abused pre-school children who are not identified, diagnosed and treated at the time of abuse frequently surface 7–10 years later in the legal system as runaways and delinquents (NAPSAC, 2008). Sadly these literature facts dramatically highlight the need for early identification, prevention and treatment strategies. Below are examples of statements disclosed by 20 victims of both physical and sexual abuse who have indeed several years later surfaced in the legal system.

CHAPTER 5 DISCUSSION AND CONCLUDING REMARKS

5.1 Introduction and main highlights

As noted in previous chapters, the present PhD research work was an attempt designed to investigate the influences of various risk factors on juvenile delinquency. The sample included participants drawn from various young offender rehabilitation care centres in the UAE; and a counter subsample group selected from mainstream schools. Risk factors which were addressed included early childhood trauma, i.e., early child-parent separation, maternal deprivation, insecure attachment, neglect, abuse, family discord and posttraumatic stress disorder (PTSD) influence.

The fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IVTR), has described trauma as an event in which a person 'experienced, witnessed, or was confronted with and involved actual or threatened death or serious injury, or a threat to the physical integrity to self or others, so the person's response also involved intense fear, helplessness, or horror' (APA, 1994). The connection of trauma to basic propositions inherent in the schema consists of ideas and thoughts that are stored in memory and that influence how information is processed. It was suggested that some seriously delinquent

youth have impaired social cognitive functioning due to early trauma (Kendall, 1993); and hence the perceived external world is mediated by cognitive interpretations in the individual's internal world. Piaget (1952), for example, regards an individual's cognition as schematic processing which is defined through the assumptions made about self and others and hence is formed, integrated and stored with incoming informed knowledge and involves pathways of cognition, affect and behaviour (Baer & Maschi, 2003). Similarly, the Shattered Assumptions theory proposed by Janoff-Bulman draws on attachment theory and the internal working model in its understanding and application and consists of three basic assumptions about the context of the child's family environment (Baer & Maschi, 2003; Janoff-Bulman, 1992). *Benevolence of the world* is the first theme which is based on the 'extent to which people view the world positively or negatively' and includes perceptions about people and events. In relation to troubled young offenders, who have not received adequate care or who may have experienced one or more childhood traumas, their ability to develop a benevolent outlook on the world may be skewed resulting in perceptions that the world is insecure, hostile and malevolent. *Meaningfulness of the world* is the second theme and represents an attempt by the youth to find meaning in or make sense of events that take place in the world. Encapsulated within this theme are the principles of *distribution of justice*, *controllability of outcomes*, and *chance*. Baer and Maschi (2003) concluded that controllability of outcomes is learned through interaction with primary caregivers and consists of the belief that we can control what happens to us by effort, practice and/or preparation; controllability is the main aspect of problem-solving. Nevertheless for the traumatised young offender there is a deficit in problem-solving skills and this has been evidenced in their acting out and criminal activity (Greenwald, 2002).

Overall, this chapter will discuss the major findings of this mixed design investigation and relate the outcomes to the main theoretical framework and the reported literature with particular focus on the relationship between juvenile delinquency, attachment, childhood trauma and PTSD among the sample who were remanded in various rehabilitation care centres in the UAE. The chapter will also address the main limitations of this investigation, future research and its implications for policy formation and practices.

Previous research work by attachment theorists (e.g. Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby 1973, 1998, 2005) and others (Cassidy & Berlin, 1994; Kobak & Sceery, 1988; Zulueta, 2007) has suggested that maternal deprivation, insecure attachment, separation or divorce, as well as maltreatment including neglect or sexual abuse are environmentally

mediated risk factors that impair development; and hence can be strong predictors for conduct problems, delinquency and aggressive behaviours in young children.

As well as exploring early maternal deprivation hypothesis or Bowlby's attachment theoretical framework influence – that is the impact of traumatic separation and maltreatment on the juvenile experience among a sample of young offenders detained in various young offenders rehabilitation care centres in the UAE – the main goal of this mixed-design research investigation was to draw a perspective on how such risk factors and/or negative exposure might predict offending and reoffending behaviour among the examined sample.

Despite the voluminous research work conducted in the West on this area, there has been no empirical research work attempted in the UAE and/or the Gulf region on juvenile delinquency and its relevant association with the risk factors highlighted above. Overall, it is worth reiterating that the questions that are addressed by the present investigation include:

- (i) To what extent do early childhood traumatic events including maltreatment, sexual abuse and exposure to separation, divorce or other forms of insecure attachment behaviour predict conduct problems and juvenile delinquency?
- (ii) Do young offenders or juvenile delinquents remanded in UAE rehabilitation care centres suffer any level of post-traumatic stress symptomology and to what extent were they exposed to neglect and/or abuse during their formative years?

As noted, the hope was that the reported findings emerging from this investigation would help in identifying the mental health needs of those exposed to early childhood trauma; and hence address (or formulate) appropriate policies and/or legislation that could protect such a young, vulnerable and at-risk group.

Focusing on local law, international conventions and the strategic legislation on child protection, the UAE has taken several measures and adopted certain strategies to protect vulnerable children and at-risk groups and hence to prevent juvenile delinquency. These various efforts include the publication of strategic plan 2012–2016 by Ministry of Interior (MoI) and Abu Dhabi Police for a safer society and reduction of crimes; and the delivery of justice in a way which secures and maintains public confidence in the UAE Police Services. Other efforts include making the rights of children and the child protection system their chief priority.

The author of this thesis, as noted earlier, has exerted a great deal of effort to develop strategic partnerships, both internationally and locally, to assist in the development of such systems. Here are some relevant examples – within such efforts – which included signing the United Nations Convention on the Rights of the Child (UN, 1989) and the International Labour Organization Convention No. 182 on child labour, prevention of human trafficking (especially women and children) as well as the formation of the national UAE Committee for Child Protection. The committee was formed by Ministerial Decree No. 240 in 2010; and then recommended the establishment of the Centre for Child Protection and the development of general policies or legislation including a sex offenders register along with other strategic plans for child protection in the country.

The results of the quantitative study reveal that around 46.7% of the juvenile delinquents who used the Young Offenders Questionnaire (YOQ) had maltreatment experience. That is, they were physically abused and frequently beaten by older adults; with a significant proportion (20.6%) of the juvenile delinquent participants having been subject to sexual abuse or an attempt at sexual abuse. Child sexual abuse (CSA) has been found to be associated with the development of a wide range of mental health and social problems in childhood and adulthood (Browne & Finkelhor, 1986; Finkelhor, 1990; Grella et al., 2005; Kendall-Tackett, Williams, & Finkelhor, 1993). These include observations of 'internalised psychosocial sequelae' such as sleep and eating problems, fears and phobias, depression, PTSD, guilt, shame and anger, as well as 'externalised sequelae' including school problems, aggressiveness, sexualised behaviour, and substance use and misuse (Friedrich, Beilke, & Urquiza, 1988).

Meanwhile, physical abuse is generally defined as the presence of a non-accidental injury resulting from acts conducted by an adult (Carr, 1999; Wekerle, Miller, Wolfe, & Spindel, 2006). These acts are characterised by overt physical violence or excessive punishment such as hitting, shaking, throwing, burning, controlling and aggressive styles of parenting (Howe, 2005). It is usually accompanied by emotional abuse and neglect. Reported findings in this area suggested boys are more likely than girls to be the targets of angry, inconsistent physical abuse (Farrington & Loeber, 2000).

Focusing on neglect by parents and family, almost one-third of the sample, i.e. 31.8% of the detained participants in this study, reported that they have had neglect abuse experience.

Further results also indicated that the home surroundings of many of the juvenile delinquents were described as authoritarian, and often imposed considerable restrictions on young developing adolescents. It was clear from the major findings reported in this investigation that delinquent participants were more likely to have one or more of their family with convictions and criminal records. Indeed, the results of this study showed that 27.1% of delinquents' families have one or more of their family members previously convicted for crimes, in comparison to 5.8% of the non-delinquent counterpart participants.

Authoritarian parenting style seems to be indicated by a sizeable number of juvenile delinquents. According to Steinberg and Silk (2002) authoritarian parenting style is often characterised by obedience and conformity, and does not promote autonomy. Moreover, children whose parents or guardians are the source of their fearful states, and children who do not have access to sensitively regulated carers in times of distress are left dysregulated. This dysregulation of emotion, according to Plattner et al. (2007), is the cornerstone of juvenile delinquency.

Results also showed that theft was the most prevalent crime among delinquents (31.8% of their conduct) followed by sexual crimes (16.8%) and fighting behaviour (12.1%). It was also suggested that delinquents tend to perform their conduct through groups and associates. Thus 71% of their criminal conduct was committed in groups compared to only 29% of criminality committed on their own.

Focusing on the rehabilitation and education measures provided to inmates in the juvenile (detention) centres, results suggest that 52.3% of juveniles describe the presented educational programmes including lectures as very useful, with an additional 32.7% describing the material as useful. Other important factors emphasised by the juvenile delinquents and associated with their conduct include family disintegration which accounted for 38.3% of responses; and unemployment with 31.7% of respondents indicating that their criminal offences were due to unemployment.

Using DSM-IV-TR criteria for PTSD and trauma symptoms, assessment of PTSD reaction among a sample of young offenders detained in various rehabilitation care centres in the UAE revealed that some participants manifested 36.5% acute PTSD symptoms; with an additional 14.8% suffering chronic PTSD reactions. Only 5.2% manifested delayed PTSD onset. On the other hand, 43.5% of juvenile delinquents were found to be PTSD Negative.

PTSD reactions here include a range of symptoms such as situational reactivity, reexperiencing the events, avoidance and numbing, increased arousal, significant distress or impairment. Members of the sample who participated in this particular part of the study on PTSD reactions consisted of 114 juvenile delinquents who used the Children's PTSD Inventory.

Overall, previous research has identified a link between early childhood trauma, PTSD individual cognitive appraisal and high rates of juvenile delinquency (see Chamberlain & Moore, 2002; Smith, Leve, & Chamberlain, 2006; Wood, Foy, Goquen, Pynoos, & James, 2002a;). These empirical studies have demonstrated that the development of PTSD as noted is correlated to level of stress, cognitive appraisals of the traumatic event and coping styles (Ehlers & Clark, 2000; Perry, Pollard, Blakley, Baker, & Vigilante, 1995).

It should be noted that the PTSD findings were similar to those found in previous literature (Hosin, 1997) which suggested that not all survivor victims of trauma exhibit overwhelmingly distressful reactions. Indeed, many victims and survivors are able to exhibit resiliency. Research on resiliency (Garmezy & Rutter, 1983) indicated that the presence of protective factors (optimistic individual traits, family, community variables) can buffer or diminish the likelihood of negative outcomes (Rutter, 1985; Rutter & Taylor 2005), and are similarly identified in securely attached children (Holmes, 2005). These same attributes have been observed as protective factors in the ease of recovery following trauma (Bonanno, 2004; Dwivedi, 2000) coupled with early intervention and treatment.

Juvenile delinquent members of the sample who completed the Parental Attachment Questionnaire (PAQ; Kenny, 1987, 2010) were 111 participants who were remanded in various rehabilitation care centres in the UAE. Here respondents were asked to answer the 55 items on a 5-point Likert scale. Response options are (1) *Not at all*, (2) *Somewhat*, (3) *A moderate amount*, (4) *Quite a bit*, (5) *Very much*. Item scores were then calculated for the three subscales – ranging 0–155. The higher the score indicates positive relationship between the individual respondents and their parents. General findings of this part of the investigation seem to show participants were more attached to their mother than their father. Mean score attachment to mother was 3.57, slightly higher than the mean score (3.43) attachment to father. This investigation also showed that participants were keen (in favour of) on socialising closely with their mothers: mean value reached 3.27 compared to those who have chosen their fathers as source of close socialisation. Mean score value for this

latter group ‘father preference’ was 2.58. This study also revealed that when the participants face serious problem(s), they seem to turn equally to both parents.

As with the PTSD high scores found in this study, Perry et al. (1995) and Greenwald (2000) suggested that males who exhibit violent behaviour also reported multiple traumas. This observation was also in line with previous research findings which concluded that males utilise a physiological hyperarousal system and exhibit externalising behaviours whereas females employ dissociative systems represented by internalising behaviours.

Having reported and discussed the major findings of this study, it is worth noting a few limitations of the current study. Indeed, it would have been far more useful for generalisation to have a larger sample and to include both males and females. Female participants, however, were difficult to recruit due to cultural sensitivity and restriction of access. Regarding sample size, Biau, Kemeis, and Pocher (2008) suggested that when conducting research, quality sampling is characterised by the number and selection of subjects or observations. Indeed, appropriate sample size should be considered because it allows the researcher to control for the risk of reporting a false-negative finding (Type II error) and to estimate the precision his or her experiment will yield. Indeed, a sample size which is too small may produce inconclusive and unjustified results and could also be considered unethical if it produced misguided or false outcomes. Similarly, a study that has a sample size which is too large will waste scarce resources and could expose more participants to some related risk. Thus an appropriate determination of the sample size used in a study is a crucial step in the design of a research project. As noted, this is also to avoid contradictory findings and inconclusive outcomes. Overall, a sample size that is appropriate is critical for many reasons. Most importantly, a large sample is more representative of the population, limiting the influence of outliers or extreme observations. Further, a sufficiently large sample size is also necessary to produce results among variables that are significantly different. And for qualitative studies, a large sample size broadens the range of possible data and forms a better picture for analysis. Meanwhile it should be noted that the collected data from an appropriate comparison countergroup using the same set of methods and procedures have already allowed interpretations to be made concerning the levels of maternal deprivation and attachment style influence. Moreover, note also should be made concerning the reliance on only self-reported measures. Although confidential, some of the participants may have deliberately misrepresented their symptoms, therefore information from several sources such as parents or guardians could lead to more accurate and valid outcomes particularly

for PTSD. Information from parents with regard to their child-rearing practices may have offered a more balanced view of attachment characteristics. Nevertheless the unique nature of the study is that as yet no empirical research has examined – within this region – juvenile delinquency and related the findings to child-rearing practices, attachment styles, maternal deprivation trauma and PTSD. Hence future research work should adopt a longitudinal research framework, and perhaps identify the needs of vulnerable children and at-risk groups from an early age. In particular, it would be helpful to involve those who suffer childhood trauma, insecure attachment and those who are reared in care institutions.

An outcome of such research would provide vital information and detect early risk factors that may need to be identified or modified to improve mental health services, child care and protection. Overall, it was hoped that the outcomes emerging from this PhD research project would offer comprehensive guidelines (see Saunders, Berliner, & Hanson, 2003) and perhaps foster the development of the multiple approach model which could prevent, investigate, diagnose and treat sexually abused children; and hence assist professionals working with this vulnerable and at-risk group. It is further recommended here that all children who come into contact with rehabilitation care undergo an age appropriate psychological assessment by child mental health practitioners. This is mainly to detect and identify possible previous sexual or physical abuse. The author of this investigation recommends the involvement of social support services from an early stage and the creation of a cohort of specialist practitioners to assess vulnerable children and adolescents. Furthermore, collaboration between juvenile courts and child and adolescent mental health services should also be enhanced. The court should be seen as an important place to turn tragedies into an opportunity; and a place where healing can finally begin through the introduction of effective rehabilitation programmes. The intention is therefore also to propose legal and preventive measures (protecting children and prosecuting perpetrators) and hence safeguard children against sexual abuse, exploitation and all other forms which include trafficking of children for sexual activity, organised and random crime, Internet abuse and related sexual violence including forced marriage (see Harker et al., 2013; Lindon, 2009). Some research meta-analysis work (Kazdin, 1997; Kazdin & Weisz, 1998; Petrucci & Roberts, 2004) has found that a multisystem approach to juvenile delinquency rehabilitation has been successful; whereas others (Barrett & Ollendick, 2004; Frederick & Sheltren, 2000; Osofsky, 2007) have suggested the involvement of family therapy and parent management training with young offenders (see Henggeler et al., 1992; Huey, Henggeler, Brondino, & Pickrel, 2000; Kumper & Alvarado, 2003).

Looking at the study of attachment (Ainsworth et al., 1978; Bowlby, 1973) as well as child behavioural responses to parent separation, loss or deprivation, the study of the attachment model (presented in this thesis) has described the effects of potentially traumatic events upon the further functioning of the developing child. Traumatic loss of parents or other attachment figures is likely to overwhelm the developing behavioural system; and this may also be a contributory factor to both internalising and externalising behaviours among children.

Overall, it is safe therefore to conclude that Bowlby's maternal deprivation hypothesis can be regarded as a vital tool which explains some of the delinquency development which emerged among young offenders included in the sample of this study. Detected trauma symptoms among the members of the sample used in this study also revealed a relationship between juvenile delinquency and PTSD. Indeed, this vulnerable population need to receive always age appropriate intervention under suitable conditions to facilitate their rehabilitation and developmental needs.

5.2 Reviewing local child protection policies and recommendations relating to child victims of physical and sexual abuse

Reflecting on the level of unreported sexual abuse described elsewhere (Finkelhor & Jones, 2006) and in this study, it is important now for child protection agencies in the country to take action that is appropriate to the circumstances. And to achieve this, the best interests of the child should be always served (UN, 2004) alongside the changes that are required to be introduced to the system.

In cases in which the problems in a family are so great as to place the child's development in danger, for instance if parents neglect or ill treat their child, or subject him or her to sexual abuse – e.g., through forced marriage of minors or female genital mutilation – child protection agencies are required to intervene (Budrionis & Jogsma, 2003; Finkelhor, 1979; Harker et al., 2013; UNICEF, 2013; UN 2013; UN Women, 2012).

Also the child protection services and agencies should issue guidelines for the prevention and management of physical and sexual violence which should be designed to support families and schools in responding to cases of abuse including sexual violence perpetrated against children (Finkelhor, 1979; Harker et al., 2013; Lindon, 2009; UNICEF, 2009a, 2012). These guidelines should be widely distributed to parents and schools. Additionally, every

school must have a Code of Conduct setting out what kind of behaviour is acceptable and what is not acceptable. Teachers and school managers have a legal and ethical duty to report to the authorities if they suspect maltreatment or sexual abuse is taking place against young children. The purpose of such guidelines is to equip parents and teachers with knowledge and understanding of the implications of sexual violence and abuse against children, and to protect them from perpetrators, and where to report the unfortunate event when it has happened (Berliner & Elliot, 2002). Parents (both local and expatriates living in the country) and children need to gain a thorough understanding of sexual abuse in terms of the local laws applicable to it, the link to human rights issues, as well as recognising its roots and origin. Parents and schools also need to understand how they can engage society to help put a stop to this form of violence against young children. Published guidelines should not only define clearly what is meant by physical abuse and sexual violence, but also set out very clearly how schools should treat victims of sexual harassment and violence; and the steps that must be taken to deal with those who have, or are alleged to have, committed such acts. The Department of Education should also make it clear to all teachers and managers at schools that it is mandatory to speak out against any incidents of sexual harassment and violence at school. Further, the guidelines, which should be published in the form of a booklet, should provide very useful contact details of national and professional organisations that can assist children and their parents requiring further information in an emergency through a dedicated hotline number. It is also important that government agencies propose and put in place further legislation that outlaws all forms of violence against children and sexual abuse. As noted above, parents and communities should actively participate in addressing these issues in schools as well as communities. Developmentally, children are better positioned when they are not abused, or bullied at home, in schools or in the community – and when it happens immediate measures should be taken to address it. The success of these efforts will depend on the collective effort of the national child protection service agencies, parents and communities to work together to contribute towards ensuring that all children are safe and protected from maltreatment, sexual abuse and other forms of violence conducted against young children. National legislation should include the illegalisation of child or minor marriages which are already outlawed by the UN Convention on the Rights of the Child (1989), and by the UN Convention on the Elimination of All Forms of Discrimination against Women (1979). Both of these UN conventions have outlawed child marriage.

The United Nations in its recent General Assembly September (2013) has already adopted the proposal entitled '*strengthen efforts to prevent and eliminate child early and forced marriage*'. This resolution now joins several frameworks, conventions and resolutions which acknowledge that child marriage is human rights violation and must end everywhere. Among those countries that signed the recent resolution are several that have a relatively high prevalence of child marriage, such as Yemen, South Sudan, Ethiopia, Sierra Leone, Chad, Guatemala and Honduras.

5.3 The role of social support, national child protection services (CPS) and relevant policies in the UAE

The social support and the national child protection services are the local authorities responsible for investigation and intervention in cases of suspected child psychical or sexual abuse. Their mandate to 'protect children' would be also clearly stated in any new proposed future national legislation. Typically, child protection services and law enforcement agencies are usually responsible for the investigation of cases involving maltreatment and sexual abuse. Health care, mental health and education professionals should also be further mandated when maltreatment occurred. Indeed, CPS agencies work closely with parents, children, relatives and neighbours before any final decision is reached. And if the child is considered in danger, the CPS should take measures to ensure the child's safety. The CPS's first goal is to ensure the child's protection within his/her own home. When the child's safety cannot be ensured in the home, intervention should involve removal of the child and placement with a relative or a foster family, or it may entail getting the offender out of the home. The latter strategy must be included in cases of sexual abuse. Actions resulting in removal may also require the intervention of the juvenile court. Overall, sexual abuse cases should be handled somewhat differently from other referrals to the CPS. Collaboration between the CPS and law enforcement should be in the form of joint investigation. And this includes the child interview (Berliner & Elliot, 2002; Faller, 2007), the medical examination, the interview with the parents, and the interview with the alleged offender (Jones, 1992). The emotional risk of the abuse for the child should also be considered jointly in the review. The mandate of the law enforcement agency is not to help families with their problems but to gather information (evidence) towards the prosecution of offenders. Focusing further on the interview, there are several issues related to the child interview that should be additionally considered before an interview takes place. These include where it should occur, who should be present, how information from the interview will be recorded, and how many interviews are needed. The interview should occur in a location the child perceives as a 'safe place',

such as the child's home, school, or therapist's office. Indeed, having more than one person present during the child interview may eliminate the need for multiple interviews. Information gathered during the child interview should be recorded. For both physical and sexual abuse, the child should receive a medical examination at some point during the investigation.

The interview with the parents or with the mother has several purposes, namely, to gather additional information about the likelihood of the sexual abuse; to determine whether the mother is protective and supportive of the victim; and to understand the causes of the sexual abuse. Mothers may provide information that either supports or refutes the child's allegation. However, as noted earlier, the child interview is the primary context for gathering information to determine the likelihood of the sexual abuse. The typical initial reaction of mothers confronted with an allegation of sexual abuse is denial. Often justifications that are offered by mother include 'this couldn't have happened because the child is never alone with the alleged offender'; 'the child has a long history of telling lies'; or 'the child is making this allegation because he/she is jealous of the new baby'. Mothers whose children have been sexually victimised by someone who is close to them, such as a spouse, are placed in a very difficult position.

With regard to risk assessment, risk assessment must include factors additional to sexual abuse such as risk of physical abuse or risk of emotional maltreatment immediately after disclosure including being rejected or blamed for the real or alleged sexual abuse.

UNICEF (2014) has suggested that sexual violence against children is a gross violation of children's rights. The forms of sexual abuse include a wide range of harassment that can happen at home, in institutions, schools and workplaces, in travel and tourism facilities, and within communities. Further, the same report suggested that the Internet and mobile phones can also put children at risk of sexual violence as some adults look to the Internet to pursue sexual relationships with children.

In 2002, WHO estimated that 150 million girls and 73 million boys under 18 years experienced forced sexual intercourse or other forms of sexual violence involving physical contact (United Nations Study on Violence against Children, 2002). Most of the time individuals are forced into these situations through false promises and limited knowledge about the risks. Yet the true magnitude of sexual violence including those cases reported in the present study is hidden because of its culturally sensitive and illegal nature. Additionally, UNICEF (2014) suggested that most children and families do not report cases of sexual

abuse due to stigma, fear, discrimination, fear of revenge, and lack of trust in communicating or reporting incidents of sexual abuse. The same report further added social or cultural intolerance and lack of awareness also contribute to under-reporting.

The international work of UNICEF to prevent and respond to sexual violence currently involves engaging different government sectors – i.e., justice, social welfare, education and health – as well as legislators, civil society, community leaders, religious groups, the private sector, media, families and children themselves. UNICEF also supports governments in strengthening child protection systems at national and local levels and through policies, regulations and the provision of comprehensive services to child victims. Additionally, UNICEF works with communities and the general public to raise awareness about the problem and address attitudes, norms and practices that are harmful to children. At school level, UNICEF prompts the concept of a child-centred school (UNICEF, 2009b) to enhance development and individual well-being, guarantee child safety and protective spaces for learning and above all else acting in the best interests of the well-being of children.

5.4 Chapter summary and concluding remarks

As noted in previous chapters, the present PhD research work was an attempt designed to investigate the influences of various risk factors on juvenile delinquency. The sample included participants drawn from various young offender rehabilitation care centres in the UAE; and a counter subsample group selected from mainstream schools. Risk factors which were addressed included early childhood trauma, i.e. early child–parent separation, maternal deprivation, insecure attachment, neglect, abuse, family discord and posttraumatic stress disorder (PTSD) influence on juvenile delinquency.

This investigation was intended to add to the literature some additional information on the relationships between trauma, loss, maternal deprivation, abuse, attachment style and juvenal delinquency. Several investigations (Cassidy & Berlin, 1994; Warren et al., 1997; Zulueta, 2007) have demonstrated associations between insecure maternal attachment and later development of mental health problems among children. Further, Zulueta (2007: 107) summarised the notion of attachment, bonding and attunement processes in the following remarks:

Accordingly, infants become alert to the physical and emotional availability of their caregivers, and the experiences are synthesized in the infant's mind to become

what Bowlby called ‘internal working models’ and how the attachment figure is likely to respond to the child’s attachment behaviour. These working models have become the focus of much research in the field of attachment using the Strange Situation.

In summary, these factors (the dyadic relationship in childhood and the mother’s level of attunement to her infant’s emotional states) ultimately provide the individual with a conception of the nature and expected behaviour of the social world and hence determine the quality of the infant’s attachment behaviour later in the formative years. The attunement hypothesis highlights the proposition that attachment and emotional development in infancy may go hand in hand.

The literature reviewed on attachment seems to confirm that relationship exists between child-rearing practices or the role of the mother (as a loving, responsive, available care provider) on one hand and the child’s degree of psychological development (securely or insecurely attached outcomes), and his/her ability to cope with certain stressful situations including loss or separation on the other. Further, reported research findings presented in the main text of Chapter 1 of this investigation seem also to predict less vulnerability among securely attached children when they face stressful situations. Indeed, other previous investigations have demonstrated associations between ambivalent infant attachment and later development of mental health problems. According to attachment theory and the internal working model hypothesis noted above, ambivalently attached infants are particularly associated with patterns of unpredictable and irregular responsiveness due to the constant fear of being left vulnerable and alone.

More specifically, it has been indicated that securely attached children who have positive and rewarding relationships with their parents are found to be confident, well adjusted and socially and cognitively competent when compared with insecurely attached children.

Following John Bowlby’s (1973, 1988, 1998) ideas, further research work was conducted in this area and revealed that secure infant–mother relationships and early bonding promote the infant’s psychological sense of security, which in turn strengthens the child’s ability to relate to others and develop positive intimate relationships. That is to say these researchers suggest that later development can be influenced by early attachment experiences. On the other hand, children who do not have the opportunity to develop a secure attachment and

bonding with their care provider either because of loss, neglect or deprivation are more likely to be susceptible and perhaps encounter profound social, emotional and relationship difficulties, particularly in adulthood. Both samples employed in this study (i.e. the participants of the rehabilitation care institutions and their counterpart group in the mainstream schools) manifested a great number of behaviours that are similar to those highlighted (described) in this final paragraph of this research project on the maternal deprivation hypothesis.

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Appendices A - K

○ Appendix A Ethics approval letter



2 Feb. 2013

To whom it may concern

Ref: Ethics Approval

I am pleased to confirm that the submitted research proposal entitled 'An investigation into delinquency and criminal behaviour among young offenders in the UAE: Risk factors and the impact of long-term legislative strategic plan on rehabilitation measures, mental well-being and reoffending trends' Author Mr Nasser AlNuaimi was reviewed by our ethic and scientific committees and has been received the required clearance.

Additionally, both committees felt that the outcomes of the present proposal will be beneficial and useful as it will serve a wide range of police setting issues; and indeed the community at large.

Please do not hesitate to contact me should you need further information.

Best wishes

Lt. Colonel / Dr. Ahmed Ali Al Khuzaimi



Head of Scientific Coordination Committee

The Arabic Version

ودوافع السلوك الأجرامي

The YOQ is a widely used Arab language designed measure, and it has been utilised within young offenders rehabilitation and care centres across the Arab World. This is mainly due to its usefulness, practical application, uses and reliability.

أخي السجين:

إن وجودك في السجن حالة مؤقتة، نرجو أن تعود إلى حياتك الاجتماعية العادلة عن قريرب، بين أهلك وذويك. ونأمل أن تتعاون معنا في تعبئة الاستبيان المرفق المكون من عدة أجزاء ، حيث يتعلّق القسم الأول بالمعلومات الشخصية العامة، والقسم الثاني بحالة السجن الذي تقيم فيه، وأما القسم الثالث فيتعلّق بالجرائم المرتكبة ودوافعها، وأما القسم الرابع عن علاقتك مع زملائك ومن هم داخل السجن، وأما القسم الخامس فهو متعلق بعلاقتك داخل وخارج السجن. جزء آخر من هذا الاستبيان (الاستماره) تهدف لاستطلاع رأي السجناء في وضع أسرهم من الناحية المعيشية والاجتماعية والاقتصادية قبل السجن والمعييل وأثناء وجوده بالسجن.

سيحافظ الباحث والمشرف على هذه الدراسه على سرية المعلومات التي يدللي بها من توجه إليه هذه الاستماره والأسئلة المتضمنه فيها، معظم المعلومات التي ستدون فيها ستخدم لأغراض البحث العلمي فقط، وليس بها أية صفة رقابية أو تحقيقيه أو لغايات المساعدة المادية.

- نأمل أن تكون أجابتكم أجاية دقة ووافية تحقق الأساس في الوصول إلى الأهداف التي نظمت من أجلها هذه الاستماره والدراسه.
 - يتم تعبئة الاستمارات عن طريق المقابلة أو تحت إشراف الباحث الاجتماعي او النفسي .
- تبنيه
- (1) أن تتماً أقسام هذه الاستمارة في الوقت المناسب بواسطة المقيم (السجين).
 - (2) أن يؤشر بعلامة (✓) أمام الإجابات التي تتلائم ووضع او حالة السجين فقط.
 - (3) البيانات الواردة في هذه الاستمارة سرية للغاية سيحافظ الباحث والمشرف على هذه الدراسه على سرية المعلومات التي أنت تدللي بها .

شاكرين لكم حسن تعاونك لإنجاح هذه الدراسة

لجنة البحث

التاريخ :

السجن أو مركز الإصلاح:.....

المدينة:.....

أولاً : بيانات أولية:

- 1. مكان إقامة السجين:
..... 2. العمر:
..... 3. الجنس:
..... 4.
..... 5. الحالة التعليمية: أمي/ ابتدائي/إعدادي/ ثانوي/ فما فوق.....
..... 6.
..... 7. الحالة الاجتماعية: أعزب /متزوج/ أرمل /مطلق.....
- 6. الوطن الأصلي:
..... 7. الجنسية:

ثانياً : الجريمة

- 1) نوعها:
..... 2) مكان ارتكابها حي
..... 3) طريقة ارتكابها: بمفرده، مع آخرين:

..... 4) وقت ارتكاب الجريمة ليل نهار، صيف، خريف، شتاء:

..... 5) المحكمة التي حوكم أمامها:

..... 6) مدة الحكم:

ثالثاً : مستوى التعليم

- 1) أمي، يعرف القراءة والكتابة:
- 2) أكمل المرحلة: الأولية، الوسطى الثانوية ، تعليم عالي.....

رابعاً : الوضع الشخصي (ضع علامة /)

- 1) أعزب أرمل متزوج متعدد الزوجات مطلق عدد مرات الطلاق
..... عدد الأولاد ذكور إناث

**خامساً : الحالة أو الوضع
الاقتصادي**

- 1) نوع العمل قبل الحكم
..... 2) دخله الشهري

.....(3) عدد الذين يعولهم ودرجة القرابة

.....(4) مصادر دخل أخرى:

.....مجمل ملاحظات:

سادساً : حالة السكن

.....(1) مكانه حي/قرية مديرية مدينة/مجلس

.....(2) المنزل، ملك ، مؤجر: (قيمة الايجار في الشهر)

.....(3) عدد الأفراد الساكنين: صلاتهم بالنزليل، صداقه، قرابة، معارف، بالصدفة

سابعاً: الحالة الصحية العامة

.....(1) المرض: لا يوجد، يوجد، ذكر نوع المرض أن وجد

.....(2) العاھة: لا توجد، توجد، - ذكر نوع العاھة أن وجدت

ثانياً: الحالة الاجتماعية والاقتصادية:

.1 كم عدد أفراد الأسرة في عالتك بضمهم الزوجة والأبناء أن وجد ()

.2 هل الوالد: قيد الحياة/ متوفي. نعم كلاً أختر الأجابة

.3 هل الوالدة: قيد الحياة/ متوفیة. نعم كلاً أختر الأجابة

.4 هل تعيل والديك: نعم كلاً

.5 هل كنب تعيل أشقاءك : نعم كلاً

.6 السكن: ملك /إيجار /بدون مقابل

- عدد الغرف ()

- بدل الأيجار الشهري أن وجد

.7 ماذا كنت تعمل قبل دخول السجن:

لا نعم هل سبق وأن ادخلت سابقا في السجن لك سوابق جرميه ؟

.9 مكرر مرة واحدة مرتين لأكثر

10. مصادر الدخل بالدرهم شهرياً قبل دخولك السجن :

رواتب وأجور

هبات مساعدات

أملاك وعقارات

11. هل هناك دخل آخر حدد بالدرهم ()

12. ما معدل الإنفاق الشهري لك قبل السجن حدد بالدرهم: ()

13. هل انت متزوج نعم كلاً وهل الزوجة تعمل: نعم لا ما عملها: ما دخلها الشهري:

14. هل والدك يعمل: نعم كلاً

ما عمله: ما دخله الشهري: ()
15. هل يوجد أبناء يعملون: نعم لا

ما هو العمل: ما الدخل الشهري

16. هل تتلقى أسرتك مساعدات شهرية أو مقطوعة من:

a. دائرة الشؤون الاجتماعية نعم لا

قيمة المساعدة:

b. جمعية رعاية السجناء: نعملا

قيمة المساعدة:

c. جهات أخرى: نعم لا

قيمة المساعدة

17. هل تعمل داخل السجن بمهنة معينة: نعم لا .i. ما

هي المهمة:

ii. هل تنقضى أجراء: نعملا

iii. ما معدل هذه الأجرة بالمتوسط شهرياً: ()
(بالدرهم)

18. هل تعتقد بأن المهمة التي تمارسها داخل السجن تقيدك بعد الخروج منه؟ لا

نعم

ثالثاً : الصعوبات والاقتراحات

1. ما هي برأيك الصعوبات التي تواجهك حالياً من الناحية الاقتصادية
- أ - أ -
 ب - ب -
 ج - ج -
 د - د -
 ج -
2. ما هي الصعوبات التي تعتقد أنها ستواجهك بعد خروجك من السجن؟

د汪ع السلوك الإجرامي للنزلاء من الأحداث في مراكز الإصلاح

5) ما هي التهمة الموجهة إليك؟ اختر الأجابة بوضع علامة (✓) السرقة

التزوير الاختلاس هتك العرض

المخدرات القتل

الاغتصاب أو جريمة أخرى

حدد :

أمي	<input type="checkbox"/>	التعليمية:	<input type="checkbox"/>	الحالة	<input type="checkbox"/>	ثانياً:	<input type="checkbox"/>
		ابتدائي	<input type="checkbox"/>	إعدادي	<input type="checkbox"/>	ثانوي	<input type="checkbox"/>
						جامعي	<input type="checkbox"/>

ثالثاً: الحالة الصحية:

جيده	<input type="checkbox"/>	ردئه	<input type="checkbox"/>	متوسطة	<input type="checkbox"/>
------	--------------------------	------	--------------------------	--------	--------------------------

رابعاً: الحالة المهنية:

..... 1) المهنة سابقا مكان العمل:

..... 1. إذا كنت متزوجاً؟ فما هو عدد أولادك وبناتك:

..... 2. المستوى التعليمي اختر الأجابة بوضع علامة (✓):

5) دبلوم متوسط (4) ثانوي (3) إعدادي (2) ابتدائي (1) أمي (7) دراسات عليا (6) جامعي

3. المهنة: (1) مترد (2) حرفي (3) مهني حر (4) تجاري (5) تعليم وتدریس (6) عامل (7) وظيفة حكومية (8) غير ذلك

4. مصادر الدخل الشهري سابقاً: (1) راتب وظيفي (2) عمل حر (3) مساهمة (4) إنتاج (5) أجور عقارات (6) مساعدات محلية

5. عدد أفراد أسرتك: (1) 1 (2) 5-3 (3) 9-6 (4) أكثر من 10

: مستوى التعليم عند الوالدين:

ثانوي	إعدادي	ابتدائي	أمي
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
أرملة	أرمل	متزوجة الأم	متزوج الأب
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) الحالة الاجتماعية للوالدين:			
(3) مهنة الأب: مهنة الأم:			
(4) مع من تعيش:			
ج) مع الأب فقط	ب) مع الأم فقط	د) مع الأم وزوجها	هـ) مع الأبوين
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) هل سبق وأن تزوج الأب أكثر من مرة؟			
<input type="checkbox"/> نعم <input type="checkbox"/> كلا			

5) هل سبق وأن تزوج الأب أكثر من مرة؟
نعم كلا

إذا كان الجواب نعم، ما هو عدد مرات الزواج؟
6) كم يبلغ عدد الأخوة والأخوات في الأسرة؟

1 3- 2 8 - 4 10 - 8

أذ أكثر من ذلك، حدد:
سادسا: بيانات عن العلاقات الأسرية:

1) إذا كان الأبوان منفصلين فكم كان عمرك عند انفصالهما؟
أقل من 10 أقل من 5

أقل من 15 أقل من 20 أكثر من 20

2) هل سبق أن تшاجرت مع والديك أو أحدهما؟

مررتان غالبا

لم يسبق أن تشاجرت معهم

3) هل معاملة والديك لك:

جيدة متوسطة سيئة

4) هل كان أحد والديك يتعاطى المسكرات؟

نعم لا مخدرات

5) هل هناك تمييز في المعاملة فيما بينك وبين أخوتك في المعاملة من قبل أحد الوالدين؟

نعم كلا

6) هل تسكن في حي:

راق شعبي مخيم

7) عدد غرف المنزل:

أقل من 2 من 2-4 من 4-6

8) هل أحد أفراد الأسرة بارتكاب مخالفة قانونية في الماضي؟

نعم كلا

إذا كان الجواب نعم:

ما هي التهمة وهل أدخل
السجن؟

سابعا: بيانات الأصدقاء:

هل لك أصدقاء؟

نعم كلا

هل هم من طبقة غنية؟

نعم لا

(3) هل يتعاطى رفاقك:

المسكرات المخدرات التدخين لعبة القمار

(4) ما هو وضعك بين أصدقائك؟

فائد عادي منفاذ

(5) هل من هؤلاء الرفاق من سبق أن ارتكب تهمة ما؟

نعم كلا
..... إذا كان الجواب "نعم" ، ما هي التهمة؟

(6) هل سبق وان تعرضت أنت الى اعتداء جنسي عليك ومن قبل شخص ما؟ نعم كلا

- من كان هذا الشخص؟ قريب صديق من العائلة من خارج العائلة

- من كان معه؟ بمفرده مع آخرين

- من كان الشخص الأول الذي اخبرته عن الحدث؟ أخ أب صديق لم أخبر أحد

- ماذا فعل بك أثناء الاعتداء؟ هل كان تحرش بسيط؟ هل كان اعتداء جنسي؟

- ماذا عملت بعد الحدث؟

- متى حدث الاعتداء؟ تاريخ الاعتداء لو تذكر؟ الوقت صباحاً مساءاً

- تاريخ آخر حادث مشابه؟

- كيف اثر الحادث على طبيعة حياتك؟ اشرح

- هل أحد اخبرك أن تسكت عن الموضوع ولا تتحدث لأحد عنه؟

- اذا كان الجواب بنعم فمن قال لك ذلك؟

- هل تشعر ان ذلك الاعتداء الجنسي عليك غير مجرى حياتك؟ اشرح أو حدد في كلمات قليلة كيف

- هل وجدت من ساعدك ودعمك لتجاوز هذه المحنـة التي فيها أنت ومن؟

- بأختصار قل لي أوصـف ماحدثـ كـيف وـمتى وـأين وـمن كانـ أولـ من أعتـدى وـتعرضـ عليكـ جـنسـياـ وكـيفـ أثـرـ ذلكـ فيـ سـلوـكـ الشـخصـيـ وـتعـاملـكـ معـ الآخـرـينـ؟ أـذـكرـ ماـحدـثـ وكلـ مـانـتـكـرـهـ عنـ الـأـمـرـ وـكـيفـ أـثـرـ علىـ مشـاعـرـكـ. تـذـكـرـ ماـحدـثـ منـ الـبـداـيـةـ لـالـنـهاـيـةـ. صـفـ الـمـوـضـوـعـ.

ثامـناـ: قـضـاءـ وـقـتـ الفـرـاغـ:

- (1) أين تقضـيـ وقتـ الفـرـاغـ؟
 (أ) المقـهى
 (ب) السـينـما
 (ج) المنـزـل
.....
(هـ) أـخـرىـ، حـدـدـ:.....

هل تـشـاهـدـ أـفـلـامـ سـيـنـمـاـيـةـ؟

كـلاـ نـعـمـ

- إذاـ كانـ الجـوابـ "نعمـ"ـ،ـ ماـ نوعـ تـلـكـ الأـفـلـامـ؟
 الأـفـلـامـ:
كرـاتـيهـ بـولـيسـيـةـ اـجـتمـاعـيـةـ
 نفسـيـةـ دـينـيـةـ جـنسـيـةـ

(3) هل كانتـ هـذـهـ الأـفـلـامـ تـرـكـ لـدـيـكـ أـثـرـاـ وـاضـحاـ؟

- نعمـ كـلاـ
نعمـ هلـ تـقـرـأـ مجلـاتـ وـكتـبـ؟
.....
نعمـ كـلاـ

إذاـ كانـ الجـوابـ "نعمـ"ـ،ـ ماـ نوعـ تـلـكـ الكـتبـ؟

- عـاطـفـيـةـ جـنسـيـةـ تـارـيـخـيـةـ اـجـتمـاعـيـةـ
.....
أـخـرىـ،ـ حـدـدـ:.....

تـاسـعاـ: التـهمـةـ المـرـتكـبةـ:

- (1) منـ الـذـيـ أـثـرـ عـلـيـكـ وـدـفـعـكـ لـهـذـاـ الـعـلـمـ؟
 الأـصـدـقاءـ الـظـرـوفـ الـاقـتصـادـيـةـ الـحـالـةـ الـنـفـسـيـةـ

كـلاـ

الـظـرـوفـ الـاجـتمـاعـيـةـ

هلـ قـمـتـ بـالـفـعـلـ وـأـنـتـ مـقـطـعـ بـهـ؟

نـعـمـ

إذاـ كانـ الجـوابـ "نعمـ"ـ،ـ ماـ سـبـبـ اـقـتـاعـكـ؟

4. هل قمت بالفعل وأنت بتمام القدرة العقلية أم بطريقة لا شعورية؟
_____بطريقة لا شعورية
_____كامل القوى العقلية

5) هل كنت عالماً بمدى خطورة الفعل؟ نعم كلاً

6) لو كنت تعلم النتيجة مسبقاً سواء: غرامة مالية ، سجن
هل تقوم بهذا الفعل؟
نعم لا

7) هل شعرت بالندم عند قيامك بهذا الفعل؟
نعم لا

8) هل سبق لك أن دخلت إصلاحية؟

نعم لا

إذا كان الجواب "نعم"، ما هي التهمة:

٩) ما موقف المجتمع ونظرته ل فعلتك هذه؟

سليمة عادية

ما موقفك من المجتمع؟

لا مبالغة سبيئي عادي

(10)

(11) ما هي الصعوبات التي ستواجهك بعد الخروج من المركز؟
.....
حدد هذه الصعوبات:

(12) هل تعتقد أن بإمكانك البدء من جديد بحياة جديدة؟
نعم لا

إذا كان الجواب لا، ما هي الأسباب؟

هل ستعود لعملك هذا مرة أخرى؟
نعم لا

القسم الأخير: الأوضاع العامة في السجن أختر الأحكام بوضعه علامه ✓

١ دخلت السجن

(1) منذ أيام (2) منذ شهر
(3) قبل 6 شهور (4) قبل سنة
(5) قبل 3 سنوات (6) أكثر من 5 سنوات

٢. ما عدد مرات دخولك السجن:

- (1) لأول مرة
 (2) مرتان
 (3) ثلاثة مرات
 (4) أكثر

3. هل قرأت عليك لواحة السجن من تعليمات وقوانين حال دخولك السجن؟

لا (2) نعم (1)

4. هل تقدم عادة بعض التوجيهات والنصائح قبل أن يغادر السجين السجن؟

لا (2) نعم (1)

5. بماذا تصف المسؤولين عن السجن بالإشارة إلى الحالة التي تناسب كلا منها الصفات التالية؟

لا اعرف	لا أوافق	لا أوافق مطلقاً	أوافق	أوافق تماماً	
					إن المسؤولين عن السجن عادلون
					يهتمون بواجبهم
					متواضعون رحماء
					يحترمون السجناء
					4

6. أعط رأيك في موجودات ولوازم السجن التالية بالإشارة إلى درجة موجوديتها؟

لا اعرف	غير مقبولة	مقبولة	جيده	جيده جداً	
					الوجبات الغذائية
					الرعاية الصحية والنظافة
					برامج الإرشاد الديني
					البرامج التعليمية
					البرامج الرياضية
					البرامج الترفيهية والحلقات
					التدريب المهني
					7

7. تتصف المحاضرات والتوجيهات بأنها؟

مطافئاً لا اعرف غير مفيدة مفيدة غير مفيدة مفيدة جداً مفيدة جداً

8. تتصف التعليمات والأوامر بأنها؟

صارمة جداً صارمة غير مقبولة مقبولة

9. عندما يظلمك أحد المسؤولين في السجن فإنك تشتكى؟

أوافق بشدة لا أوافق بشدة لا اعرف

ما يتعلّق بالجرائم المركبة

١. ما مدى رضاك أو عدمه عن جريمتك التي أدخلتك السجن؟

٢. ما مدى رضاك أو عدمه عن العبارات التالية

راضٰ جداً راضٰ غير راضٰ غير راضٰ غير متأكد

?..... .3

? 4

5. ما مدى مخالفتك أو موافقتك على الأسباب التي دعتك لمخالفة القانون؟

لا اعرف	غير موافق	لا أوفق بشدة	أوفق	أوفق بشدة	
					النشاء في أسرة فقيرة
					النشاء في أسرة مفككة
					الجهل وعدم التعلم
					الحياة في المدينة
					الحياة في القرية
					عدم وجود عمل
					مراجعة النفس

6. لو طلب منك زملائك في السجن القيام بعمل يخالف تعليمات السجن فماذا تفعل؟

لا أعرف لا أبلغ عنهم لا أوافقهم أتفقهم

7. أعط رأيك في العبارات التالية؟

لا اعرف	لا اوافق بشدة	لا اوافق	موافق	موافق جداً	
				يجب على الإنسان إطاعة القانون	1
				يطيع الإنسان القوانين التي ترضيه فقط	2
				لا مانع من مخالفة القانون ما دامت المخالفة لا تدخل السجن	3

٨. إن معرفة أفراد أسرتك بموعد خروجك من السجن؟

<input type="checkbox"/>	<input type="checkbox"/>	غير	<input type="checkbox"/>	ضرورية	<input type="checkbox"/>	ضرورية جداً
			<input type="checkbox"/>	لا اعرف	<input type="checkbox"/>	ضرورية غير ضرورية أبداً

٩. هل تتوقع أن أحد أفراد سرتاك ينتظر خروجك من السجن؟

تقريباً **بكل تأكيد** **بالتأكيد** **لا أعتقد**

10 هل أنت مطمئن على أسرتك وأنت في السجن؟

مطمئن حداً مطمئن مطمئن غير مطمئن غير مطمئن أبداً لا اعرف

11. ما هو أول عمل تقوم به حال خروجك من السجن:

- | | | |
|-----------------------|--------------------------|--------------------------|
| (1) رؤية الأسرة | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) رؤية الأصدقاء | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) التجول في المدينة | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) ارتكاب جريمة | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) لا أعرف | <input type="checkbox"/> | <input type="checkbox"/> |
- نظرًا لدخولك السجن هل ستجد عملاً بعد خروجك منه؟
- .12
- لا أعرف يُستحيل يمكن لا يمكن بالتأكيد
- من الضروري إيجاد جمعية وطنية لرعاية المفرج عنهم؟
- .13
- غير ممكناً أعرف ضروري غير ضروري
- إن ثقة أصدقائك بك ستبقى؟
- .14
- لا أدرى ضعيفة جداً خفيفة قوية جداً قوية

الأنشطة داخل السجن

أذكر الأنشطة التي تقوم بها في السجن؟

لا أعرف	لا أمارس أبداً	لا أمارس	ممارسة بسيطة	بشكل دائم	
					أتعلم حرفة ما
					1 أقرأ في مدرسة السجن
					2 استمع إلى قصص عن المسجونين
					3 أتحدث إلى المسجونين
					4 العب الورق
					5 العب رياضة
					6 أقرأ القرآن وأصلي
					7 أقرأ قصة أو كتاب
					8 لا أعمل شيئاً
					9 أنام كثيراً
					10 هل تقبل أن تأخذ عقاباً لسجين غيرك؟

- .16
- أقبل لا أقبل بالتأكيد لا أقبل أبداً لا أدرى
- هل تقول أسرارك الخاصة لأصدقائك في السجن؟
- .17
- لا يمكن أقولها أقولها بالتأكيد ممكن أقولها لا أدرى
- هل ستبقى لك علاقة مع أصدقائك في السجن؟
- .18
- لا أعرف لا يمكن ضروري ضروري جداً

هل الأشخاص التالية أسماؤهم يزورونك في السجن؟	
والديك	1

				أخوانك وأخواتك	2
				زوجتك وأولادك	3
				أبناء عموتك	4
				أقرباء آخرون	5
				أصدقاءك	6

.20 ما هو رأيك في عدد الزيارات والزوار إليك؟

لا أدرى <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	كافية جداً
لا أدرى <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	غير كافية/كثيرة
لا أدرى <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	كم تكون سعيداً بزيارة زوارك؟
لا أعرف <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	سعيد جداً
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	سعيد <input type="checkbox"/> غير سعيد <input type="checkbox"/> أتصابق
			متمدٍ مراسلاتك لذويك <input type="checkbox"/>
لا ضرورة <input type="checkbox"/>	لا أرسلهم <input type="checkbox"/>	أرسلهم كثيراً <input type="checkbox"/>	هل تصلك رسائل من ذويك؟
بشكل مستمر لا يصلنيلا يصلني إطلاقاً <input type="checkbox"/>	لا أدرى <input type="checkbox"/>	يشكل مستمر جداً <input type="checkbox"/>	.23

Appendix C بشكل مستمر لا يصلنيلا يصلني إطلاقاً لا أدرى

يشكل مستمر جداً

Participant

information sheet



Title of Research: 'An investigation into parental attachment and other risk factors associated with delinquency and criminal behaviour among young offenders in the UAE: The impact of rehabilitation, child protection measures and strategic plan on reoffending trends' Nasser Al-Nuaimi

PhD Student, London Metropolitan University

Dear participant,

You are invited to take part in a research study. This PhD research project is carefully planned to investigate the risk factors associated with juvenile delinquency. Please read the below information carefully and discuss it perhaps with your parents or guardians if you wish. You are welcome to contact the researcher, see contact information, should you need more information. Take your time in deciding whether you would like to volunteer and take part in this study.

Why is this study being done?

This study is being carried out to help the researcher to learn more about factors associated with juvenile delinquency. It is hoped to help the researcher understand whether factors such as parenting styles and prior trauma experience and other factors do associate with juvenile delinquency.

Why have I been asked to take part?

The study is intending to include volunteer participants remanded in the rehabilitation centre and hence answer three set of questionnaires should they like to participate voluntarily.

Do I have to take part?

No, you do not have to take part in the study. It is entirely your choice. Your rights will not be violated in any way. Should you decide to take part, you will need to check with your parents, guardians or the organisation manager, because they need to give you permission, this is in addition to your consent.

Can I pull out of the study at any time?

You can pull out of the study at any time you like. No questions will be asked as to why you want to pull out, and any information you have given us will be destroyed.

What will happen to me if I take part?

If you would like to take part and your parent/guardian and the manager of the rehabilitation centre agree to this, they will have to fill out a consent form, which needs to be returned to the researcher. Then you will be invited to attend a short meeting, and you will have a chance to meet the researcher and ask any questions. If you are still happy to take part, you will be asked to sign a consent form as well. Shortly after this, you will be invited to take part and give answers to questions that will be asked.

When and where will the study take place?

The study will be carried out in the rehabilitation centre. You will be notified of the date and asked whether you are able to attend. The study will take place in the morning hours; the time needed will last between 30 and 45 minutes.

What if I can't answer the questions, or do not want to answer the questions?

You do not have to answer the questions that the researcher asks you and those presented in the survey. If you are unsure of how to answer a question, or if you do not want to give an answer, the researcher will not put any pressure on you, but will go on to the next question. Remember that you are able to pull out of the study at any time.

What will happen to the questionnaire and the answers that I have given?

The questionnaires with the answers that you have given will be stored safely and securely with the researcher at home. They will be destroyed once the study has been marked and completed. Any data required for publication will be kept for 5 years, after this they will be destroyed. The data will be read by the university staff, when marking. However, anything that reveals the identity of the individual will not be disclosed to anyone else.

Will anyone know what I have said or that I have taken part?

Nobody, apart from your parents, guardians and the manager of the rehabilitation centre will know that you have taken part in this study. The study will take place in a room allocated for it, so nobody will hear what is being said. All the questionnaires will be carefully and securely locked up. All the information that identifies you in the questionnaires will be removed and kept separate from the

consent and the assent forms. All information on the forms will not be available to anyone else. If you pull out of the study, all the information you have given will be destroyed. The only time when your details will be disclosed is if the researcher thinks you are at risk of harm or if you wish to get help with anything that is concerning you. In this case, the centre will be notified.

Is this study safe to do?

The study has been checked and approved by Research Ethics Review Panels at Ministry of Interior UAE and London Metropolitan University. This means that they are satisfied that the study follows the ethical guidelines provided by the professional body

What if I have concerns and worries about the study?

If you have any concern about the study or the researcher, please contact Dr Amer Hosin, the Project Supervisor at London Metropolitan University (see contact information below). Thank you very much for taking the time to read this information sheet and thinking about taking part in the study.

Yours sincerely,

Nasser Al-Nuaimi

PhD Student, London Metropolitan University

Contact information

Dr Amer Hosin (Project Supervisor)

Nasser Al Nuaimi

Address: London Metropolitan University

Email: [REDACTED]

Email: [REDACTED]

Tel: [REDACTED]

Appendix D



Participant consent form

Title of the PhD Research Project 'An investigation into parental attachment and other risk factors associated with delinquency and criminal behaviour among young offenders in the UAE: The impact of rehabilitation, child protection measures and strategic plan on reoffending trends'

I have been given time to read the information sheet and I am aware of the time needed to complete the questionnaires, as well as my right to withdraw at any time without having to state a reason. I understand that my participation is voluntary and I am aware of what my participation will involve.

I also understand that there are no risks involved in the participation of this study.

All my queries and questions that I have about the research have been addressed 'answered' satisfactorily.

I agree to participate and give my consent to be involved in the study

Participant's signature:

Participant's name (please print):

Date:

Appendix E



Debriefing sheet for participants

'An investigation into parental attachment and other risk factors associated with delinquency and criminal behaviour among young offenders in the UAE: The impact of rehabilitation, child protection measures and strategic plan on reoffending trends'

Dear participant,

Thank you very much for volunteer participating in this study. The aim of this PhD research is to investigate parental attachment and other risk factors associated with delinquency among young offenders in the UAE; and the impact of rehabilitation, child protection measures and strategic plan on reoffending trends.

This PhD research will be carried out with a sample of young offenders in the UAE. The main questions/aims that are addressed in this research investigation are as follows:

- (i) To what extent do early childhood deprivation and negative experience including child-parent separation, maltreatment, abuse and other traumatic exposure impact on developing children; and thus increase the experience of challenging behaviour and juvenile delinquency?
- (ii) Are there any associations between insecure attached characteristics, neglect, maltreated children and juvenile delinquency?
- (iii) Are detained and reoffending juvenile delinquents in the UAE more likely than others to have experienced insecure attachments, suffered separation, neglect or child abuse during their formative years?
- (iv) Do juvenile delinquents detained in the UAE suffer any level of post-traumatic stress symptomology and to what extent do males and females differ in the manifestation of such symptoms?

It is hoped that the research findings emerging from this investigation will offer assistance in identifying mental health needs of children who have been exposed to early childhood trauma; and hence address appropriate policies and future strategies for this fast growing and developing area.

The answers to these questionnaires are completely anonymous and the data from the study are treated in a completely confidential way. The data will be exclusively used for my research project and will never be used for any other purpose. Participants can withdraw at any time and their data will be destroyed.

Answering the questionnaires on parenting, previous trauma experience and addressing personal issues can be distressing and may provoke anxiety in some people and circumstances. If after the completion of this survey you feel you may need any kind of advice regarding your well-being as a result of the participation in this study feel free to contact me by email or telephone as I can provide you with information about resources and institutions that may be helpful.

If you would like to know the results of this research work or if you have any question about the study, feel free to contact me at Nasser1@yahoo.com and I will be delighted to let you know the main findings of my study or address questions you may want to raise.

I really appreciate your participation in this study and I would like to thank you for taking your time to complete the survey. Many thanks

Sincerely,
Nasser Al-Nuaimi
PhD Student, London Metropolitan University

Appendix F



Information sheet for manager of the rehabilitation centre

Dear Manager,

I am currently studying for a PhD award at London Metropolitan University. I am conducting research work entitled 'An investigation into parental attachment and other risk factors associated with delinquency and criminal behaviour among young offenders in the UAE: The impact of rehabilitation, child protection measures and strategic plan on reoffending trends'.

I am therefore looking for participants to form the sample of my PhD research work. This study has been approved by the Research Ethics Review Panel at London Metropolitan University and Ministry of Interior UAE.

The aim of the study is to investigate juvenile delinquency and important risk factors associated to delinquency. Absolutely no inappropriate information will be administered to the participants as the study has been ethically approved.

In order to achieve the aims of this study, young offenders remanded in the rehabilitation centre will be asked to complete three sets of questionnaires which take approximately 30–45 minutes each to complete during one class period. It is important that you are aware that if participants wish to withdraw from the survey at any time, they can do so, without having to state a reason. Confidentiality will be maintained throughout.

If there are any questions you would like to ask about the study, please feel free to do so by contacting me at Nasser1@yahoo.com; I will be happy to answer any question you may have. If you allow volunteer young offenders remanded in the centre to take part in this study, please read and signed the consent form below.

Thank you very much for your time

Sincerely,
Nasser Al-Nuaimi
PhD Student, London Metropolitan University

Appendix G



Collaborating organisation approval to be signed by the manager

Title of the PhD Research Project: 'An investigation into parental attachment and other risk factors associated with delinquency and criminal behaviour among young offenders in the UAE: The impact of rehabilitation, child protection measures and strategic plan on reoffending trends'

Volunteer Participant Name:

Collaborating Organisation Manager Name and Address:

Tel No if available:

Date:

I, the undersigned, have given permission for the above research work to be conducted at our rehabilitation centre. I have been fully briefed as to the nature of the project and the requirements for obtaining a suitable sample and administration of the questionnaires and agree this can be undertaken in this organisation. All ethical implications that might affect the organisation's reputation and the well-being of its employees and significant third parties have been discussed; and where necessary appropriate action taken. The participants has been and/or will be briefed on health, well-being and safety procedures in the organisation.

Signed

Position in organisation:

Date:

Appendix H



Information sheet for parent/guardian

Title of the PhD Research Project: 'an investigation into parental attachment and other risk factors associated with delinquency and criminal behaviour among young offenders in the UAE: The impact of rehabilitation, child protection measures and strategic plan on reoffending trends'

Dear parent/guardian:

I am currently studying for a PhD award at London Metropolitan University. I am conducting my research thesis on Risk Factors Associated with Delinquency. As indicated above, this study has been approved by the Research Ethics Review Panel at the AD Police and Ministry of Interior UAE; and fulfilled the ethics requirements and guidelines established by the professional body.

The study is designed to investigate the risk factors associated with delinquency through three sets of questionnaires. In order to achieve the aims of this study participants are asked to complete three questionnaires. The completion of the survey will take approximately 30–45 minutes maximum each and it will take place in a classroom situation at the Rehabilitation Centre. Absolutely no inappropriate information will be administered to the participants as the study has been ethically approved. The questionnaires will be completely anonymous and confidentiality will be maintained throughout.

However, if during the completion of the survey, any participant(s) wishes to withdraw from the survey they can do so at any time without stating any reason. Also, if you wish to withhold your son from the survey you can do so at any time, without having to state a reason. If there are any questions you would like to ask about the study, please feel free to do so by contacting me at Nasser1@yahoo.com I will be happy to answer any question or concern you may have.

If you allow your son to take part in this study, please read and signed the consent form below. Thank you very much for your time

Sincerely,

Nasser Al-Nuaimi
PhD Student, London Metropolitan University

Appendix I



Parent/guardian consent form

Title of the Research Project: ‘An investigation into parental attachment and other risk factors associated with delinquency and criminal behaviour among young offenders in the UAE: The impact of rehabilitation, child protection measures and strategic plan on reoffending trends’

Please circle either YES or NO:

- 1) I have read the information sheet about this study
YES NO

2) I have received enough information about this study
YES NO

3) I shall have further opportunity to ask questions and possibly discuss matters with the research
should I needed to
YES NO

4) I understand that my son is free to withdraw from this study
– at any time
– without giving a reason
– and with no implications
YES NO

5) I do agree to allow my son to take part in this study
YES NO

Signed:

Name Printed:

Date:

Appendix J
Parental Attachment Questionnaire (PAQ)

BOSTON COLLEGE
CHESTNUT HILL, MASSACHUSETTS 02167
School of Education

DEPARTMENT OF COUNSELING, DEVELOPMENTAL
PSYCHOLOGY, AND RESEARCH METHODS
Campion 307
(617)552-4030
Fax (617)552-8419

Dear Colleague:

You have my permission to reproduce and use the Parental Attachment Questionnaire for research purposes. Please send me a copy of your findings to include in the compendium of studies using the PAQ.

Sincerely,

Maureen Kenny, Ph.D.
Associate Professor
Department of Counseling, Developmental
Psychology and Research Methods
Boston College

Scoring Instructions (3/94) for the Parental Attachment Questionnaire
c 1985 M. Kenny Ph.D.

Recode the following questions [(1=5), (2=4), (4=2), (5=1)] where the first number is the respondent's answer, and the second number is the value to which it should be recoded. Questions to be recoded:

3 20 29 41

6 22 31 43

10 23 33 47

11 25 34 52

14 26 35 53

16 18 27 38

55

Scale 1: Affective Quality of Relationships /

1 26 35 52

2 28 36 53

4 29 37 55

14 30 38

16 31 40

20 32 41

21 33 42

22 34 43

Scale 2: Parents as Facilitators of Independence /

5 15

6 17

8 18

9 23

10 24

11 25

13 27

Scale 3: Parents as Source of Support /

3 44 50

7 46 51

12 47 54

19 48

39 49

The following pages contain statements that describe family relationships and the kinds of feelings and experiences frequently reported by young adults. Please respond to each item by filling in the number on a scale of 1 to 5 that best describes your parents, your relationship with your parents, and your experiences and feelings. Please provide a single rating to describe your parents and your relationship with them. If only one parent is living, or if your parents are divorced, respond with reference to your living parent or the parent with whom you feel closer.

1 Not at All (0-10%)	2 Somewhat (11-35%)	3 A Moderate Amount (36-65%)	4 Quite A Bit (66-90%)	5 Very Much (91-100%)
----------------------------	---------------------------	------------------------------------	------------------------------	-----------------------------

In general, my parents.... . .

- 1. are persons I can count on to provide emotional support when I feel troubled.
- 2. support my goals and interests.
- 3. live in a different world.
- 4. understand my problems and concerns.
- 5. respect my privacy.
- 6. restrict my freedom or independence.
- 7. are available to give me advice or guidance when I want it.
- 8. take my opinions seriously.
- 9. encourage me to make my own decisions.
- 10. are critical of what I can do.
- 11. impose their ideas and values on me.
- 12. have given me as much attention as I have wanted
- 13. are persons to whom I can express differences of opinion on important matters.
- 15. have provided me with the freedom to experiment and learn things on my own.
- 16. are too busy or otherwise involved to help me.
- 17. have trust and confidence in me.
- 18. try to control my life.
- 19. protect me from danger and difficulty
- 20. ignore what I have to say.
- 21. are sensitive to my feelings and needs
- 22. are disappointed in me.
- 23. give me advice whether or not I want it.
- 24. respect my judgment and decisions, even if different from what they would want.
- 25. do things for me, which I could do for myself.
- 26. are persons whose expectations I feel obligated to meet.

<http://www2.bc.edu/~kennym/PAQ.html>

05/26/2010

14 have no idea what I am feeling or thinking. 27. treat me like a younger child.
 (go to next column)

1 Not at All (0-10%)	2 Somewhat (11-35%)	3 A Moderate Amount (36-65%)	4 Quite A Bit (66-90%)	5 Very Much (91-100%)
----------------------------	---------------------------	------------------------------------	------------------------------	-----------------------------

During recent visits or time spent together, my parents were persons...

28. I looked forward to seeing. 36. to whom I enjoyed telling about the things I have done and learned.
 29. with whom I argued. 37. for whom I felt a feeling of love.
 30. with whom I felt relaxed and comfortable. 38. I tried to ignore.
 31. who made me angry. 39. to whom I confided my most personal thoughts and feelings.
 32. I wanted to be with all the time. 40. whose company I enjoyed.
 33. towards whom I felt cool and distant. 41. I avoided telling about my experiences.
 34. who got on my nerves.
 35. who aroused feelings of guilt and anxiety.
 (go to next column)

Following time spent together, I leave my parents...

42. with warm and positive feelings. (go to next 43. feeling let down and disappointed by my column) family.

When I have a serious problem or an important decision to make...

44. I look to my family for support, encouragement, and/or guidance. 47. I work it out on my own, without help or discussion with others.

45. I seek help from a professional, such as a therapist, college counselor, or clergy.
46. I think about how my family might respond and what they might say.(go to next column)
- 48 I discuss the matter with a friend.
49. I know that my family will know what to do.
50. I contact my family if I am not able to resolve the situation after talking it over with my friends.

When I go to my parents for help...

51. I feel more confident in my ability to handle the problems on my own.
52. I continue to feel unsure of myself.
53. I feel that I would have obtained more understanding and comfort from a friend. (go to next column)
54. I feel confident that things will work out as long as I follow my parent's advice.
55. I am disappointed with their response.

Appendix K Children's PTSD Inventory



Philip A. Saigh

Examinee #

Sex: Male Female Telephone N/A

Address PARISH :

School N/A Grade N/A

Referring Party (optional) N/A

Examiner _____ Telephone N/A

Date Tested	Year	Month	Day
Date of Birth			
Age			

Diagnosis

CHECK (✓) one of the following:

- PTSD Negative
- Acute PTSD
- Chronic PTSD
- Delayed Onset PTSD
- No Diagnosis*

*This description is reserved for the Examinee who does not acknowledge that he or she experienced, saw, or was confronted by an event that involved actual or potential serious injury, death, or a threat to the bodily integrity of the Examinee or other individuals, despite documented evidence to the contrary.

A1. Exposure

SAY: Sometimes very scary things can happen to young people. Some of them have been badly beaten or taken away from their parents. Others have been hurt in accidents or fires. Sometimes people have done bad things to the private parts of young people. Children and teenagers have also been hurt in wars. Others have seen people who were badly injured or killed in their homes or neighborhoods.

1a. SAY: Has a very scary thing happened to you?

CHECK: Yes No

If No, and the Examiner has no reason to believe that the Examinee was exposed to a significant stressor, TURN to page 2 and PRESENT Question 2a.

If Yes, SAY: Tell me about it.

RECORD the Examinee's statement verbatim. _____

PEARSON

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8 9 10 11 12 13 14 15 16 17 18 A B C D E 280945-1 321

PsychCorp

Product Number: 0154038296

NOTE: If the Examinee previously informed the Examiner about an incident wherein he or she was exposed to an event that involved actual or potential serious injury, death, or a viable threat to his or her bodily integrity, and if an equivocal or non-highly stressful experience is presented, SAY: **A while ago you told me . . .** (briefly describe the incident). **Can you tell me about this again?** If the Examinee does so, RECORD the statement verbatim in the space provided. If the Examiner was advised by a referring party or an objective source of information that the Examinee was exposed to an extreme form of stress and fails to acknowledge or is unable to recall the event, SAY: **Mr./Ms./Dr./Your records** (name the referring party or specific agency record) **told me/indicate . . .** (briefly describe the event). **Can you tell me about this?** If the Examinee does so, RECORD the statement verbatim in the space provided. Should the Examinee continue to deny exposure to a reported event or if he or she does not recall the event, DISCONTINUE the evaluation and engage the Examinee in a non-threatening conversation to facilitate rapport. If rapport is established, the Examiner should attempt to discuss the reported incident with the Examinee. If these efforts are successful, READMINISTER item 1a. Should the Examinee refuse to acknowledge the incident or is unable to recall the event, DISCONTINUE the evaluation and RECORD **No Diagnosis** on page 1. Otherwise, CONTINUE the evaluation.

SAY: **When did this happen?**

NOTE: Young children may be unable to accurately gauge time. If this occurs, SECURE an estimate from the referring party or from an objective source of information after the interview.

RECORD: Year _____ Month _____

DETERMINE if the Examinee experienced or was confronted by an event that involved actual or potential serious injury, death, or a threat to his or her bodily integrity.

CHECK: Yes No

1b. SAY: Did another very scary thing happen to you?

CHECK: Yes No

If No, and the Examiner has no reason to believe that the Examinee experienced another significant stressor, PRESENT Question 2a.

If Yes, SAY: **Tell me about it.**

RECORD the Examinee's statement verbatim. _____

SAY: **When did this happen?**

NOTE: If it is apparent that the Examinee cannot provide an accurate date for the event, SECURE an estimate from the referring party or from an objective source of information after the interview.

RECORD: Year _____ Month _____

DETERMINE if the Examinee experienced or was confronted by an event that involved actual or potential serious injury, death, or a threat to his or her bodily integrity.

CHECK: Yes No

2a. SAY: Have you seen a very scary thing happen to someone else?

CHECK: Yes No

If No, and the Examiner has no reason to believe that the Examinee observed a significant stressor, TURN to page 4 and SCORE Section A1.

If Yes, SAY: **Tell me about it.**

RECORD the Examinee's statement verbatim. _____

NOTE: If the Examinee previously informed the Examiner about an incident wherein he or she observed an event that involved actual or potential serious injury, death, or a viable threat to the bodily integrity of others, and if an equivocal or non-highly stressful experience is presented, SAY: **A while ago you told me . . .** (briefly describe the incident). **Can you tell me about this again?** If the Examinee does so, RECORD the statement verbatim in the space provided. If the Examiner was advised by a referring party or an objective source of information that the Examinee observed an extreme form of stress and he or she fails to acknowledge or is unable to recall the event, SAY: **Mr./Ms./Dr./Your records** (name the referring party or specific agency record) **told me/indicate . . .** (briefly describe the event). **Can you tell me about this?** If the Examinee does so, RECORD the statement verbatim in the space provided. Should the Examinee continue to deny exposure to a reported event or if he or she does not recall the event, DISCONTINUE the evaluation and engage the Examinee in a non-threatening conversation to facilitate rapport. If rapport is established, the Examiner should attempt to discuss the reported incident with the Examinee. If these efforts are successful, READMINISTER item **2a**. Should the Examinee refuse to acknowledge the incident or is unable to recall the event, DISCONTINUE the evaluation and RECORD **No Diagnosis** on page 1. Otherwise, CONTINUE the evaluation.

SAY: **When did this happen?**

RECORD: Year _____ Month _____

NOTE: If it is apparent that the Examinee cannot provide an accurate date for the event, SECURE an estimate from the referring party or from an objective source of information after the interview.

DETERMINE if the Examinee observed an event that involved actual or potential serious injury, death, or a threat to the bodily integrity of others.

CHECK: Yes No

2b. SAY: Did you see another very scary thing happen to someone else?

CHECK: Yes No

If No, and the Examiner has no reason to believe that the Examinee observed a significant stressor, TURN to page 4 and SCORE Section **A1**.

If Yes, SAY: **Tell me about it.**

RECORD the Examinee's statement verbatim. _____

SAY: **When did this happen?**

RECORD: Year _____ Month _____

NOTE: If it is apparent that the Examinee cannot provide an accurate date for the event, SECURE an estimate from the referring party or from an objective source of information after the interview.

DETERMINE if the Examinee observed an event that involved actual or potential serious injury, death, or a threat to the bodily integrity of others.

CHECK: Yes No

A1. Exposure Scoring

1. If the Examinee said No to Questions 1a, 1b, 2a, and 2b, RECORD a 0 in the scoring box, TURN to page 1, CHECK PTSD Negative, and DISCONTINUE the evaluation.
2. If the Examinee's verbatim statement did not involve exposure to a significant stressor, RECORD a 0 in the scoring box, TURN to page 1, CHECK PTSD Negative, and DISCONTINUE the evaluation.
3. If the Examinee said Yes to Questions 1a, 1b, 2a, or 2b, and if the Examiner determined that the Examinee was exposed to a significant stressor, RECORD a 1 in the scoring box, and CONTINUE the evaluation.

A1. Exposure Score

A2. Situational Reactivity

1. SAY: Were you very scared when this happened?
2. SAY: Did you feel very upset when this happened?
3. SAY: Did you feel that you could not do anything to stop this from happening?
4. SAY: Did you move around a lot or talk more than you usually do when this happened?

CHECK: Yes No

CHECK: Yes No

CHECK: Yes No

CHECK: Yes No

A2. Situational Reactivity Scoring

1. If the examinee said No to questions 1, 2, 3, and 4, RECORD a 0 in the scoring box, TURN to page 1, CHECK PTSD Negative, and DISCONTINUE the evaluation.
2. If the Examinee said Yes to Questions 1, 2, 3, or 4, RECORD a 1 in the scoring box and CONTINUE the evaluation.

A2. Situational Reactivity Score

B. Reexperiencing

- 1a. SAY: Are you having a lot of upsetting thoughts about what happened?

CHECK: Yes No

If Yes, SAY: Have these thoughts been bothering you for more than a month?

CHECK: Yes No

- 1b. SAY: Do pictures about what happened to you keep popping into your head?

CHECK: Yes No

If Yes, SAY: Has this been happening for more than a month?

CHECK: Yes No

- 1c.** SAY: **Have you been playing games or drawing pictures about what happened?**
 If Yes, SAY: **Have you been doing this for more than a month?**
 CHECK: Yes No
- 2a.** SAY: **Are you having a lot of bad dreams about what happened?**
 If Yes, SAY: **Have you been having these dreams for more than a month?**
 CHECK: Yes No
 CHECK: Yes No
- 2b.** SAY: **Have you been having bad dreams that you are not able to remember after you wake up?**
 If Yes, SAY: **Have you been having these dreams for more than a month?**
 CHECK: Yes No
 CHECK: Yes No
- 3.** SAY: **Do you sometimes feel as if your bad experience is happening all over again?**
 If Yes, SAY: **Have you been having these feelings for more than a month?**
 CHECK: Yes No
 CHECK: Yes No
- 4.** SAY: **Do you become very upset if you see or think about people, places, or things that remind you about what happened?**
 If Yes, SAY: **Have you been feeling this way for more than a month?**
 CHECK: Yes No
 CHECK: Yes No
- 5a.** SAY: **If you see or think about people, places, or things that remind you about what happened, do your hands feel sweaty?**
 If Yes, SAY: **Has this been happening for more than a month?**
 CHECK: Yes No
 CHECK: Yes No
- 5b.** SAY: **If you see or think about people, places, or things that remind you about what happened, does your heart beat more quickly?**
 If Yes, SAY: **Has this been happening for more than a month?**
 CHECK: Yes No
 CHECK: Yes No
- 5c.** SAY: **If you see or think about people, places, or things that remind you about what happened, do you have trouble breathing?**
 If Yes, SAY: **Has this been happening for more than a month?**
 CHECK: Yes No
 CHECK: Yes No
- 5d.** SAY: **If you see or think about people, places, or things that remind you about what happened, do you get a bad feeling in your stomach?**
 If Yes, SAY: **Has this been happening for more than a month?**
 CHECK: Yes No
 CHECK: Yes No

B. Reexperiencing Scoring

NOTE: Single or multiple Yes responses to Items 1a–1c, 2a or 2b, and 5a–5d are to be scored as a single affirmative answer for the numerical item. See Chapter 2 for detailed information on how to score this section.

1. If the Examinee said No to Questions 1–5, RECORD a 0 in the scoring box, TURN to page 1, CHECK **PTSD Negative**, and DISCONTINUE the evaluation.
2. If the Examinee said Yes to one or more numerical items, and symptoms did not persist for more than a month, RECORD a 0 in the scoring box, TURN to page 1, CHECK **PTSD Negative**, and DISCONTINUE the evaluation.
3. If the Examinee said Yes to one or more of the numerical items and at least one of the symptoms persisted for more than a month, RECORD a 1 in the scoring box, and CONTINUE the evaluation.

B. Reexperiencing Score

C. Avoidance and Numbing

- 1a. SAY: **Have you been trying not to think about what happened?**

CHECK: Yes No

If Yes, SAY: **Have you been doing this for more than a month?**

CHECK: Yes No

- 1b. SAY: **Have you been trying not to have feelings about what happened?**

CHECK: Yes No

If Yes, SAY: **Have you been doing this for more than a month?**

CHECK: Yes No

- 1c. SAY: **Have you been trying not to talk about what happened?**

CHECK: Yes No

If Yes, SAY: **Have you been doing this for more than a month?**

CHECK: Yes No

- 2a. SAY: **Have you been trying to stop doing things that remind you about what happened?**

CHECK: Yes No

If Yes, SAY: **Have you been doing this for more than a month?**

CHECK: Yes No

- 2b. SAY: **Have you been trying to stay away from places that remind you about what happened?**

CHECK: Yes No

If Yes, SAY: **Have you been doing this for more than a month?**

CHECK: Yes No

- 2c. SAY: **Have you been trying to stay away from people that remind you about what happened?**

CHECK: Yes No

If Yes, SAY: **Have you been doing this for more than a month?**

CHECK: Yes No

3. SAY: **Are there parts of the experience that you have trouble remembering even when you try?**

CHECK: Yes No

If Yes, SAY: **Have you been unable to remember for more than a month?**

CHECK: Yes No

- 4a. SAY: Have you become less interested in seeing friends or being with people since you had the experience you told me about?
 CHECK: Yes No
 If Yes, SAY: Have you been feeling this way for more than a month?
 CHECK: Yes No
- 4b. SAY: Have you become less interested in doing things that you used to enjoy since you had the experience you told me about?
 CHECK: Yes No
 If Yes, SAY: Have you been feeling this way for more than a month?
 CHECK: Yes No
- 5a. SAY: Have you been feeling different from your classmates since this happened?
 CHECK: Yes No
 If Yes, SAY: Have you been feeling this way for more than a month?
 CHECK: Yes No
- 5b. SAY: Have you been feeling that you are not really involved with kids your age?
 CHECK: Yes No
 If Yes, SAY: Have you been feeling this way for more than a month?
 CHECK: Yes No
6. SAY: Has it become difficult for you to feel things or to show other people how you really feel since you had the experience that you told me about?
 CHECK: Yes No
 If Yes, SAY: Have you been feeling this way for more than a month?
 CHECK: Yes No
- 7a. SAY: Since this happened, have you changed your mind about what you want to do in the future? For example, have you changed your mind about what you want to do when you get older?
 CHECK: Yes No
 If Yes, SAY: Have you been feeling this way for more than a month?
 CHECK: Yes No
- 7b. SAY: Since this happened, have you changed your mind about getting married in the future?
 CHECK: Yes No
 If Yes, SAY: Have you been feeling this way for more than a month?
 CHECK: Yes No
- 7c. SAY: Since this happened, have you changed your mind about becoming a parent in the future?
 CHECK: Yes No
 If Yes, SAY: Have you been feeling this way for more than a month?
 CHECK: Yes No
- 7d. SAY: Since this happened, have you changed your mind about your chances of having a long life?
 CHECK: Yes No
 If Yes, SAY: Have you been feeling this way for more than a month?
 CHECK: Yes No

C. Avoidance and Numbing Scoring

NOTE: Single or multiple Yes responses to Items 1a–1c, 2a–2c, 4a or 4b, 5a or 5b, and 7a–7d are to be scored as a single affirmative answer for the numerical item. See Chapter 2 for detailed information on how to score this section.

1. If the Examinee said No to five or more numerical items, RECORD a 0 in the scoring box, TURN to page 1, CHECK PTSD Negative, and DISCONTINUE the evaluation.
2. If the Examinee said Yes to three or more numerical items, but only one or two symptoms persisted for more than a month, RECORD a 0 in the scoring box, TURN to page 1, CHECK PTSD Negative, and DISCONTINUE the evaluation.
3. If the Examinee said Yes to three or more of the numerical items and at least three symptoms persisted for more than a month, RECORD a 1 in the scoring box, and CONTINUE the evaluation.

C. Avoidance and Numbing Score

D. Increased Arousal

1. SAY: Since this happened, has it been difficult to go to sleep or stay asleep at night?

CHECK: Yes No

If Yes, SAY: Have you been having these problems for more than a month?

CHECK: Yes No

- 2a. SAY: Since this happened, have you been getting very angry?

CHECK: Yes No

If Yes, SAY: Have you been having these feelings for more than a month?

CHECK: Yes No

- 2b. SAY: Since this happened, have you been yelling at people?

CHECK: Yes No

If Yes, SAY: Have you been doing this for more than a month?

CHECK: Yes No

- 2c. SAY: Since this happened, have you been getting into fights?

CHECK: Yes No

If Yes, SAY: Have you been doing this for more than a month?

CHECK: Yes No

3. SAY: Since this happened, has it been difficult to pay attention in class or to carefully listen to what people are saying?

CHECK: Yes No

If Yes, SAY: Have you been having these problems for more than a month?

CHECK: Yes No

4. SAY: Since this happened, have you become very careful or watchful?

CHECK: Yes No

If Yes, SAY: Have you been doing this for more than a month?

CHECK: Yes No

5. SAY: Since this happened, do loud noises or sudden sounds make you jump or jerk?

CHECK: Yes No

If Yes, SAY: Have loud noises been bothering you for more than a month?

CHECK: Yes No

D. Increased Arousal Scoring

NOTE: Single or multiple Yes responses to Items 2a–2c are to be scored as a single affirmative answer for the numerical item. See Chapter 2 for detailed information on how to score this section.

1. If the Examinee said No to four or more numerical items, RECORD a 0 in the scoring box, TURN to page 1, CHECK PTSD Negative, and DISCONTINUE the evaluation.
2. If the Examinee said Yes to two or more numerical items, but only one symptom persisted for more than a month, RECORD a 0 in the scoring box, TURN to page 1, CHECK PTSD Negative, and DISCONTINUE the evaluation.
3. If the Examinee said Yes to two or more of the numerical items and at least two symptoms persisted for more than a month, RECORD a 1 in the scoring box, and CONTINUE the evaluation.

D. Increased Arousal Score

E. Significant Distress

1. SAY: **Have you been more upset than you used to be before this happened?**

CHECK: Yes No

If Yes, SAY: **Tell me about the way that you have been feeling.**

RECORD the Examinee's statement verbatim. _____

2. SAY: **Have you been having problems with your classmates or other children since your bad experience occurred?**

CHECK: Yes No

If Yes, SAY: **Tell me about these problems.**

RECORD the Examinee's statement verbatim. _____

3. SAY: **Have your grades in school gotten worse since this happened?**

CHECK: Yes No

If Yes, SAY: **Tell me about these problems.**

RECORD the Examinee's statement verbatim. _____

- 4. SAY: Have you been having more problems with your parents and/or the people that you live with (select one) since this happened?**

CHECK: Yes No

If Yes, SAY: **Tell me about these problems.**

RECORD the Examinee's statement verbatim. _____

- 5. SAY: Have you been having more problems with your teachers since this happened?**

CHECK: Yes No

If Yes, SAY: **Tell me about these problems.**

RECORD the Examinee's statement verbatim. _____

E. Significant Distress Scoring

1. If the Examinee said No to Questions 1–5, RECORD a 0 in the scoring box, TURN to page 1, CHECK **PTSD Negative**, and DISCONTINUE the evaluation.
2. If the Examinee said Yes to one or more questions, DETERMINE if the Examinee is experiencing significant distress and/or an impairment in social, occupational (i.e., scholastic achievement), or other areas of functioning as indicated by the verbatim responses to each question. Examiners may also consider external sources of evidence (e.g., a transcript of academic record, behavioral observations, or significantly elevated scores on nationally standardized, teacher-administered behavioral rating forms) in making the determination.

CHECK: Yes No

3. If the Examinee said Yes to one or more questions and is experiencing significant distress and/or a functional impairment, RECORD a 1 in the scoring box and CONTINUE.

E. Significant Distress Score

1 2 3 4 5 6 7 8 9 10

1 2 3 4 5 6 7 8 9 10

DSM-IV AXIS 1 Diagnosis

1. SUM the scores that appear in scoring boxes A1, A2, and boxes B–E.
2. RECORD the sum in the Total Score box.

Total Score

3. If the Total Score is less than 6, TURN to page 1 and CHECK PTSD Negative.

4. If the Total Score is 6, SAY: **Have you been having these problems for less than three months?**

CHECK: Yes No

NOTE: If the Examinee is not certain, SAY: **When did these problems begin?** Should the Examinee present a vague or equivocal answer, SECURE an estimate from the referring party or from an objective source of information after the interview.

5. If the Total Score is 6 and if the Examinee said No in response to Question 4, SAY: **Have you been having these problems for three months or more?**

CHECK: Yes No

NOTE: If the Examinee presents a vague or equivocal answer, SECURE an estimate from the referring party or from an objective source of information after the interview.

6. If the Examinee said Yes to Questions 4 or 5, SAY: **Did these problems begin at least six months after your bad experience occurred?**

CHECK: Yes No

7. If the Examinee said Yes to Question 4, TURN to page 1 and CHECK Acute PTSD.

8. If the Examinee said Yes to Question 5, TURN to page 1 and CHECK Chronic PTSD.

9. If the Examinee said Yes to Question 6, TURN to page 1 and CHECK Delayed Onset PTSD.

Notes

