

AN EXPLORATORY STUDY ON SYMPTOMS OF PROBLEM BEHAVIORS AMONG JUVENILE OFFENDERS

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ABSTRACT

This study examined different types of symptoms of problem behaviours among juvenile offenders. Various symptoms of problem behaviours such as social problem, thinking problem, attention problem, rule-breaking behaviour, and aggressive behaviour can be predicted among young juvenile delinquents. There were 404 juvenile offenders participated in the study, consisted of 280 males and 124 females. All respondents convicted with seven different offenses. Prior to that, three research questions were developed: 1. Are there differences in the symptoms of problem behaviours among different types of juvenile offenders? 2. Are there gender differences in the symptoms of problem behaviours among young offenders? 3. Are there any age differences in the symptoms of problem behaviours among juvenile offenders? The results showed there were different symptoms of problem behaviours among young offenders. Gender differences profile also showed mean differences in each symptom of problem behaviours among juvenile offenders. One-way ANOVA results showed significant differences in thought problem $F(7) = 2.748, p < .01$ and attention problem $F(7) = 25.948, p < .01$ among different types of delinquent behaviours. Moreover, t-test results revealed that gender differences were significant in social problem; $t(402) = -2.710, p < .01$, thought problems; $t(402) = -2.476, p < .05$, attention problem; $t(402) = -4.841, p < .001$, and aggressive behaviour; $t(402) = -3.165, p < .001, p < .01$.

Keywords: *problem behaviours; symptoms of problem behaviours; adolescents; juvenile offenders*

INTRODUCTION

During adolescent developmental processes, young people go through difficult stormy and stressful phases (Hall, 1904), including various aspects of developmental domains such as social, physical, emotional, cognitive, psychological and physiological changes (Hall, 1904). However, only a handful of adolescents experiences developmental instability affecting their future developmental trajectory. This condition somehow would lead to juvenile delinquency such as drug and alcohol use, violence, truancy, early sexual intercourse,

teenage pregnancy, gang fighting, and anti-social behaviours. Juvenile delinquency has created the most alarming and severe problem in society since the last decades. In Malaysia, juvenile delinquency such as drug and alcohol use, armed robbery, rape, homicide, aggression, bullying, and anti-social behaviour that involve adolescents are worrying and has already reached “red flag.” According to the statistics, the juvenile cases were reported by different agencies and institutions such as tobacco use (The Tobacco Atlas, 2015), immoral behaviours, crimes (Polis Di Raja Malaysia: PDRM, 2014), early sexual activity (Global School Health Student: GSHS, 2015, & World Health

Organization: WHO, 2015), run away, and early teenage pregnancy (Jabatan Kemajuan Islam Malaysia: JAKIM, 2015) seem to be increasing yearly. In fact, the juvenile delinquency involves various causes such as high-risk factors for instance an individual personal trait of anti-social personality, poor child-family support and communication, negative peer influence, school disengagement and neighbourhood disadvantage (Murray and Farrington 2010). However, there is no one single factor can predict adolescent's engagement in delinquent behaviours. Because, not only family, school, society and peer influences that may lead to juvenile delinquency (Wick-Nelson & Israel, 2009). The effects of delinquent behaviours can be very damaging and cumulative to the individual, family, and even community. The more risk factors adolescents experienced, the greater the possibility of them to engage in delinquent acts (Reingle, Jennings, & Maldonado-Molina, 2012; Green et al. 2008).

In relation to the above, there is a need to distinguish some important concept of delinquency, conduct problem, and conduct disorder. These terms have been interchangeably used by researchers in studying problem behaviours in adolescence (Wicks-Nelson & Israel, 2009). However, each one of these terms significantly has different meaning inference. Conduct problem refers to problems that might place young people either children or adolescents in conflict with others (Wicks-Nelson & Israel, 2009). Moreover, conduct problem includes a spectrum of antisocial, aggressive, dishonest, delinquent, defiant and disruptive behaviours. On the contrary, the term delinquency is primarily a legal rather than a psychological term (Wicks-Nelson & Israel, 2009). As a legal term, it refers to a juvenile usually under age 18 who has committed an index crime or a status offense. An index crime is an act that would be illegal for adults as well as for juveniles, for instance, theft, aggravated assault, rape, and murder (Wicks-Nelson & Israel, 2009). A status offense is an act that is illegal only for juveniles, for instance, curfews violation, immoral behaviours, and truancy (Wicks-Nelson & Israel, 2009). This distinction is important because some behaviour described as delinquent are quite common. While, conduct

disorder refers to a childhood psychological disorder in which a child demonstrates a persistent pattern of behaviour that violates the basic rights of others or disregards major societal norms or rules (Wicks-Nelson & Isreal, 2009). Moreover, according to American Psychiatric Association (2013), conduct disorder refers to a behaviour that violates the societal norms and rules of others repetitively and persistently.

As adolescents growing up in their immediate environment, their cognitive, moral maturity and psychological well-being are much expected to develop as well (Santrock, 2011). However, the similar process of development might not happen among adolescents of juvenile delinquency. Often juvenile offenders took at-risk behaviours that could harm themselves and people surroundings. The at-risk behaviours involved among late teens that supposedly are more mature in cognitive and moral judgment (Kail & Cavanaugh, 2016). Furthermore, a culture that emphasizes on the masculinity and femininity aspects would be expected subtler conduct problems among female than male (Matsumoto & Juang, 2013). What constitutes the differences between male and female need a proper investigation though female relatively much reflect cultural expectation, yet some symptoms of problem behaviours much embedded among female juvenile delinquents (Staniloiu, & Markowitsch, 2012; Nolen-Hoeksema, 2004).

Additionally, the typical symptoms of problem behaviours of aggression, rule-breaking behaviour, social problems, attention problems, and thought problems usually associated with adolescents' physiological, physical, emotional and psychological changes occurred during the onset of puberty (Kail & Cavanaugh, 2016). These behaviours were a result of different interaction in which the adolescents surrounded and socialized. Meaning to say, the ecology and culture in which adolescents surrounded is the active agent contributing towards the involvement in juvenile acts. Regardless of the types of juvenile offenses convicted by adolescents (Fisher & Harrison, 2005), often the symptoms of problem behaviours of adolescents

with delinquency characteristics showed different patterns in integrating some common ground of behavioural problems particularly aggressive and rule-breaking behaviours. Different symptoms of problem behaviours such as attention problem and thought problem also typically associated with attention deficits hyperactivity disorder (ADHD) (Wick-Nelson & Israel, 2009), while other symptoms of problem behaviours such as social problem, aggression, and rule-breaking behaviour usually associated with oppositional deviant disorder (ODD) and even conduct disorder (CD) (Wick-Nelson & Israel, 2009).

Prior to the juvenile delinquent behaviours, research has been found that adolescents with delinquents' offenses showed various symptoms of problem behaviours, as mentioned the above. These symptoms of problem behaviours are the focal attention of different expression of problem behaviours among growing adolescents (Levinthal, 2005). Different juvenile acts exhibited different symptoms of behaviours as reflections from delinquent behaviours. Since the continuums of the delinquency are different, each stage of adolescence exhibited various symptoms of behaviours are also different, especially among early-onset and late-onset (Wick-Nelson & Israel, 2009). However, these symptoms of problem behaviours are rarely being the focus of attention in most research addressing problem behaviours among adolescents. For instance, the aggressive and rule-breaking behaviours do not receive much attention among previous researchers (Damon & Lerner, 2008). Focused has been given only at internal symptoms of problem behaviours such as withdrawn/depressed, and anxious. Thus, most of intervention and treatment programs are developed based on it. Indeed, symptoms of problem behaviours such as aggressive and rule-breaking behaviours are the most basic symptoms or indicators of externalizing problem behaviours especially among young people during late childhood and early adolescence. Therefore, looking at these symptoms of problem behaviours would lead to a finer perspective on juvenile delinquency.

Several contributions can be made from the present study. Firstly, the present study is intended to add to the existing literature and findings. The variables that have been studied in the present study would be a piece of additional value in understanding and comprehend the symptoms of problem behaviours in adolescence. Secondly, the local community could also benefit from the present study, in which the local community may emphasize on neighbourhood safe zone such as low crime rates and work closely with the local authority such as police department and social welfare department to ensure their residential areas are at the top safety. The local community must have their planning on how young people especially adolescents' engagement in every program organized at the local community can be useful to them, especially in reducing the symptoms of problem behaviours. Other equally important significance of the present study suggested that there is a need to establish intervention and treatment program at a prison, welfare schools, and rehabilitation centre which base on the symptoms of problem behaviours. This is very true in the efforts of reducing the symptoms among juvenile offenders. The intervention and treatment programs must consider including indicators and awareness about adolescents' ideas, abilities, awareness and perceptions towards problem behaviours.

Therefore, based on the above explanation, three main research questions were developed to investigate further the riddle condition in answering the behaviour of adolescent with juvenile records. The research questions were: 1. Are there differences in the symptoms of problem behaviours among different types of juvenile offenders? 2. Are there gender differences in the symptoms of problem behaviours among juvenile offenders? 3. Are there any age differences in the symptoms of problem behaviours among juvenile offenders?

METHOD

The cross-sectional design was carried out to investigate the research as mentioned the above questions. To support the research design, a

survey method was employed in the study. A total number of 404 juvenile offenders consisted of 280 males and 124 female involved on the voluntary basis. The study employed a stratified random sampling. The respondents were among adolescents aged from 13 years old to 19 years old and were earlier convicted of several crimes such as stealing, drugs, violence, and pregnancy, out of control behaviour, rape, fighting, and homicide. The respondents were recruited from various institutions in Malaysia such as Tunas Bakti School, Henry Gurney School, and Kajang Prison. These institutions served as the rehabilitation centre for juvenile delinquents under 18 years old. For instance, the Henry Gurney School is also known as the prisoner school which caters to juvenile criminals' ages from 14 years old to 21 years old. The Tunas Bakti School is the moral rehabilitation centre under the Section 65 (1) Child Act 2001 is to cater children with juvenile records and out of control behaviours. While, Kajang Prison is one of the Prison Institutions in Malaysia and divided into three different sections; main section, drug treatment, and rehabilitation section, pre-free section. There are some of the adolescents detained in Kajang Prison due to adult affiliation crime.

Instrument

Child Behaviour Checklist-Youth Self Report (CBCL-YSR)

The Child Behaviour Checklist-Youth Self Report (CBCL-YSR) is an assessment to rate a child's competencies and problem behaviours (Achenbach & Rescorla, 2001). It consists of 112 items. The CBCL-YSR construct measured

several symptoms of behaviours such as social problems, thought problems, attention problem, rule breaking behaviour and aggressive behaviour. There are high reports on the psychometric information on the CBCL-YSR, which the test-retest Cronbach's Alpha value is from 0.95 to 1.00, inter-rater reliability Cronbach's Alpha value is from 0.93 to 0.96, and internal consistency Cronbach's Alpha value is from 0.78 to 0.97 (Achenbach & Rescorla, 2001).

Pilot study

A pilot study had been conducted prior to the study. The purpose was to analyse the CBCL-YSR items in the local context. However, only five symptoms of problem behaviours were included in the pilot study, because the focus of the present study was on social problems, thought problems, attention problem, rule-breaking behaviour, and aggressive behaviour. The reliability analysis indicated that the Child Behaviour Check List-Youth Self Report (CBCL-YSR) used in this study had obtained a Cronbach's Alpha value from .581 to .866. The result indicated that the instrument's items had a very high reliability in four symptoms of problem behaviours such as social problems, thought problems, rule-breaking behaviour, and aggression. However, only attention problem had relatively low Cronbach's Alpha value of .581, yet it still included in the present study because based on the total items of test-retest reliability the CBCL-YSR had gained very high-reliability reports of .95 to 1.00 (Achenbach & Rescorla, 2001).

Table 1 Result of Pilot Study on CBCL-YSR

Instrument	Item(s)	Cronbach's Alpha Value
CBCL-YSR	Social Problems	.823
	Thought Problems	.811
	Attention Problem	.581
	Rule Breaking Behaviour	.776
	Aggressive Behaviour	.866

juvenile offenders. The presentations of the results are based on the research questions. Therefore, the details of the results are as follow:

RESULTS AND DISCUSSION

The data collected in the study were analysed using SPSS. A descriptive statistic was employed to explore the symptoms of problem behaviours among respondents while One-Way ANOVA and independent sample t-test were used to assess the age and gender differences in symptoms of problem behaviours among **Differences in Symptoms of Problem Behaviours**

Research question: Are there differences in the symptoms of problem behaviours among different types of juvenile offenders?

Table 2: One-Way ANOVA Results of Differences in Symptoms of Problem Behaviours Among Juvenile Offenders

Variables	Types of Crimes	N	Mean	SD	F
Social Problems	Stealing	121	8.61	4.04	1.273
	Drugs	90	9.30	3.66	
	Violence	63	8.81	3.08	
	Pregnancy	1	5.00	-	
	Out of Control Beh.	86	10.01	4.29	
	Rape	24	9.17	3.54	
	Fighting	18	9.67	3.40	
	Homicide	1	9.00	-	
Thought Problems	Stealing	121	7.62	4.01	2.748*
	Drugs	90	9.24	4.26	
	Violence	63	9.14	4.39	
	Pregnancy	1	7.00	-	
	Out of Control Beh.	86	9.64	5.14	
	Rape	24	10.67	4.63	
	Fighting	18	9.17	4.05	
	Homicide	1	15.00	-	
Attention Problem	Stealing	121	7.68	2.99	3.242*
	Drugs	90	8.09	2.35	
	Violence	63	8.48	2.82	
	Pregnancy	1	4.00	-	
	Out of Control Beh.	86	9.36	3.05	
	Rape	24	7.58	2.93	
	Fighting	18	8.17	2.73	
	Homicide	1	7.00	2.88	
Rule Breaking Behaviour	Stealing	121	14.49	5.29	1.885
	Drugs	90	15.89	4.56	
	Violence	63	14.92	5.43	
	Pregnancy	1	4.00	-	

	Out of Control Beh.	86	15.24	5.30	
	Rape	24	13.92	5.21	
	Fighting	18	12.72	4.65	
	Homicide	1	14.00	-	
Aggressive Behaviour	Stealing	121	15.50	6.30	.878
	Drugs	90	17.26	5.00	
	Violence	63	16.43	6.17	
	Pregnancy	1	17.00	-	
	Out of Control Beh.	86	16.92	5.85	
	Rape	24	15.58	6.32	
	Fighting	18	15.61	5.78	
	Homicide	1	17.00	-	

* $p < .01$

The above table 2 indicated various types of delinquents' offenses. The table also showed different symptoms of problem behaviours such as social problems, thought problems, attention problem, rule-breaking behaviour, and aggressive behaviour based on Achenbach and Rescorla (2001) description. Overall, the mean of social problems showed different scoring in various offenses. Delinquents with stealing category showed ($M = 8.61$, $SD = 4.04$), drugs offences ($M = 9.30$, $SD = 3.66$), violence acts offences ($M = 8.81$, $SD = 3.08$), pregnancy offences ($M = 5.00$), out of control behaviour offences ($M = 10.01$, $SD = 4.29$), rape offences ($M = 9.17$, $SD = 3.54$), fighting offences ($M = 9.67$, $SD = 3.40$), and homicide offences ($M = 9.00$).

Moreover, the mean of thought problem in stealing offences showed ($M = 7.62$, $SD = 4.01$), drugs offences ($M = 9.24$, $SD = 4.26$), violence offences ($M = 9.14$, $SD = 4.39$), pregnancy offences ($M = 7.00$), out of control behaviour ($M = 9.64$, $SD = 5.14$), rape offences ($M = 10.67$, $SD = 4.63$), fighting offences ($M = 9.17$, $SD = 4.05$), and homicide offences ($M = 15.00$).

The symptoms of problem behaviours of attention problem also indicated different mean score among juvenile offenders. Stealing offences showed ($M = 7.68$, $SD = 2.99$), drugs offences showed ($M = 8.09$, $SD = 2.35$), violence offences showed ($M = 8.48$, $SD = 2.82$), pregnancy offences showed ($M = 4.00$), out of control behaviour offences showed ($M =$

9.36 , $SD = 3.05$), rape offences showed ($M = 7.58$, $SD = 2.93$), fighting offences showed ($M = 8.17$, $SD = 2.73$), homicide offences showed ($M = 7.00$).

Another symptoms of problem behaviours evidently directed different mean score in rule breaking behaviour. Stealing offences showed ($M = 14.49$, $SD = 5.29$), drugs offences showed (15.89 , $SD = 4.56$), violence offences showed ($M = 14.92$, $SD = 5.43$), pregnancy offences showed ($M = 4.00$), out of control behaviour offences showed ($M = 15.24$, $SD = 5.30$), rape offences showed ($M = 13.92$, $SD = 5.21$), fighting offences showed ($M = 12.72$, $SD = 4.65$), and homicide offences showed ($M = 14.00$).

Likewise, different types of juvenile offenders also showed a different mean score of aggressive behaviour in symptoms of problem behaviours. Stealing offences showed ($M = 15.50$, $SD = 6.30$), drugs offences ($M = 17.26$, $SD = 5.00$), violence offences showed ($M = 16.43$, $SD = 6.17$), while pregnancy offences showed ($M = 17.00$), out of control behaviour offences showed ($M = 16.92$, $SD = 5.85$), rape offences showed ($M = 15.58$, $SD = 6.32$), fighting offences showed ($M = 15.61$, $SD = 6.32$), and homicide offences also indicated ($M = 17.00$).

The descriptive results showed to some degree juvenile offenders among adolescents indicated the different degree of symptoms of problem behaviours ranging from social problems, thought problems, attention problem, rule-

breaking behaviour, and aggressive behaviour. Hence, markedly these symptoms of problem behaviours are much typical behaviours display by juvenile offenders.

Additionally, further analyses based on One-Way ANOVA were executed. The results indicated that there were differences in both thought problems, $F(7) = 2.748, p < .01$ and attention problem, $F(7) = 3.242, p < .01$ among juvenile offenders. However, based on the results, there were no differences between the other three categories; social problems, $F(7) =$

$1.273, p > .05$, rule-breaking behaviour, $F(7) = 1.885, p > .05$, and aggressive behaviour, $F(7) = .878, p > .05$. Thus, it can be said that only thought problems and attention problems showed differences in the mean score. Whereas, the other three; social problems, rule-breaking behaviour, and aggressive behaviour were seen no ways to differ among juvenile offenders.

Research question: 2. Are there gender differences in the symptoms of problem behaviours among juvenile offenders?

Gender Differences in Symptoms of Problem Behaviours

Table 3: T-Test Results of differences between Genders in Symptoms of Problem Behaviours

Variables	Gender	N	Mean	SD	t	df
Social Problems	Male	280	8.80	3.60	-2.710**	205.440
	Female	124	9.98	4.22		
Thought Problems	Male	280	8.55	4.43	-2.476*	230.452
	Female	124	9.75	4.54		
Attention Problem	Male	280	7.80	2.76	-4.841***	226.203
	Female	124	9.29	2.89		
Rule Breaking Behaviour	Male	280	14.57	5.05	-1.835	222.613
	Female	124	15.61	5.38		
Aggressive Behaviour	Male	280	15.75	5.85	-3.165**	239.013
	Female	124	17.73	5.76		

* $p < .05$ ** $p < .01$ *** $p < .001$

An independent samples t-test from the above table 3 was conducted to find the differences between male and female in symptoms of problem behaviours. There were differences between male and female in social problems, male ($M = 8.80; SD = 3.60$) and female ($M = 9.98; SD = 4.22$); $t(205.440) = -2.710, p < .01$. Thought problems showed male ($M = 8.55; SD = 4.43$) and female ($M = 9.75; SD = 4.54$); $t(230.452) = -2.476, p < .05$. Attention problem showed male ($M = 7.80; SD = 2.76$) and female ($M = 9.29; SD = 2.89$); $t(226.203) = -4.841, p < .001$. Aggressive behaviour showed male ($M = 15.75; SD = 5.85$) and female ($M = 17.73; SD = 5.76$); $t(239.013) = -3.165, p < .01$.

However, there were no differences between male and female in rule-breaking behaviour, male ($M = 14.57; SD = 5.05$) and female ($M = 15.61; SD = 5.38$); $t(222.613) = -1.835, p > .05$.

The social problems, thought problems, attention problem, and aggressive behaviour were evident to show differences between male and female juvenile offenders. The same results also have been found by Tiet, Wasserman, Loeber, McReynolds, & Miller, (2001); Webster-Stratton, (1996); Lahey, Moffitt, & Caspi (2003). These results somehow reflected the existing literature stating that males are more likely to exhibit external problem behaviours than females, especially young offenders

(Staniloiu, & Markowitsch, 2012). The differences in these symptoms could be true in the society that has a strong value of femininity and masculinity. In the society, males are seen as dominant, strong and adventurous (Shiraev & Levy, 2010), while females are seen as weak, dependent and passive (Matsumoto & Juang, 2013). However, though the results showed gender differences between male and female juvenile delinquents, it showed the different direction in which female offenders showed the highest mean score of all symptoms of problem behaviours. It gives researchers the new direction in understanding the phenomenon of symptoms of problem behaviours among female delinquents. On the other hand, rule-breaking behaviour did not show any mean difference. This result also indicated that female juvenile offenders were equally potential to express the same pattern of symptoms of problem behaviour as male delinquents. Further, rule-breaking behaviours could also be the typical behaviours that involved both male and female in juvenile offenses (Staniloiu, & Markowitsch, 2012). Thus, refuting some ideas on gender differences might occur in problem behaviours especially externalizing problems among juvenile delinquents. The above results are totally contradicting to some existing literature. Are female offenders become more problematic than male offenders? Some studies indicated that female offenders may be more inclined than male offenders to express verbal aggression and

other forms of social aggression, such as spreading rumors (Björkqvist, Lagerspetz, & Kaukiainen, 1992; Staniloiu & Markowitsch, 2012). Again, the results cannot be generalized to a non-referred group. Careful views of the condition of male and female delinquents require thorough analysis before further inference about it could be made. Gender differences in symptoms of problem behaviours exist (Matsumoto & Juang, 2013; Shiraev & Levy, 2010), which has a multiplicity of causing factors from socio-cultural to neurobiological foundations. Therefore, describing valid mediating factors of an environment has on biological factors to increase the risk for the development of symptoms of problem behaviours among both male and female delinquents (Staniloiu & Markowitsch, 2012). Further insights into the neurobiological underpinnings of gender differences in symptoms of problem behaviours might prove to be a central attention for the development of interventions and treatment program for juvenile offenders in the future.

Research question: 3. Are there any age differences in the symptoms of behaviours among juvenile offenders?

Age Differences in Symptoms of Problem Behaviours

Table 4: One-Way ANOVA Results of differences between Ages in Symptoms of Problem Behaviours

Variables	Age	N	Mean	SD	F
Social Problems	11-13	12	9.25	4.88	.008
	14-16	171	9.14	3.81	
	17-19	221	9.18	3.81	
Thought Problems	11-13	12	9.00	4.59	.639
	14-16	171	9.21	4.46	
	17-19	221	8.69	4.52	
Attention Problem	11-13	12	9.25	3.17	1.161
	14-16	171	8.38	5.50	
	17-19	221	8.11	4.98	
Rule Breaking Behaviour	11-13	12	15.58	3.73	.229
	14-16	171	15.01	5.50	

	17-19	221	14.76	4.98	
Aggressive Behaviour	11-13	12	17.33	3.34	.203
	14-16	171	16.13	6.13	
	17-19	221	16.39	5.81	

The above results in Table 4 showed the mean score of different ages in adolescence. The average rating in social problems in early adolescence showed (M = 9.25, SD = 4.88), middle adolescence (M = 9.14, SD = 3.81) and late adolescence showed (M = 9.18, SD = 3.81). The average score of thought problems in early adolescence showed (M = 9.00, SD = 4.59), middle adolescence (M = 9.21, SD = 4.46), and late adolescence showed (M = 8.69, SD = 4.52). Moreover, attention problem in early adolescence showed (M = 9.25, SD = 3.17), middle adolescence showed (M = 8.38, SD = 5.50), and late adolescence showed (M = 8.11, SD = 4.98). In rule breaking behaviour, the mean score in early adolescence showed (M = 15.58, SD = 3.73), middle adolescence showed (M = 15.01, SD = 5.50), and late adolescence showed (M = 14.76, SD = 4.98). While in aggressive behaviour, early adolescence mean score showed (M = 17.33, SD = 3.34), middle adolescence (M = 16.13, SD = 6.13), and late adolescence showed (M = 16.39, SD = 5.81). Overall, there were no age differences in all five symptoms of problem behaviours in social problems, thought problems, attention problem, rule breaking behaviour and aggressive behaviour among juvenile delinquents.

Further analyses based on the One-Way ANOVA executed. The results showed that age differences in social problems showed, $F(3) = .008, p > .05$. Age differences in thought problems showed, $F(3) = .639, p > .05$. Attention problem results showed, $F(3) = 1.161, p > .05$. Rule-breaking behaviour result also showed, $F(3) = .229, p > .05$ and age differences in aggressive behaviour indicated $F(3) = .203, p > .05$. Post Hoc test also indicated no significant differences among ages in adolescence. Hence, the results evidently showed no age differences between early, middle and late juvenile delinquents. The results also indicated that different stages of adolescence did not have any major diversity of symptoms of problem behaviours among juvenile delinquents.

Regardless of early life exposure and risk factors that could have to affect them developmental continuum (Du Toit, 1992), seemingly juvenile delinquents in any stage of development would have the same symptoms of problem behaviours. Though, theoretically major developmental differences could have found in early, middle and late adolescence among normal and low-risk adolescents (Santrock, 2011; Kail & Cavanaugh, 2016). These especially true in the development of normal adolescent's cognitive, moral reasoning, socio-emotional, physical and even psychological well-being, however, not so for juvenile offenders in the present study. Another possible explanation could be due to the extremities and disadvantages of the surrounding the juvenile delinquents experienced throughout their lifespan development (Du Toit, 1992). The condition of the rehabilitation centre and prison could contribute to the results. The prison and rehabilitation centre could serve as places for them to learned new behaviours from matured and adult offenders, thus worsening the symptoms of problem behaviours.

CONCLUSION

Juvenile delinquency act showed different symptoms of behaviours especially in thought problems and attention problem. This much seem to know that young offenders might have issues in decision-making and problem-solving ability thus, lead them into juvenile acts. It also clearly indicated that female is much into the juvenile delinquents with obviously different symptoms of problem behaviours were exhibited such as social problems, thought problems, attention problem, and aggressive behaviour. Rule-breaking behaviour was not differed much between male and female. Furthermore, the symptoms of problem behaviours did not differ at different ages during adolescence stage. Thus, it can be said that juvenile delinquents possibly expressed and exhibited in any age of adolescence stage. Further, the study requires

being carried out in exploring symptoms of problem behaviours among young offenders, especially through the adolescence stage at this stage regarded as the most critical part of human development. On the other hand, gender differences require in-depth exploration as new emerging patterns of symptoms of problem behaviours spotted in the research findings.

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