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**University of Babylon**

**Faculty of Nursing**

# Psychological Problems and the Quality of Life among the Juveniles Delinquent in Al-Najaf Juveniles Court

Dissertation Submitted to
The Council of College of Nursing, University of Babylon
in Partial Fulfillment of the Requirements for the Degree
of Doctorate Philosophy in Nursing Sciences

By

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بسم الله الرحمن الرحيم

﴿ يَا بُنَيَّ أَقِمِ الصَّلَاةَ وَأْمُرْ بِالْمَعْرُوفِ وَانْهَ عَنِ الْمُنكَرِ وَاصْبِرْ عَلَىٰ مَا أَصَابَكَ ۖ إِنَّ ذَٰلِكَ مِنْ عَزْمِ الْأُمُورِ ۝ وَلَا تُصَعِّرْ خَدَّكَ لِلنَّاسِ وَلَا تَمْشِ فِي الْأَرْضِ مَرَحًا ۖ إِنَّ اللَّهَ لَا يُحِبُّ كُلَّ مُخْتَالٍ فَخُورٍ ۝ وَاقْصِدْ فِي مَشْيِكَ وَاغْضُضْ مِن صَوْتِكَ ۚ إِنَّ أَنكَرَ الْأَصْوَاتِ لَصَوْتُ الْحَمِيرِ ۝ ﴾

صدق الله العلي العظيم

سورة لقمان، الآيات ١٧، ١٨، ١٩.

# Committee Certification

We, the members of the Dissertation Discussion Committee, certify that the we have reviewed the dissertation entitled **‘‘Problems and the Quality of Life among the Juveniles Delinquent in Al-Najaf Juveniles Courts**” carried out by **Astabrak Ali Naji Al-Hamoodi** and examined the student in its contents and what is related to it on / / 2022.

We decided that the dissertation is accepted in partial fulfillment of the requirements for the Degree of Doctor of Philosophy in Nursing with an estimation of ( ).

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## Supervisor Certificate

This is to certify that the dissertation entitled: **Psychological Problems and the Quality of Life among the Juveniles Delinquent in Al-Najaf Juveniles Courts**, submitted by **Astabrak Ali Naji Al-Hamoodi** to the University of Babylon, College of Nursing in partial fulfillment of the requirements for the Degree of Doctor of Philosophy in Nursing. The dissertation work was carried out by the student under my supervision and guidance.

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# Dedication

*To my Creator (Allah)… the best of creators… God has created all Worlds and humans are whether to be a good or bad… So, I praise to Allah for the all graces that he granted me and my circumstances that make me more strong than any time ago.*

Astabrak

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# Abstract

**Background:** The delinquency is a global phenomenon and continuous rising among the adolescents and children, also the psychological problems are commonly prevalence among the juveniles delinquent. So, the quality of life is affected by their delinquency and increased the impact on their families and communities.

**Methodology:** A descriptive-correlational study conducted on the juveniles delinquent were judgment in Al-Najaf juveniles court during 1st March to 1st September (2021). The study aimed to detect the psychological problems and assess the quality of life of juveniles, as well as, to find out the relationship between the demographic characteristics of juveniles delinquent with the psychological problems and the quality of life and finally find out the correlation between the psychological problems and quality of life for them.

A non-probability sample (purposive) included (54) juveniles delinquent were judgment by observing behaviors and follow up with social worker. The tools of study consisted of brief psychiatric inventory scale to detect the psychological problems among them and brief quality of life scale from World Health Organization to assess their quality of life, as well as, questions about the demographic characteristics of juvenile delinquent and their parents.

**Results:** Results of study revealed (92.6%) are a male their age more than thirteen years old and quality of life are good, but about (40%) had symptoms of psychological problems according to the global severity index = 1.113 ± 0.59. There is a strong positive correlation between their quality of life and psychological problems symptoms among them.

**Conclusions & Recommendations:** The study is concluded the more of juveniles had low level education & unemployed and their parents are still as a guardian on them; so, they had a leisure time to commit the delinquent

and deviant from community norms. Also, the study concluded some of them had a symptoms of psychological problems and needs to investigate and confirm by psychiatrist in the mental health unit and most of them their quality of life are a good rated. So, recommended to activate the psychiatric health unit and early detection of psychiatric symptoms among children and youth, inclusion specialized nurse in correction & rehabilitation centers of juveniles delinquency and activate the role of civil foundations and human right organizations of juveniles delinquency to reduce the stigma and protect them from violence.

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# List of Abbreviations

| Abbreviation | Meaning |
|---|---|
| % | Percentage |
| APA | American Psychiatric Association |
| BSI | Brief Symptom Inventory |
| CDC | Centers for Disease Control and Prevention |
| CRC | Report of committee on the child rights |
| CRIN | children rights international network |
| CSO | Central Statistical Organization |
| df | Degree of Freedom |
| DSM | Diagnostic and Statistical Manual of Mental Disorders |
| DSM-5 | Diagnostic and Statistical Manual of Mental Disorders- 5th Edition |
| DSM-IV-TR | Diagnostic and Statistical Manual of Mental Disorders- 4th Edition- Text Revision |
| e.g. | exempli gratia (Latin Words that Means for example) |
| Ed / Eds | Edition |
| GABA | Gamma amino butyric acid |
| GSI | global severity index |
| HPI | Happy Planet Index |
| HS | Highly Significance |
| N / No | Number |
| NCPP | National Committee for Population Policies |
| NS | No Significance |
| OCD | Obsessive - Compulsive and related disorders |
| P.value | Probability Value |
| PSDI | Positive Symptom Distress Index |
| PST | positive symptoms total |
| Q | Question or item in questionnaire form |
| QoL | Quality of life |
| *r* | Correlation |
| S | Significance |
| sd | Standard deviation |
| SPSS | Statistical Package for the Social Sciences |
| QOL | Quality of life |
| UNICRI | United Nations Interregional Crime and justice Research Institute |
| WHO | World Health Organization |
| WHOQOL | World Health Organization Quality of life |
| $x^2$ | Chi-square |

# Chapter One

# Introduction

**Chapter One**

# Introduction

## 1.1 Introduction

The delinquency is a global phenomenon and continuous rising among the adolescents and children, also the psychological problems are commonly prevalence among the juveniles delinquent and had affected by the quality of life and increased the impact on their families and communities.

The word juvenile is the same as the word young or anyone physically undeveloped or immature and it is used in injustice system (Merriam-Webster, 2020) and it is not used in medicine. Juvenile is the age stage between infancy to youth is not reach to adulthood (Medical Terms free, 2020).

The term "juvenile" refers to a person who has not attained the eighteenth birthday. Juvenile delinquency is the violation of a law of the United States if he is committed the violation before to reach age's to $18^{th}$ birthday, but that is not called by this term when committed the crime an adult. A person is age over eighteen and under twenty-one years old considered as a juvenile delinquent if committed the act of delinquency prior to his reached to $18^{th}$ birthday in some states of United States and in Iraq is applied it (justice.gov, 2020).

The first use of the word juvenile in 1625 and it is origin from French language (juvénile) or Latin is (juvenilis); to more detailed in chapter two (Merriam-Webster Dictionary, 2020).

The juvenile justice system (probation, detention, confinement, corrections facilities for youth, and…. etc.) has faced many challenges and tasks for juvenile by providing assessment for health physically and mentally and introduced treatment and caring services for them according the laws of juvenile justice system (Underwood and Washington, 2016) because of the justice system is basically designed to preventative and rehabilitative approach to juvenile and should be emphasizing the rights and needs of children rather than punishment them (Garascia, 2005).

There is an increase in the number of the juvenile delinquents in world in last few decades, the juvenile delinquents is more than previous specially with the era of terrorism and involvement the youth as terrorist operations (UNICRI, 2020). The elevated in number of the juvenile may be attributed to fail in policies of countries and their justice system laws, weakness in education system and awareness of community, poverty and unemployment, physical and substance abuse (Waukesha Criminal Attorneym, 2018), they more victimized and easily manipulated by terrorist organization (UNICRI, 2020), quality of life is main cause for delinquent (De Ruigh et al., 2019).

The number of juvenile arrests reached to (2553 per 100000 youth (10-17 years old) in 2016, but in 1996 is a highest rate for juvenile arrests that recorded by (8,476) arrests per 100,000 youths (MST services, 2018). So, there is need to new policies and systems to prevent this phenomena and reduced it. In Iraq there is no official statistics about number of juvenile delinquents, but there is official website demonstrate the ratio about this matter in all world and it implied the number and ratio in crime average in Iraqi about (9.90%) in 2013 this ratio increased by (20.73%) from 2012 (8.20%), (figure 1.1) (Macrotrends, 2020).

Now, most studies suggest that relationship between youth delinquent and their mental health (Underwood and Washington, 2016).


**Figure (1.1): Rate of delinquents and crimes in Iraq according to website of Macrotrends (Source of this figure:** Macrotrends, November 2020**).**

## Risk Factors Related to the Juveniles to be Delinquent

- Psychological problems such as conduct disorder, or other behavioral disorders.
- Involvement in crime and substance abuse.
- Early involvement with alcohol, drugs and tobacco.
- Low intelligence and educational achievement.
- Low commitment to school and school failure.

- Unemployment and poverty.
- Exposure to violence in the family."

## Effects the Quality of Life on Mental Health of Juveniles Delinquent

There are few studies researched the general mental health and Quality of life for offenders and juveniles mental health (Bouman et al., 2009; Van Nieuwenhuizen, et al., 2002) and less were perform and focused on juvenile in residential care or QoL for youth in confinement or study the association between health of them and QoL (Forrest et al., 2000; Van Damme et al. 2015).

The QoL has positive effect on offenders when it is be high and it can be reduced the hazard of delinquency (Wylie & Griffin, 2013; Fisher et al., 2010; Bouman et al., 2009), but in contrast if QoL is low the delinquent hazard is increased (Willis & Grace, 2008; Willis & Ward, 2011).

There is some studies studied the effects of QoL on girls during detention period, but less than it studied male during detention period (De Ruigh et al., 2019). The studies revealed girls are more risk for mental disorders after release from detention if QoL of these girls before detention are low (Van Damme et al., 2016). Also, the studies are noticed the negatively effect on satisfaction of released individuals and their families in relationships and social participation and funds than those still confinement. So, the release from confinement or a juvenile institution concerned as a life event that may be effected on their QoL (Barendregt et al., 2015).

## 1.2. Importance of the Study:

The importance of study is arising from gap in the knowledge about this topic and the elevated in number of juvenile delinquency Al-Najaf youth (tables 1.1., 1.2. & 1.3.). However, many studies were proved is a rise in number of juvenile delinquency in world generally and in Iraq especially after 2003 (UNICRI, 2020), also this rising proved by records of Al-Najaf juveniles court (table 1.1.).

Although, a few studies took the mental health of juveniles delinquency as a matter for them or studied the psychosocial factors or QoL. The QoL and mental health are very important factors that effect on types of delinquency (Underwood and Washington, 2016) and had impacts on juveniles, their families and community, also, it has challenges for justice system and children rights law and organizations related to them (Barendregt et al., 2015).

This matter is related to specialty of nursing because the nurse introduced the caring and supports them in detention and corrections facilities for youth (De Ruigh et al., 2019); also the nursing has very important role in rehabilitation and integrated them in their communities after released from rehabilitation school or after complete the observation period.

**Table (1.1.): Statistics of juveniles delinquent who introduced the petition against them to Al-Najaf juvenile court during 1/ January/2018 to 1/ September 2021**

| Years | Gender | January | February | March | April | May | June | July | August | September | October | November | December | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2018 | Male | 36 | 24 | 20 | 25 | 33 | 13 | 26 | 22 | 27 | 31 | 11 | 35 | 303 |
| | Female | 0 | 2 | 2 | 0 | 0 | 0 | 1 | 0 | 3 | 0 | 2 | 0 | 10 |
| | Total | 36 | 26 | 22 | 25 | 33 | 13 | 27 | 22 | 30 | 31 | 13 | 35 | 313 |
| 2019 | Male | 37 | 38 | 32 | 42 | 51 | 65 | 25 | 20 | 20 | 8 | 19 | 8 | 365 |
| | Female | 0 | 0 | 1 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 4 |
| | Total | 37 | 38 | 33 | 43 | 51 | 65 | 27 | 20 | 20 | 8 | 19 | 8 | 369 |
| 2020 | Male | 15 | 16 | 14 | 0 | 2 | 3 | 0 | 1 | 16 | 20 | 16 | 56 | 159 |
| | Female | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 6 |
| | Total | 16 | 17 | 14 | 0 | 2 | 3 | 0 | 1 | 16 | 20 | 16 | 60 | 165 |
| 2021 | Male | 41 | 42 | 42 | 52 | 23 | 26 | 22 | 34 | 0 | 0 | 0 | 0 | 282 |
| | Female | 0 | 3 | 2 | 4 | 1 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 16 |
| | Total | 41 | 45 | 44 | 56 | 24 | 28 | 24 | 36 | 0 | 0 | 0 | 0 | 298 |
| Total number of male | | 129 | 120 | 110 | 119 | 109 | 107 | 73 | 77 | 63 | 59 | 46 | 99 | 1111 |
| Total number of female | | 1 | 6 | 5 | 5 | 1 | 2 | 5 | 2 | 3 | 0 | 2 | 4 | 36 |
| Total all | | 130 | 126 | 115 | 124 | 110 | 109 | 78 | 79 | 66 | 59 | 48 | 103 | 1147 |

# Table (1.2.): Types of judgments arising against juveniles delinquent in Al-Najaf juvenile court during 1/ January/2018 to 1/ September 2021

| Years | Types of judgments* | January | February | March | April | May | June | July | August | September | October | November | December | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2018 | Observing behaviors** | 1 | 2 | 0 | 0 | 5 | 0 | 2 | 1 | 0 | 0 | 0 | 2 | 13 |
| | Boys or young man rehabilitation school | 10 | 5 | 3 | 4 | 5 | 7 | 5 | 6 | 2 | 6 | 5 | 5 | 63 |
| | Other judgments | 25 | 19 | 19 | 21 | 23 | 6 | 20 | 15 | 28 | 25 | 8 | 28 | 237 |
| | Total number of juveniles during this period | 36 | 26 | 22 | 25 | 33 | 13 | 27 | 22 | 30 | 31 | 13 | 35 | 313 |
| 2019 | Observing behaviors | 1 | 1 | 0 | 3 | 1 | 8 | 3 | 6 | 2 | 0 | 1 | 1 | 27 |
| | Boys or young man rehabilitation school | 2 | 9 | 2 | 5 | 5 | 3 | 2 | 2 | 3 | 0 | 2 | 3 | 38 |
| | Other judgments | 34 | 28 | 31 | 35 | 45 | 54 | 22 | 12 | 15 | 8 | 16 | 4 | 304 |
| | Total number of juveniles during this period | 37 | 38 | 33 | 43 | 51 | 65 | 27 | 20 | 20 | 8 | 19 | 8 | 369 |
| 2020 | Observing behaviors | 4 | 6 | 0 | 0 | 1 | 0 | 0 | 1 | 3 | 5 | 0 | 9 | 29 |
| | Boys or young man rehabilitation school | 1 | 3 | 3 | 0 | 1 | 3 | 0 | 0 | 3 | 1 | 1 | 0 | 16 |
| | Other judgments | 11 | 8 | 11 | 0 | 0 | 0 | 0 | 0 | 10 | 14 | 15 | 51 | 120 |
| | Total number of juveniles during this period | 16 | 17 | 14 | 0 | 2 | 3 | 0 | 1 | 16 | 20 | 16 | 60 | 165 |
| 2021 | Observing behaviors | 9 | 8 | 2 | 2 | 1 | 5 | 3 | 12 | 0 | 0 | 0 | 0 | 42 |
| | Boys or young man rehabilitation school | 3 | 6 | 6 | 11 | 6 | 2 | 6 | 4 | 0 | 0 | 0 | 0 | 44 |
| | Other judgments | 29 | 31 | 36 | 43 | 17 | 21 | 15 | 20 | 0 | 0 | 0 | 0 | 212 |

**Cont. table 1.2. ….**

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Total number of juveniles during this period** | **41** | **45** | **44** | **56** | **24** | **28** | **24** | **36** | **0** | **0** | **0** | **0** | **298** |
| **Total number of observing behaviors** | | **15** | **17** | **2** | **5** | **8** | **13** | **8** | **20** | **5** | **5** | **1** | **12** | **111** |
| **Total number of boys or young man rehabilitation school** | | **16** | **23** | **10** | **20** | **17** | **15** | **13** | **12** | **8** | **7** | **8** | **8** | **157** |
| **Total number of other judgments** | | **99** | **86** | **103** | **99** | **85** | **81** | **57** | **47** | **53** | **47** | **39** | **83** | **879** |
| **Total number of juveniles during detected years for all judgments** | | **130** | **126** | **115** | **124** | **110** | **109** | **78** | **79** | **66** | **59** | **48** | **103** | **1147** |

*** Judgments:** it includes any judgments or punishments arising by judges against juveniles delinquent such as prison, financial penalty or invalidation judgments and propitiation or others punishment guarantee by Iraqi juvenile law and appropriateness for delinquent, but these judgments are not included the judgments of observing behaviors or admitted to boys or young man rehabilitation school.

**** Observing behaviors:** it includes the judgments that related to follow up of social worker and observing the juvenile through detected time (6 months to 2 ears as maximum) by court.

**Table (1.3.): Judgments arising by observing behaviors against juveniles according to the types of delinquent in Al-Najaf juvenile court during 1/ January/2018 to 1/ September 2021**

| Types of delinquents | 2018 | 2019 | 2020 | 2021 | Total |
|---|---|---|---|---|---|
| **Theft** | 7 | 16 | 14 | 29 | 66 |
| **Offences against civil servant** | 2 | 0 | 1 | 0 | 3 |
| **Road traffic accident** | 1 | 4 | 3 | 3 | 11 |
| **Fights** | 1 | 1 | 3 | 4 | 9 |
| **Lying information** | 1 | 0 | 0 | 0 | 1 |
| **Alcoholic liquors** | 1 | 0 | 1 | 0 | 2 |
| **Substances abuse** | 0 | 3 | 0 | 1 | 4 |
| **Vandalism** | 0 | 1 | 0 | 0 | 1 |
| **Murder** | 0 | 1 | 0 | 0 | 1 |
| **Burnings and thunder flash** | 0 | 1 | 1 | 2 | 4 |
| **Threatening** | 0 | 0 | 2 | 1 | 3 |
| **ownership guns** | 0 | 0 | 2 | 0 | 2 |
| **Sexual assault** | 0 | 0 | 2 | 2 | 4 |
| **Total** | 13 | 27 | 29 | 42 | **111** |

## 1.3. Hypothesis:

The study assumed there are three hypotheses related to it as below:

*1.a: Null hypothesis*: There is not significant relationship between demographic characteristics of juvenile delinquents and symptoms of psychological problems who had it at $P \leq 0.05$.

*1.b: Alternative hypothesis*: There is significant relationship between demographic characteristics of juvenile delinquents and symptoms of psychological problems who had it at $P \leq 0.05$.

*2.a: Null hypothesis*: There is not significant relationship between demographic characteristics of juvenile delinquents and their quality of life $P \leq 0.05$.

*2.b: Alternative hypothesis*: There is significant relationship between demographic characteristics of juvenile delinquents and their quality of life at $P \leq 0.05$.

*3.a: Null hypothesis*: There is not significant relationship between the symptoms of psychological problems for juvenile delinquents and their quality of life at $P \leq 0.05$.

*3.b: Alternative hypothesis*: There is significant relationship between the symptoms of psychological problems for juvenile delinquents and their quality of life at $P \leq 0.05$.

## 1.4. Objectives of the Study:

**1.** To detect the psychological problems among the juvenile delinquents.

**2.** To assess the quality of life of the juvenile delinquents.

**3.** To find out the relationship between the demographic characteristics of juvenile delinquents and their quality of life.

**4.** To find out the correlation between the psychological health problems and their quality of life.

## 1.5. Statement of the study:

"Psychological Problems and the Quality of Life among the Juveniles Delinquent in Al_Najaf Juveniles Court".

## 1.6. Definition of the Terms:

### 1.6.1. Juvenile:

### Theoretical Definition:

Is a person who is between $10^{th}$ and $17^{th}$ years old (Merriam-Webster Dictionary, 2020).

### Operational Definition:

Any person is not reach to adulthood and his age between 9-$17^{th}$ years old and committed delinquent.

### 1.6.2. Delinquency:

### Theoretical Definition:

Conduct that is out of accord with accepted behavior or the law, it used especially with juvenile word (Merriam-Webster Dictionary, 2020).

### Operational Definition:

Any crime or behavior is unaccepted by community or law and it is committed by juvenile considered a delinquent such as homicide, violence, deviants from norms, stolen,…etc. This term is used especially with term juvenile in English Language.

### 1.6.3. Quality of Life (QOL):

### Theoretical Definition:

It is the general well-being of individuals and societies, outlining negative and positive features of life (Quality of Life, 2020).

### Operational Definition:

The position and situation of individual or that effect on all him life and well-being weather it positive or negative situation also, it gives meaning to his life and how lives it.

### 1.6.4. Psychological Problems:

### Theoretical Definition:

Abnormalities of behavior or psychological experience with a recognizable onset after a period of normal functioning also called mental disorders (Department of Health, 1999).

### Operational Definition:

It includes any deviation in psychiatric or mental health of juveniles and effect on thought, emotion, personality, behavior and how to deal with others or it is any changed abnormal that makes other or himself complaint from it and interfere with their activity daily living.

# Chapter Two

# Review of Literature

# Chapter Two

# Review of Literature

This chapter related to what the other researchers and studies reached about this topic and the facts mentioned about it. Also, this chapter explain where is gap in the knowledge.

## 2.1. History and Meaning the Juvenile Delinquent Term

The first use of the word juvenile in 1625 and it is origin from French language (juvénile) or Latin is (juvenilis); the term of "Juvenile Delinquents" composed of two words to describe the crime committed by children and adolescents against laws, societal norms and culture. This term "Juvenile Delinquents" is not a medical term, but it is a common term in law to describe the misbehaviors of children and adolescents offenders (Younis et al., 2008). The origin of *juvenile* word may come from two languages French "juvenile" or Latin " juvenilis", both words mean a young or more young person and first used to this term at 1733 (Merriam-Webster Dictionary, 2020). But *delinquent* word is collocated with word juvenile and means the minor who committed immoral or illegal acts (Cambridge Dictionary, 2021) and it origins from French "delinquant" derivative from the word *delinquer* that means commit unaccepted behavior or Latin "dēlinquere " it means misbehave or offender (first used at 1603) (Merriam-Webster Dictionary, 2020).

The definition and limited age of juvenile delinquent is differences among countries, over that in same country states may different in limited age of them such as some states of USA is defined and limited age of juvenile less

than 14 years old and in other states defined them as maximum is less than 21 years old (Columbia Encyclopedia, 2008).

In the study Roush (1996) mentioned the separation between crimes of adults from juveniles started the late nineteenth century, because the countries and communities are recognized the childhood and adolescents are a developmental stages the persons in this stages are more need to guidance and rehabilitation more than need to punishments as adults.

## 2.1.a. Juvenile Delinquents in World

Globally, There are increased in variety types of delinquency among adolescents in last few decades, such as violence behaviors toward parents or physical and sexual violence as a high rate of delinquents cases recorded (Kashiwagi, 1986). During 1990 and after it years saw increased in number of criminal youth with minimum ages in world; this rise is related to drugs used rate and emotional and psychological disturbances among them, look it in table 2.1 (Maniadaki, 2009).

All juvenile justice professionals (particularly judges and prosecutors) and juvenile system laws in world considered the juveniles are not criminals, but they are deal with them as a victim to deviant from right way and norms of community (Bilchik, 1999; World Youth Report, 2003), so this systems search about the personal causes (physical and psychological) and social factors that led to the juveniles to commit the delinquent acts regardless the class and nature of the crime committed (Guidelines for Juvenile Justice in Iraq, 2018).

**Table (2.1): Rate of delinquents and crimes in Similar Country had Ranking Iraq according to website of Macrotrends (November 2020)**

| Country Name | Per 100K Population | Country Name | Per 100K Population |
|---|---|---|---|
| Jamaica | 42.01 | Grenada | 5.55 |
| Guatemala | 33.68 | American Samoa | 5.38 |
| Colombia | 33.16 | Suriname | 5.3 |
| South Africa | 31.7 | Albania | 4.27 |
| Belize | 28.64 | Thailand | 4.25 |
| Brazil | 26.94 | Lebanon | 3.99 |
| Guyana | 20.41 | Belarus | 3.53 |
| Dominican Republic | 19.69 | Samoa | 3.15 |
| Mexico | 19.41 | Mauritius | 2.79 |
| St. Lucia | 18.59 | Iran | 2.66 |
| Russia | 11.11 | Azerbaijan | 2.35 |
| Ecuador | 10.98 | Fiji | 2.2 |
| **Iraq** | **10.07** | Armenia | 2.17 |
| Paraguay | 9.28 | Malaysia | 2.13 |
| Costa Rica | 8.67 | Jordan | 1.69 |
| Peru | 6.76 | Montenegro | 1.6 |
| Kazakhstan | 6.58 | Serbia | 1.59 |
| Cuba | 5.97 | Bulgaria | 1.5 |
| North Macedonia | 1.06 | Bosnia | 1.3 |
| China | 0.76 | Algeria | 1.26 |
| Maldives | 0.72 | Romania | 1.08 |

***(Source of this table: Macrotrends website update in November 2020)**

However, the intervention and prevention efforts to prevent the psychiatric disorders among juveniles weakened in the justice systems and laws, they will increase the juveniles delinquent occur (Coker et al., 2014), so the juvenile system laws are sustained on searched the professionals to investigated about the causes of delinquency among juveniles to prevent and treated this delinquents (Guidelines for Juvenile Justice in Iraq, 2018).

Prevalence of delinquent was (18.9%) among juveniles had psychiatric problems diagnosed and more delinquents and crimes were the violence about (54%) of total cases number (Coker et al., 2014).

Although, many studies were study the relationship between psychological problems and delinquents among juveniles because this issue is a globally problems (Maniadaki, 2009) and other factors like QoL, personality traits, ..etc. Some researchers found there is a positive relationship between the severity of psychiatric disorders during property and adolescence period were committed the crimes in adulthood (Coker et al., 2014). In study of Andrade et al. (2004) was most juveniles reported had anxiety, phobias and depression about (57.5%) and increased this percent between females (Andrade et al. 2004).

Males are more than females to delinquent by five times, because the males are more than females to committed the crimes and delinquents behaviors for any reasons such as the male is more exposure to stresses of daily life events and job than female (Maniadaki, 2009; Andrade et al., 2004). Also, the peak of deliquesce behavior is usually between fifteen to nineteen years old (Bosick, 2009; Piquero et al., 2007). Also, the juveniles may be effected by the pathological relations of family behavior toward children and

others when they had perceived their ability to cognation consequences and meaning of delinquents (Nasıroğlu & Semerci, 2017).

## 2.1.b. Juvenile Delinquents in Iraq

There are department is specified to deal with the delinquents of juveniles called "Juvenile Police department" this department found in Iraq justice system, this department constructed according to national laws and guidelines of international laws this facts mentioned in Articles" Iraqi Juvenile Welfare" (Act.No. 76; 1983) (Guidelines for Juvenile Justice in Iraq, 2018). All police members and other forces that relevance with deal the juveniles according to this law are permit to arrest them when the juvenile committed the delinquent without warrant arrest issue (Articles 102 and 103 of "Criminal Code"), but there are instructions obliged the juvenile police members when arrested the juvenile should be informed him the reason of arrest before arrested to prevent the mistreatment and exposed him to physical or psychological violence (Iraqi Juvenile Welfare, 1983), Iraqi Juvenile Welfare in 1983 is a still activated now according to Iraqi constitution in 2005.

Children and youth are had exceptional violent and antisocial acts, but this behavior may become more serious through adolescence period and may involve the laws, norms and basic principles of community, so about one quarter of them arrested by police and convicted of delinquencies. In other hand, most delinquency of juveniles behaviors are not reach to criminality according to the laws of justice system and psychiatric view (Alyasiri and Sarsa, 2008).

**Table (2.2): Rate of delinquents and crimes in Iraq according to website of Macrotrends from (1990 – 2013)**

| Year | Per 100k population | Annual % Change | State |
|---|---|---|---|
| 1990 | 6.7 | -2.99 | ↙ |
| 1991 | 6.50 | -2.99 | ↙ |
| 1992 | 7.6 | 16.92 | ↗ |
| **1993** | **5.9** | **-22.37** | ↙ |
| 1994 | 6.5 | 10.17 | ↗ |
| **2008** | **15.8** | **143.08** | ↗ |
| 2009 | 8.5 | -46.2 | ↙ |
| 2010 | 8.7 | 2.35 | ↗ |
| 2011 | 8.3 | -4.6 | ↙ |
| 2012 | 8.2 | -1.2 | ↙ |
| 2013 | 9.9 | 20.73 | ↗ |

In this table shows the most rate of crimes & delinquents in Iraq at 2008 (15.8; 143.8) among population; while in 1993 was have the least rate of it.

***(Source of this table: Macrotrends website, 2020)**

**Table (2.3): Types and percent of delinquencies among (400) juveniles in prison of juvenile in Baghdad governorate during (2003 – 2005)***

| Type | No. | Percent of total |
|---|---|---|
| Theft | 148 | 37 |
| Homicide | 96 | 24 |
| Armed robbery | 42 | 10.5 |
| Abduction | 21 | 5.25 |
| Firearms possession | 16 | 4 |
| Traffic crimes | 13 | 3.25 |
| Rape | 10 | 2.5 |
| Terrorism | 10 | 2.5 |
| Forgery | 7 | 1.75 |
| Prostitution | 7 | 1.75 |
| Vagrancy | 6 | 1.5 |
| Stolen money possession | 6 | 1.5 |
| Brawl | 4 | 1 |
| Resisting arrest | 3 | 0.75 |
| Arrest for suspicion | 2 | 0.5 |
| Threat | 2 | 0.5 |
| Drugs | 2 | 0.5 |
| Fraud | 2 | 0.5 |
| Sexual harassment | 2 | 0.5 |
| Embezzlement | 1 | 0.25 |
| Total | 400 | 100 |

***(Source of this table: Alyasiri and Sarsa, 2008).**

According to Iraqi juvenile laws the "Office of Personality Assessment" is had a very important role to assess the juvenile state and prepare a description report to him and include recommendations about his state as

professionally; after that, the judge listen to family and witness (testimonies) and recommendations and report of personality assessment office to make appropriate decision about the juvenile delinquent case (Guidelines for Juvenile Justice in Iraq, 2018).

The crimes of theft and homicide were the most reported rate of delinquencies among Iraqi juveniles a prisonment in Baghdad prison of juveniles in Capital of Iraq.

## 2.1.c. Theories of Juvenile Delinquents

The delinquent among adolescents are ancient phenomenon and its history is not exactly detect in literatures, but the first proceeding for juvenile in courtroom is recorded in 1899 in Chicago (Bilchik, 1999); after this event was constituted the juvenile justice law that considered the juveniles are victims and need them to rehabilitation and are not considered as a criminal and unpunished them (World youth report, 2003). So, many theories studied the delinquent phenomenon and tried to explain the essential cause for deviant behavior in juveniles.

**Some Theory Related to the Cause of Delinquent or Deviant Behavior:**

1. **Genetic theory**: it theory considered the deviant behavior related to the genetic and other hereditary factors that relevant to genetic material that response on control the crime act (Moffit, 2005; Iryna et al., 2013); the origin of this theory return to Cesare Lombroso is a Italian criminologist in 1876 believed that relationship between the crime act and physical trait (Bassiouni & Sewell, 1974).

2. **Biological theory**: it theory considered the deviant behavior related to the neurotransmitters in the brain especially dopamine level and other predisposed factors that response on crime acts or abnormalities in certain areas in brain of juvenile such as damage or atrophy led to impairment in brain function (Raine, 2002).

3. **Psychological theory**: it include both the psychoanalytical and psychological theories are related to delinquent or deviant behavior such as emotions, intelligence development, behaviors acquired and may be include the personality traits during developmental period (Bartol, 2002).

4. **Social and environment theory**: is related to the causes of delinquent or deviant behavior relevant with the social factors and nurturing environment of children and youth that contributes to make them as a juvenile delinquent or not such as the social background, environment factors and social organization like school (Iryna et al., 2013; Reid, 2011).

5. **Other theory**: some theorist are contributed the cause of delinquent or deviant behavior to many factors such as economic factors because it played importance role in rate of crimes and delinquents behavior according to Freedman (1999) and William and Llad (2002) or physical trait theory of Lombroso when he tried to describe the shape of criminals according to the shape of head, ear, eyes, ….etc. (Bassiouni & Sewell, 1974).

## 2.1.d. Juveniles Delinquent in Law

The juvenile in essential nature is a child or adolescent, so the same rights that decided for children according to the international of human rights are deserved them and must be included in juvenile law of all countries are acceded to the CRC (Convention on the Rights of the Child) (DLA Piper report, 2015).

Iraq was acceded to CRC in 1994 and included in his juvenile law most principles of international rights of child (Report of Committee on the Child Rights, 1996). All international rights of child are importance for welfare of children and juveniles, but the respect them as a human to respect freedom of religious beliefs and conscience is more importance, because in the developing countries and Iraq their children were taken and believed b religion from their parents (International Religious Freedom Report, 2010).

The Iraqi civil code No.7 and Iraqi constitution is defined the child as each person his age is not reached to eighteenth years old (Initial report of states parties, 1996).

The Iraqi of juvenile law or welfare law was not used the term of "child" in their all legislations and sections and replaced it according to the age of juvenile by terms "adolescence, juvenile or youngster" ( figure 2.1.).

The juvenile welfare law that is now applied in Iraq is the Iraqi juvenile law No.76, it is included 112 legislations all them are consistent with the international human rights and international rights for child (Iraqi Juvenile Welfare, 1983).

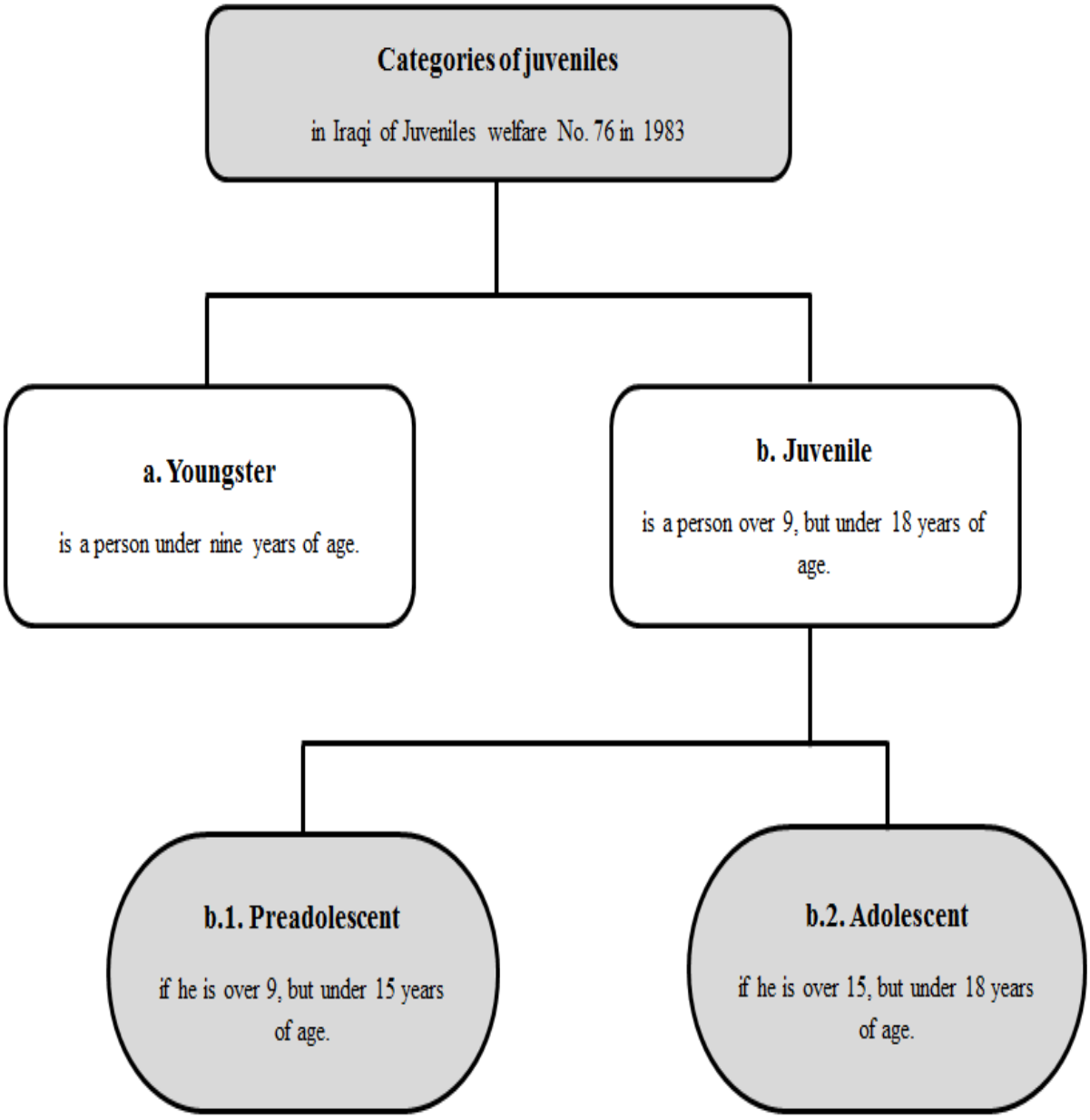


**Figure (2.1): Categories of juveniles according to their aged in Iraqi of Juveniles Welfare Law No. 76 in 1983 (Source of information in figure: Initial report of states parties, 1996).**

In first section is contained on the aim of this law; it is stated to reduce and prevent the delinquency phenomenon among juveniles through protection them by social adopting (morals and norms of community) and rehabilitating

them; so, to achieve this aims the section No.2 states instruments that can be attainment it are early detection to the delinquent behaviors before committing it, the guardian is a responsible about his juvenile or youngster when the delinquent act is happened, scientific treatment is used to treat them, sharing and contributing the organizations civil that relevant to juveniles matter with special governmental institutions to follow up applied the plans of juvenile welfare and other instructions that mentioned in it (Iraqi Juvenile Welfare, 1983).

The juvenile welfare Law contains accurate and very important details in how to organize and follow up the implementation of it from the council of juvenile welfare to select the appropriate legislations and judgments with their delinquents, so this law is one of the most enactment laws to care and welfare them in world because it is confirmed on rehabilitation and reintegration them in their society (Initial report of states parties, 1996).

## 2.2. Psychological problems

### 2.2.a. Common Psychiatric Disorders among Juveniles Delinquent

Juvenile is equally term to a child and adolescent, but when he is committed the delinquent or deviant behaviour (Bilchik, 1999), so the same psychiatric disorders and psychological problems are affected them and may be causes to his delinquent (Maniadaki, 2009). This fact make the legal legislator was consider them as a victim for difference factors and circumstances to commit the delinquent in his community (UNICRI, 2020; World youth report, 2003).

The psychiatric disorders and psychological problems in this period are variety and different in severity because there are one per five adolescents who aged between ninth to seventeenth years old are diagnosed by one of psychiatric disorders (Brookman, 2017).

The psychological problems in this period can be classified to the emotional and feelings problems, thinking, behavioral, conducting, learning and others problem such as eating, sleeping,... etc. (MSD , 2021; WHO, 2020). So the youth in this period had a high impulsivity and wishes, he needs to achieve them and special caring to be a good individual in his community (D'acremont & Lind, 2005).

Psychological problems among them are related to the behavior problems and in most studies recorded the violence is a most problem occurred, but in Iraq the theft is a more delinquent recorded (Alyasiri and Sarsa, 2008; Younis et al., 2008; table 2.3).

In West Africa, the prevalence of mental problems has been reported from 21.4% in Nigeria to 47.1% in Côte D'Ivoire (Spencer, 2005). Prevalence and severity of psychiatric disorders among adolescents are found to be higher than that of adults in many countries, which is because adolescence is related to a range of biological, environmental and social factors that influences the mental health status of individuals at this stage (Guthrie et al., 2016). The prevalence of psychiatric disorders in this period is higher than that of adults because adolescents between the ages of 15 to 18 years old face the stress and problems related to social, physical, family and school relationship which are tremendous for their healthy state.

Specifically, for example, many peer groups pressure them to do drugs or alcohol which affects their mental health. In addition, they also have a lot of job pressure due to the society expectation and school demand by parents. Therefore, they are more susceptible to develop mental problems than adults. The prevalence of psychiatric disorders among adolescents and young adults is increasing because the medical and dental services are rapidly improving, the school and the community health facilities are on enlarging so they play a role in promoting adolescents' mental health (Brookman, 2017). However, the current problems faced by adolescents include poor life skills, family conflict and suicide (Younghusband, 2017). In this period, many adolescents suffer from stress at school or home because of competition for good grades or jobs. They also experience peer pressure from the groups' pressure to drink alcohol or do drugs to fit in with the group. However, these problems can be reduced by laying a foundation of good education and family supports (Spencer , 2005).

The number of adolescents who are suffering from mental problems is increasing because they are exposed to too many stress and pressures at home and school which affects their mental health status. They are also exposed to peer pressure or pressure from the groups which effects their self-esteem and degrades them. This can be concluded because adolescents under the age of 19 years old have higher prevalence rate on psychiatric disorders than adults (Guthrie et al., 2016).

In this section will identifying on the importance psychological problems that mentioned in tool of study used (Brief Psychiatric Inventory 53-items (BSI-53)) (Bannoura, 2017) and some general psychiatric symptoms that may a cross occur in most psychiatric disorders among adolescents and

juveniles like problems in appetite, libido, sleep and suicidal thoughts, because the Iraqi juveniles law is detected the age of juveniles by ninth years old and considered them as a child if they aged under ninth years old (Iraqi Juvenile Welfare Law / Sections of an act No.5/ first /a, 1983).

### 2.2.a.1. Somatization

The psychiatric problems when occur with medical conditions are took a long time and the may be increased the likelihood of stay in healthcare facilities, increased the costs and had negative outcomes on them like mortality and impact of disabilities are increased (WHO, 2020; Halter, 2018).

This disorder like other psychiatric disorder (trauma, depression and anxiety) had effect on the thought and mind of individual and lead to many serious physical and psychological conditions (Sheila, 2020; Halter, 2018). So, the individuals who had these symptoms are common encountered to the medical health care facilities and are less common encountered to the psychiatric health care facilities (APA, 2013).

This disorder related to the physical diseases that is a psychological origin or physical symptoms result from stress, so the word " Soma" is the body" in Greek language (Halter, 2018; Merriam-Webster Dictionary, 2020).

The symptoms of somatization may include both psychological and physiological symptoms like unexplained rashes, changes in body weight, unexplained pain in neck and back or pain in difference sites of body and psychological and emotional distress like feeling of anxiety, irritability, depression, or pain in difference sites of body, paralysis, and …etc. (Halter,

2018), as well as these symptoms are common outcomes to significant impairment and distress (Update version of DSM-5, 2020).

Causes of somatization may return to many factors like biological factors, psychological factors, cognitive factors and social and environmental factors are played important role in occurrence this disorder and development it (Sheila, 2020; Halter, 2018).

In DSM-5 (2013) and it updated version at February 2020 the somatic disorder had a new category is called "symptom disorder and other disorders" and included many disorders are somatic symptom, conversion disorder, illness anxiety, factitious disorder, and other disorders (Update version of DSM-5, 2020) these disorders are common during adolescence period (Sheila, 2020).

The diagnosis of somatic symptoms and related disorders depended on the abnormal thoughts, behaviors and feelings to response for them symptoms and absence of the medical logical cause for this symptoms, as well as the main diagnostic criteria to detect it like significant disruption or distressing in daily activities, increased the behaviors, feelings or thoughts toward the health issues and somatic symptoms at least one from the following persistent thoughts about the somatic symptoms or/and persistent anxiety about this health or/and spend his all time and energy to treat these symptoms, finally the duration of these symptoms are continuous at least six months (APA, 2013).

### 2.2.a.2. Obsession Compulsive

It is a new category of disorders according to DSM-5 (2013), but previously in DSM-IV is integrated with category of anxiety disorders chapter (APA,2000); so all these disorders had to basic problems are obsessive is a persistent intrusive of urges impulses, images and thoughts in mind and caused distressed (Townsend, 2014). So, to avoid it the individual do a compulsive ritualistic or acts behaviors like repetitive hand washing, checking, ordering or mental acts like repeating words silently, praying, counting ; these behaviors aimed to relieve the distress and anxiety, so these behaviors are not useful to prevent it, but the individual is frequently repeated to relieve his distressing (Halter, 2018).

"Obsessive - Compulsive and related disorders" include may disorders like obsessive compulsive (OCD), body dysmorphic, trichotillomania (hair pulling disorder), hoarding disorder,…etc. these disorders characterized by the persistent obsessions or/and compulsions and duration to diagnostic it according to DSM-5 must be consuming time from more than one hour per day in one month or significantly distressing or impairment the daily activities or social and academic functions (Townsend, 2014). This disorder occurs commonly during childhood period among males and more than (30%) of them had a tic disorder with it (APA, 2013).

### 2.2.a.3. Depression

Depression is a mood disorder that causes a persistent of sadness feeling and loss of interest; also called clinical depression, it affects in emotions, thoughts and behavior as well as variety disturbances in emotions and physical symptoms (Sheila, 2020; Barker, 2009). Depression disorders are

raised incidence among adolescents who misused drugs and alcohol (Buckner et al., 2008; Deas, 2006).

It includes many types of disorders are major depression disorder (including major depression episode), persistent depression (dysthymia), disruption mood-dysregulation, premenstrual dysphoric, substance/medication -induced depression, depression disorder due to other medical condition and other depression disorder such as unspecified or that attached with specifiers when the some cases diagnosed like seasonal depression, psychotic features depression,…etc. (APA, 2013; Halter, 2018).

There are common features of all these disorders are the presence sadness and anhedonia, empty or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function, but it differs by severity range from (mild to profound), duration, timing and presumed etiology (Sheila, 2020).

### 2.2.a.4. Anxiety

Anxiety disorder is a component of feelings of anxiety and fear with disturbances of behavior, emotion, cognitive and physical (APA, 2013; Black & Andreasen, 2011); so, it is arousal the fight or flight, anticipation of danger and avoidant or cautions behaviors. (APA, 2013; Townsend, 2014; Barker, 2009)

It may occur in all ages (Townsend, 2014) and specially during childhood and developmental period as common, so should be the different between it and other types of anxiety disorders that incidence in same period such as separation anxiety and selective mutism disorders; this disorder occurs

in male to female (1:2) and persistent at least to 6 months (Sheila, 2020,). Also, the anxiety and phobias disorders are commonly raised incidence among adolescents and juveniles who misused drugs and alcohol (Buckner et al., 2008).

Anxiety had a negative significant effect and impairment of academic and social functions and interfere with activity daily living, so the anxiety occurs as a response and result to life events or stress factors that individual is unable to deal with it (Black & Andreasen, 2011; Halter, 2018).

Anxiety disorder is difference by severity from client to another because them are differences by vulnerability to effect it on their adapting skills and experiences of life; so, the severity of it extends from mild, moderate, sever and panic attack, also this disorder sometimes reached to panic attack without any reason (Sheila, 2020); also, the symptoms of anxiety are increased among adolescents their aged fifteen years and older (Van Oort, 2010).

The etiology of anxiety disorder may be return to generic, physiological causes related to neurotransmitters like Gamma amino butyric acid (GABA), serotonin, and 5 Hydroxytryptamine kind 1, or psychological theories like psychoanalytic theory (Freud believed the anxiety occurs to distortion in use the defense mechanisms to sense of safe and emotional control), behavioral theory saw the anxiety arise from past experiences learned and can change this behavior acquired by learned new skills or experiences about the situation or objects (Sheila, 2020).

### 2.2.a.5. Specific Phobic

It is intense, illogical and persistent anxiety or fear from specific situation or objects (APA, 2022) and persistent this fear at least 6 months (Sheila, 2020; APA, 2013; Barker, 2009). Phobias are interfere with daily activity living, academic functions and social relationships (Sheila, 2020).

The prevalence of phobias disorder are (16%) among youth aged (13-17yrs) and (5%) among children, as well as the males are less affected than females by (1:2) (APA, 2013; Townsend, 2014). Onset, the phobias disorder usually occurs in adolescence and childhood and they are continuous to adulthood period about (80%) of cases (Sheila, 2020).

Phobias like anxiety had the same symptoms in general such as tantrums, crying, clinging or freezing in children (APA, 2013) and same level of severity, but this severity may be reduced gradually at adulthood (Sheila, 2020; Halter, 2018).

This disorders included the fear from heights, flying, blood, injection, social situations, animals,...etc. and commonly among individuals had phobias disorder may be have multiple phobias from certain situations or objects in same time such as the fear from cats and snakes or spiders and heights,...etc.; this cases are formed about (75%) from individuals had specific phobias (Sheila, 2020; APA, 2013; Townsend, 2014).

There are three main factors that causes the phobias disorder: temperamental inhibition behavior or neuroticism (negative affect); environmental factors like separation from parents or high parental protection, sexual or physical abuse, negative imagine about the situation,...etc.; and last the physiological and genetic to a certain types of phobias in first degree

kindred (APA, 2013; Halter, 2018). But according to Sheila book (2020) believed the causes of phobias are not occurred from people past events or experiences because the phobias of people occur without dealing with this fearing objects and events previously. This believe is contrast with causes that mentioned in DSM-5 (2013).

Although in study of Gregory et al. (2007) were find the adults who had specific phobias and had a delinquency in adolescence period were have at least one types of phobias disorder, but they were not have any types of anxiety disorder; also they found among adults who had PTSD diagnosed during adulthood are reported they suffered from conduct disorder during adolescence period.

Phobias disorder can be treat by psychological therapies like behavior therapy, relaxation technique, developing self-esteem, control emotions and feelings, cognitive behavioral therapy, ...etc (Sheila, 2020).

Behavior therapy that used to treat phobias included two main types of therapy, first serial systematic exposure to the threatening object or second technique is called flooding. Flooding technique is a rapid form of desensitization of threatening object and this technique is not have risks of death on patients (Sheila, 2020; Halter, 2018).

### 2.2.a.6. Psychosis

It is a severe mental disorder includes delusions and the previous criteria that mentioned in paranoia ideation and hallucination as well as the negative symptoms and disorganized of speech at least more than one day and reach to years according the types of disorder occurred (Halter, 2018) or at least one from these criteria (APA, 2013), it occurs during adolescence period

and it occurs twice in females than males, but it is onset among males is early than females (Haddad et al., 2015).

Psychosis disorders is not explained as a depression or bipolar and it must be distinguished from "some religious ceremonies" and some situation that one is reported heard voices like induced by drugs such as hallucinogens or abused substances; these disorders included brief psychotic, catatonia, schizophrenia and other disorders (APA, 2013).

Psychosis is continuous in lifespan if it is not treated and the relapse is more occur, but the final outcomes with right treatment is excellent for social functions and symptoms (Townsend, 2014).

## 2.2.b. Common Deviant behaviors and Psychological problems among Juveniles Delinquent

### 2.2.b.1. Interpersonal sensitivity

Interpersonal defined as being, relations between individuals or relating between them (Cambridge Dictionary, 2021) or it is a respondent of feelings for himself to assess the feelings; so, These feelings include self-conscious for others weather it is sympathetic or unsympathetic and it is uneasy or unfriendly feelings when the individual is dealing with others (psychology.wikia., 2021). This concept related to social and connections between two individuals or more (Merriam-Webster Dictionary, 2020) and this relationship is various degree according to intimacy or friendship, blood relationship, kinship or in work or neighborhoods (Masillo et al., 2016) and time of duration (APA, 2022).

The interpersonal is thrived when the relation is reciprocal and equitable between them and influences by cultural and social properties. although the most studies of interpersonal included many branches to study it like sociology, anthropology, psychology and others specialties so it called "relationship science" (Hall et al., 2016). Also, this term of interpersonal sensitivity previously is equal in meaning for interpersonal or empathic or judgmental accuracy and related to psychological status such as atypical depression is had effect on interpersonal sensitivity and maltreatment and violence also had the same effect on it (Ye & Ye, 2020). The interpersonal sensitivity is a special field should be distinguished it from irrelevant unproved anecdotal or pseudo-experts; so the interpersonal sensitivity and functioning when it is impaired in adolescents give us dangerous indicator for psychosis (positive symptoms) and there is relationship between the personality traits, social functioning and the impairment of interpersonal sensitivity (Masillo et al., 2016).

### 2.2.b.2. Hostility

Hostility is an opposition, conflict or resistance in behaviors principle or thoughts (Merriam-Webster Dictionary, 2020), or "meaning unfriendliness" (Cambridge Dictionary, 2021; APA, 2022).

Hostility usually occurs between youths (specially who had delinquent behavior) and their parents , or with their friends or with strangers and against their community principles during puberty period as frequently (Buehler et al., 1994).

The reasons of hostility may due to low academic performance, internal and external factors, poor parental nurturing and it relevant with maladjustment in adolescence period (Buehler et al., 1994; Halter, 2018).

Maladjustment in adolescence period defined as "the relative inability of youth to engage successfully and appropriately in interpersonal relationships and in work, play, academic performance overtime with relative freedom from anxious social behaviors and burdensome emotions" (Trotter, 1989).

There are three very important factors effect on youth maladjustment include:

**1.** Problems related to external behaviors such as delinquency, hyper activity and aggressive (Halter, 2018).

**2.** Problems related to internal behaviors such as anxiety, depression, withdrawal and isolation (Townsend, 2014).

**3.** Low academic performance or failure (Black & Andreasen, 2011).

These factors had direct effect on the degree of hostile youth (Fauber et al., 1990) or juvenile.

### 2.2.b.3. Paranoid Ideation

It is an excessive of irrational beliefs and suspiciousness of others (Merriam-Webster Dictionary, 2020; APA, 2022) or an illogical fear related to irrational beliefs that other person intends to spy or kill him; so, this fear may due to a defense act to avoidant the harming expected from others (Halter, 2018).

The paranoid ideation is a one types of delusions includes the belief that someone is harmed him or killed; this delusion is a dangerous thought and it can be led to commit the delinquency or distorted the norms of community or killed others (Townsend, 2014). It occurs more common in individuals who experienced dangerous from other in any time of their life or among abusers of drugs like amphetamines because they believe which need to protect them-selves from unreality threats (Barker, 2009). These ideations are commonly related to someone conspired or spied on him, cheated, followed and pursuit or poisoned him; so, he tried to get the self-satisfaction by legal ways (APA, 2013) or illegal ways (Teplin et al., 2015) such as committed delinquencies and crimes.

So, this ideation considered a disorder if it continues to one month or longer, but this ideation is not enough severe to interfere with the daily activities or impairment occupation (Halter, 2018). The paranoia ideation can be onset during childhood period about one per (40000) children and all races people are affected by it and more common diagnosed among males who ages (15-25) yrs and lived in urban areas (Haddad et al., 2015).

The criteria to diagnose it depended on presence this ideation for one or more than one month and it is not met with criteria of schizophrenia and it is not impaired daily functions or markedly odd or bizarre behavior, but it may accompanied with depression or manic episodes (APA, 2013; Townsend, 2014).

### 2.2.b.4. Additional Psychological Problems Related to Juveniles

The additional psychological problems includes a general symptoms are occurred with most psychiatric disorders, but these symptoms are essential

mark for existing the psychological problem. The additional psychological problems include four importance symptoms are death thinking, changed in appetite, sleep and feelings of guilt according to BSI-53 items (Bannoura, 2017).

Death thinking is a general symptoms in many psychiatric disorders like depression, drugs abuse, schizophrenia, persistent complex bereavement disorder, anorexia nervosa, bipolar and other psychiatric disorders; these thoughts intent to die by attempt to serious injury or suicide (APA, 203). Suicide is a first cause of death among adolescents in a countries (Centers for Disease Control and Prevention, 2011; Kim et a., 2014).

Many factors effect on the death thinking are severity of disorder and darkened thoughts, biological vulnerability, social considerations and personal capabilities and instruments like planning, knowledge about the way of lethality chosen, intentionality and ambivalence, …etc. (Townsend, 2014).

The death thinking and suicidal attempt are highly prevalence among juveniles offender specially among who had sexual abuse depression and trauma as well as the personal traits like gender, race, culture and other are effect on these thoughts (Teplin et al., 2015). According to Centers for Disease Control and Prevention (2012) is the suicide had a third rank between the causes of death among adults and adolescents who aged fifteen to twenty four years old, but the suicidal attempts are higher rated among juveniles than other individuals in community classes (Hayes, 2009). The rate of suicide among juveniles delinquent according to study of Gallagher and Dobrin in 2006 is estimated to 21.9/100000 juveniles who brought to justice facilities.

Appetite changes are a more common symptoms among juveniles delinquent because most them suffer from depression, mood disturbance and other psychological problems these problems had negative effects on their appetite state (Weiss and Garber, 2003). The good eating behaviors are very important for growth & development and health of individuals (Cockerham, 2005); so, in study of Gesch et al. (2002) were find a negative relationship between the delinquency and healthy diet; also, in study of Barnes and Meldrum (2015) were find indirect relationship between the genetic factors and sleep patterns among juveniles delinquent (Semenza, 2017). So, the bad eating behaviors had reversely effect on individuals health such as obesity, diabetic and cardiac diseases, other physical and psychiatric problems (Brunner et al., 2008).

Sleep is a vital process to growth and development of living organisms; also the time of sleeping need is different according to the age of individuals, so the time of seep rising in middle adolescent and decreased when they become adults (National Research Council & Institute of Medicine, 2000). A sufficient time sleep is are very important for growth & development and health of individuals (Cockerham, 2005). So, in study of Clinkinbeard (2011) and study of Peach and Gaultney (2013) were find a negative relationship between the delinquency with amount and patterns of sleep. So, the persistent bad sleep patterns and lack of it had reversely effect on individuals health such as problems in immune system, hypertension, obesity, diabetic, cardiac diseases, mood disorder and other physical and psychiatric problems (Hublin et a., 2007; Sigurdson and Ayas, 2007).

The causes of sleeping problems among adolescents were unable them to fall in sleep may be return to melatonin secretion is late onset and same

cause when them is awake up to late secretion the hormone of turns-off in morning (National Research Council & Institute of Medicine, 2000). So, in study of Clinkinbeard et al. (2010) were found significant relationship between the amount of sleep with delinquent behaviors rate and types when the pattern of sleep is fewer the delinquent behaviors rate is increased, in example the juveniles who reported are slept less than five hours at night were more delinquent to violent than who reported are slept a sufficient time of sleep at night.

Guilt is a feeling of responsibility about action occurs by him-self or not committed in wrong way and his deserves the punishment (Raiz, 2018). The feelings of guilt has two direct positive when the individual is actually committed wrong action or negative when the individual is not actually committed the action (Tangney, 1990).

## 2.3. Quality of Life

Quality of life (QoL) is important concept now includes many dimensions related to individuals wellbeing and their satisfying toward their health, care and services introduced, new medications and treatment techniques (Sung et al., 2021); so, this development and improvement is not related to life expectancy (Cai et al., 2021).

The QoL according to WHO is relevant with health because is related to the position of individuals life (WHO, 1997); so the health is important part from expectations and QoL and it gives the meaning value for their life as well as the other domains such as environmental, occupation, academic performance and social relationships (Kaplan & Bush, 1982).

The QoL defined according to WHO as an individual perception of his position and value in life respondent to cultural, values and norms system when he lives and relation it with his aims, expectations and other important concerns such as psychological and physical health, individual beliefs, social relationships and other features related to his environment (APA PsycNet, 2021). So, the QoL had positive effect on individuals as generally and on offenders especially when it is be good or high (Bouman et al., 2009), this fact led us two the QoL may be had two directions (positively or negatively according to the individual position and value in his life).

Quality of life (QoL) includes many dimensions related to individuals wellbeing and their satisfying toward their health, care and services introduced, known as QoL-physical, QoL-social, QoL-emotional, and QoL-spiritual dimensions. It is thought that those dimensions are closely linked with the developmental level of the individual with adults and children having different types of experiences. Delinquency and various conduct disorders have been closely related to social problems such as family disruption and poor school performance. In addition to academic achievements, delinquency has also been related with social difficulties such as low self-esteem which is associated with lower quality of life (Bardages et al., 2006).

The association of delinquency with poor QoL is not new among juvenile delinquents who showed aggressive behavior were more likely to be unemployed and had a lower quality of life than non-delinquent juveniles in the same situation. This result was particularly noted among substance abusing adolescents, which left them less satisfied with life than their peers. In other words, they found that the most troublesome form of delinquency was linked with negative effects on physical, mental and social functioning. Other

studies also reported evidence that delinquent behaviors had an adverse effect on the quality of life among children and adolescents (Sherman et al., 1991).

The relationship between delinquency and poor QoL has been reported in various countries ranked according to the level of severity in many studies. Studies of children and youth in Canada and the UK have found that juvenile crime is associated with poor physical health, an increased chance of being a victim or perpetrator of violence, and a less positive attitude toward school (Craig et al., 2000). In another study in the United Kingdom, researchers found that children who were delinquent were more likely to have low self-esteem, to have problems at school with discipline and attendance, or have problems with their peer group. Similarly as described by Bardages et al. (2006), a study conducted in Spain found that adolescents who were previously incarcerated had a poorer quality of life in comparison to those who had remained outside the correctional system.

Adolescents, in particular, are at risk for poor QoL as they experience transition from childhood to adulthood; this results in high rates of school failure and delinquency (McCord et al., 2000). Consequently, adolescents are more susceptible to harmful practices such as substance use. Researchers have suggested that it is during this period that an adolescent's brain is still developing and maturing. This means that the teenage years may be particularly vulnerable because of the hormonal changes occurring during this time (Gortmaker et al., 2000) new medications and treatment techniques (Sung et al., 2021); so, this development and improvement is not related to life expectancy.

## 2.4. Theoretical Framework

The theoretical framework is very important matter in nursing research because it is essential guidance and had a vital role for build the knowledge and achieved the goals of study, as well as it is increased the research's power (Grant and Osanloo, 2014).

Nursing theories are now being used as a foundation in practices that gives the nursing is a real relevant meaning, as well as transferred it to professional organized (Arora, 2015). So, Neuman's Systems Model is a comprehensive holistic model and it's a basic system in nursing; the model had flexibility elements and it focused on the respondent of the individual system to the actual and potential stressors in its surrounding depended on the three levels of nursing prevention and nursing intervention to attainment, restore and maintenance of individual system health (Nursing-Theory.org, 2020).

The Neuman's systems model can be applied in specific group and in singular or specific situation, also can be generalized on the same group such as adolescents in pre-operative unit care (Shield, 2010), or juveniles delinquent who were offenders or during follow up as well as in any other situations and in all ages (elderlies, adults or youths and children) (Pestane-Santos et al., 2021).

### 2.4.a. The essential assumptions of the Neuman's model:

There are many assumptions are basic for this model (Figure 2.2, original diagram of Neuman Systems Model) such as:

- Each patient had a system. This system is a unique system and it composite of many factors and traits inside detected range in basic structure and effected by specific range of responses from their environment, this range is the first line defense is called the normal line. It usually used to measure the health deviation from standard (Angosta et a., 2014).
- There are three types of existence stressors include universal, known stressors and unknown stressors. Each types of stressors are a unique in potential effect on the normal stability level of client (Neuman & Fawcett, 2011).
- Each defense lines of patient is had certain degree of limits when increased the outer stressors more than the capabilities of flexible line is breakdown (Angosta et a., 2014).
- The wellness is responsible of the stability of client state and supported it by available energy, so the interrelationship of the client variables is a dynamic and depend on a client state weather he was wellness (Nursing-Theory.org, 2020).
- Each client had implicit factors called internal resistance factors or LOR (line of resistance). These factors are importance role in regulation and stabilization the client wellness state (Angosta et a., 2014).
- All level of preventions had functions extended from reduction and early identification of probability the risk factors to treatment, rehabilitation and adjust the client systems (Neuman & Fawcett, 2011).
- Each client had constant energy and continuously exchange and reaction with their environment (Turner & Kaylor, 2015).

### 2.4.b. The Major Concepts in the Neuman's Model:

There are many major concepts in Neumann's system model related to the reaction between the individuals and his environment such as degree of reaction, energy and its processes on him like disorganization, depletion and conservation, centeral core, lines or layers like flexible, normal defense and resistance layers, input and output, stability or wellness, stressors and many other concepts (Nursing-Theory.org, 2020). So, this theory focused on the prevention and it considered the early intervention is a first line response to stressor and intervention should be occurred before the individual reacts with it; so, the theory was confirm on the support for individual and tries to restore balance of his energy by added or reduced it according to the actual needs of him (Turner & Kaylor, 2015).

### 2.4.c. The Four Meta-paradigm in the Neuman's Model:

The Neuman's model is one of nursing theories included the four meta-paradigm in nursing (Marilyn, 2001); also, this model had many variables and factors influences. This meta-paradigm includes individual, health, nursing and environment.

Individual according to this theory may be one person, family or communities and consisted of lines or layers (Hood & Leddy, 2006). Each layer had five subsystems or variables; these variables are psychological, physiological, spiritual, sociocultural and developmental (Nursing-Theory.org, 2020).

Neumann's model considered the health included both wellness & illness and defined them as follow:

- Wellness is a state of dynamic equilibrium of normal layer of defense to avoid stressors or defense by flexible-layer;

- Illness definition is a condition that the stressors breakdown the normal layer of defense and react with the resistance layers of individual (Hood & Leddy, 2006).

The concept of environment included both the external and internal forces or factors those surrounding an individual and interacting with them at any time (Turner & Kaylor, 2015).

The concept of nursing is a preventive and interventional in all stages of prevention levels and intervention by promotion, early detection & treatment and restoration of health him (Hood & Leddy, 2006).

### 2.4.d. Applied the Neuman's Model in This Study:

The Neumann's model can be applied on juveniles delinquent as general, regardless the kind of delinquency or causes that led to commit it. All deviants behavior and delinquents when they committed should be have the main cause or impulse to act them is called a stressor. There are two types of stressors are internal stressors related to their genetic, physical abilities, neurotransmitters,...etc. (psychological problems) and external stressors (Quality of Life) related to environment, economic status, academic performance, parental nurturing,...etc. So, when these stressors are strongly and the juvenile delinquent is unable to absorb or adopt with stressors, the layers of him will be broken from the outer defense layers (flexible, normal, resistance layers) to reach the central core of juvenile. The other factors had

important role on the volume and rapid of broken, see figure 2.2.( Neuman & Fawcett, 2011).

The nurse had a vital role to control and adopt the juvenile, but it is depended on where the layers broken reached and time of data collection to diagnose it & applied the Neumann's model intervention in his practices like retained, attained and tried to maintain the optimal equilibrium between defense layers and keeping the stability by preventive as intervention layers and reduction the influencing of stressor (Hood & Leddy, 2006).

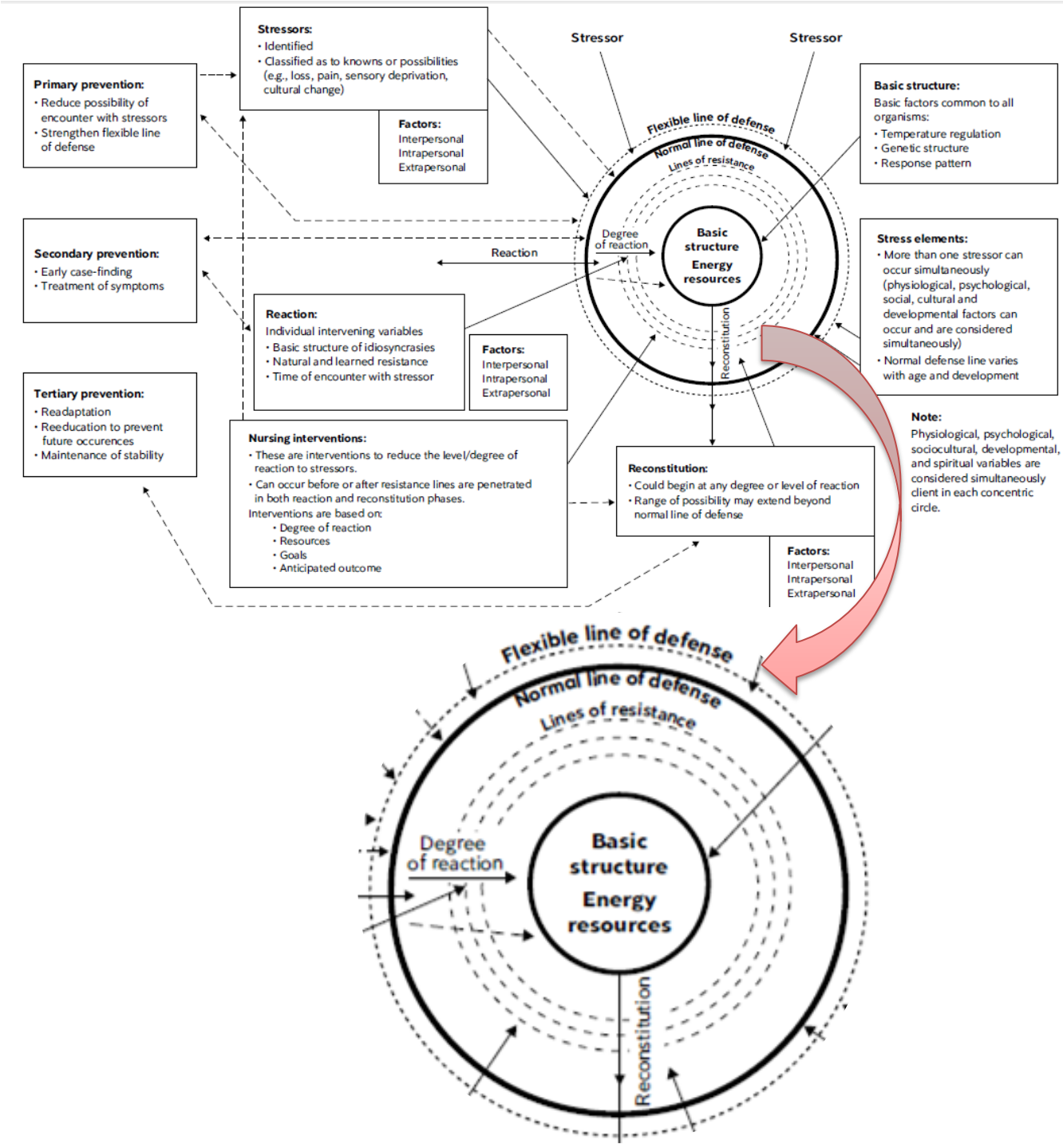


**Figure (2.2): Betty Neuman Systems Model** (original diagram). **(Source of information in figure: Neuman & Fawcett, 2011).**

## 2.5. Previous Studies

### 2.5.a. Alyasiri and Sarsa (2008) Study:

The researchers studied the psychosocial profiles of Iraqi juveniles delinquent who committed the crimes and arrested in Baghdad governorate prisons when they were age under eighteenth years old during (2003 to 2005).

The sample of study included 400 juveniles delinquent accused. The researchers used the profile and clinical interview based on ICD-10 to get the data after get the verbal agreement from participants to participate in the study.

Results of study were show the age of most juveniles delinquent were seventeenth and the predominant gender is the male gender. They had deprivation history and their parents, illiteracy, premature labor and low level education and academic achievement.

The theft and stolen crimes had a first rank among other crimes that committed by them.

The researchers concluded the majority of them are not had a mental illness or psychological problems symptoms and most of them where need to rehabilitate centers and integrate them in their communities.

### 2.5.b. Nikmanesh & Zandvakili (2015) Study:

The researchers studied the effects of training of positive thinking on stress, depression, anxiety and quality of life for juveniles delinquent in Zahedan Center. The sample of study included 29 male juveniles delinquent

only and divided them to two groups. First group is an experimental group consisted of 17 participants & control group consisted of 12 participants. The researchers used program training consisted of eight sessions (the duration of each session was ninety minutes) and final test when the participants were complete all sessions of program.

The researchers used quality of life scale, anxiety, depression & stress scale as a tool for study.

The results of study found the training program had a positive effects on the severity of anxiety, depression and stress, also positive effects on and increased the satisfaction to the quality of life for them. So, the researchers recommended to use this program in juvenile justice institutions of rehabilitation and correction of juveniles delinquent.

## 2.5.c. Van Damme et al. (2016) Study:

The researchers studied the relationship between the quality of life for offending girls and future of psychological health problems when testing the strength of good life basis and improvement their rehabilitated. The sample of study included 95 offending girls.

The tools of study included WHO quality of life brief scale to assess it during sixth months after discharge by self-reported to examine four domains of quality of life included psychological & physical health, environment & social relationships; so, the researchers used GLM (general linear model) as a statistical tool to detect this relationship and descriptive statistics tools.

The results of study found there was negative direction from quality of life to predict offending and the researchers claim this result were unsupported by other studies. Also, there was negative direction from psychological problems to predict offending. Finally, there was positive direction between the participants satisfaction and social relationships with others after released them from incarcerated.

The study recommended the professionals should be detect & treat the psychological health problems among them and supported to develop new-skills and build strength social relationships with others.

## 2.5.d. Barendregt et al. (2018) Study:

The researcher was study the quality of life, psychosocial functions & delinquency of juveniles in residential care to test 2 assumptions of GLM (Good Lives Model). These assumptions related to assess the subjectivity of quality of life with delinquency behaviors and psychosocial problems; the second assumption related to the sufficiency of coping skills to reduce the delinquency behaviors.

The sample of study included ninety five juveniles delinquent had severe psychological health problems and participated in four longitudinal waves. The researchers were use Lancashire quality of life profiles and coping skills list for youth.

The results of study revealed reduction in health domain of quality of life scale among juveniles who had more than one psychosocial problems during the time of follow up; while the juveniles who had good coping skills were less likely to commit delinquency behaviors and had less psycho-social

problems during the time of follow up. So, the researchers recommended to support them and use the strength elements in treatment and rehabilitation program.

## 2.5.e. de Ruigh et al. (2019) Study:

The researchers studied the quality of life prediction during offending & after discharge from incarcerated. The study aimed to rehabilitate and integrate the juveniles delinquent in their community, improve the quality of life and focuses on recidivism after discharge. So, the study was comparative between the juveniles who were release at least before one year and who were still detained.

The sample of study included 186 participants in Netherlands and used the neuro-psychosocial factors (as predictors) and MANSA quality of life scale with follow up them in specific periods detected by researchers.

The study found there was improvement in their quality of life during follow up and specially among who were not longer detaining. The effects of predicting-factors were not had significant differences between the juveniles who were release and who were not release. So, the study recommended to add the relaxation techniques & incorporation traumasensitive program in rehabilitating program of juveniles because they had meaning value for them.

## 2.5.f. Study of Janssen de Ruijter et al. (2019):

The researchers studied the relationship between the quality of life and psychological health problems experienced of male juveniles Netherlands

after discharge from incarcerated. The study aimed to explore the differences among the juveniles and classified to 4th risk-profiles after release from incarcerated. The sample of study included 46 participants from male juveniles forensic psychiatric hospitals in Netherlands by self-reported assessment to 5 domains included daily life, problems life, social relationships and quality of life.

The results of study found elevation in social relationships and improvement in their quality of life; but there are elevated in some bad habits like drugs abuse, delinquency behaviors and depts. Also, there are few or partial relationship between them and risk factor classes. So, the study recommended to focus on longterm care for juveniles who released from incarcerated because the psychological problems are increased and persistent among them.

## 2.5.g. Study of Huanget Chien-Chung al. (2019):

The study was related to Resilience, emotional problems, and behavioural problems of adolescents in China: Roles of mindfulness and life skills. Overall the emotional and behaviorial problems increase risks to youth development, resilience helps youth adapt and overcome adversity. Research has discussed factors related to youth resilience, emotional problems, and behaviorial problems; however, existing literature excludes non-western sociocultural contexts and has not explored the potential relations among mindfulness and life skills. This study examines the effects of mindfulness and life skills on resilience, emotional problems, and behaviorial problems of adolescents in China. Our data come from a group-administered survey

among 60 adolescents from a school for behaviourally delinquent students in Beijing, China, in 2017.

The regression results indicate that mindfulness is associated with reduced adolescent emotional and behaviorial problems, whereas life skills are associated with increased resilience. The findings suggest the importance of adolescent interventions that incorporate concepts from both mindfulness and life skills training.

## 2.5.h. Study of Caron E. H. al. (2019):

The study was related to the youth involved in the justice system meet criteria for psychiatric disorders at much higher rates than youth in the general population and a large body of research has established a relationship between mental health problems and delinquency or recidivism. However, only limited research has examined the relationship between specific types of psychopathology and specific patterns or types of delinquency for justice-involved youth and only a single study has explored the relationship between psychopathology and delinquency among youth with psychiatric diagnoses receiving mental health treatment.

The study examined the relationship between severity of offending and internalizing and externalizing symptoms among court-involved, non-incarcerated youth referred for mental health treatment. Over half of youth and over two-thirds of parents reported youth symptomatology at the 93rd percentile or above for internalizing symptoms, externalizing symptoms, or both. We found that youth engaged in serious or violent delinquency are more likely to have externalizing problems but that internalizing symptoms were

equally high across youth committing minor, moderate, and serious delinquent acts. Findings from this study support the need for future research exploring the nuances of relationships between psychiatric disorder and patterns of delinquency, which can provide helpful information to justice system stakeholders in identifying youth needs.

# Chapter Three

# Methodology of Study

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# Methodology of Study

This section related to introduce how the study conducted, designed and what the researcher used to collect the sample and statistical tools also it reveal all main steps to achieve the study like consent of ethical and scientific committee to conduct this study, select the design of study, sample, setting and adopting the tools and measured the reliability and validity, as well as how the data collected and describe the sample characteristics.

## 3.1 Study Design:

A descriptive-correlational study is conducted on the juveniles delinquency in Al-Najaf juvenile court for both gender, so as to seek the relationship between QOL and mental health of juveniles by interview with them during the social worker session. The study period conducted from 24/9/2020 to 30/10/2021 at Al-Najaf juvenile court in AL-Najaf Governorate.

## 3.2 Administrative Permissions:

### A. Formal Consent:

According to policies of College of Nursing at University of Babylon theist the presentation in the hall as statement and objectives to present it in front the Committee of Scientific Postgraduate Committee in College of Nursing at University of Babylon Council to get the acceptance. Then getting the official consent was get and the researcher started to obtain the cooperation to Al-Najaf juvenile court in AL-Najaf Governorate to conduct it. The researcher starts collection data after gets the official consent to data

collection from Al-Najaf juveniles court and he got it at 1/3/2021 (Appendix (B)).

## B. Ethical consideration:

All humans are have rights and deserve respect in all communities and the laws in all countries guaranties them, so the juvenile delinquent is a human has this right to respect and this study is guaranty this right by follows the official steps to conduct this study orderly by achieved the ethical issues and considerations for participants in study. These considerations achieved by:

1- The study gets the official permission to conduct it from ethical committee in College of Babylon (Appendix (D) and Al-Najaf juveniles court.

2- The researcher explained the goals and what the benefits from participated in study and each participant has right in accept or refuse in participation in this study.

3- After that, the researcher gets verbal permission from juveniles delinquent to invite them to participate voluntarily in the study.

## 3.3 Study Setting:

Al-Najaf juvenile court in AL-Najaf Governorate is a unique place to judgments in issues of juveniles delinquent in in AL-Najaf Governorate. So the researcher choices this setting to conduct this study. This court has two main courts related to crimes, personal issues and delinquents judgments as follow:

**First court:** also has two courts

1. Personal status court related to personal issues and personal laws.

2. Court of first instance related to crimes and issues that occurs between adults.

**Second court** related to delinquents and issues for juveniles and called Al-Najaf juvenile court.

Any person is not reach adulthood has committed crime or any act deviant from laws and called juvenile or juvenile delinquent. The age of juvenile delinquent who is bring to Al-Najaf juvenile court between (9-before reach to18) years old. First step according to the Iraqi juveniles delinquent law for judges on a juvenile delinquent in court, if there is he committed the deviant act and a plaintiff introduced the petition against him to the court.

The judge is used the power law that come from the Iraqi juveniles delinquent laws to modify and observed his behavior by follow up the juvenile with social worker or modify his behavior, but the juvenile admitted to the boys rehabilitation school when aged between (9-15) years old or admitted to the young man rehabilitation school aged between (15-20) years old or the judge may be punishment him by financial penalty or others punishment guarantee by Iraqi juveniles law that appropriate with delinquent them. The period of follow up with social worker is at least 6 months ever to weeks one meet with juvenile or extend as maximum to 2 years also, one meet with him. After that, the social worker introduced his report about juvenile case to the judge to decided what the juvenile deserve, but the Iraqi juvenile law is very careful to modified and rehabilitation the juvenile behavior and integrated him in his community rather than focused on punished him.

## 3.4 Sampling:

The sample of study select a non-probability purposive sample because there is some concerns related to the juvenile justice system and acceptance of the juvenile to participate in the study; also, the difficulties related to accessibility to juveniles delinquents and meeting with them when they admitted to rehabilitation schools. The Iraqi juveniles law is respect the juveniles and gave them the high privacy to reduce the stigma and shyness, so the conducted studies getting the acceptance was not be easy task. Also, the numbers of the petition against them are few comparative with other countries (tables 1.1. & 2.1.).

### 3.4.a. Included criteria:

1. Must be lived in AL-Najaf Governorate and they had the petition against them in Al-Najaf juvenile court.
2. Must be judged by follow-up with social worker in same court.
3. Must be had at least one visit to the social worker.
4. Their delinquent occur before 4 years or less.

### 3.4.b. Excluded criteria:

1. Any juveniles delinquent lived in other provinces except AL-Najaf Governorate and they had the petition against them in Al-Najaf juvenile court were excluded from sample of study.
2. Other judgments except follow-up with social worker were excluded, despite this judgments arising against them in same court.

3. Any juveniles delinquent were not had at least one visit to the social worker.

4. Any juveniles delinquent occur delinquent more than 4 years.

So that, the sample of study includes 54 juveniles delinquents who lived in AL-Najaf Governorate and they had judgments in Al-Najaf juvenile court only and they are follow-up with social worker in same court according to tables 1.2. & 1.3. are explain to types of judgments arising against juveniles and their types of delinquency. The sample includes 50 males and 4 females who had delinquents and accepted to participated in study, in below flowchart that explain the sample details who accepted to participate in the study and who refused it from the total numbers of juveniles delinquent had the included criteria to participate in the study (figure 3.1). Finally, the sample of study is not followed the normal distribution according to the Shapiro–Wilk test is a test of normality in frequents statistics. Because the value of Shapiro–Wilk test is less than 0.05 (P.value).

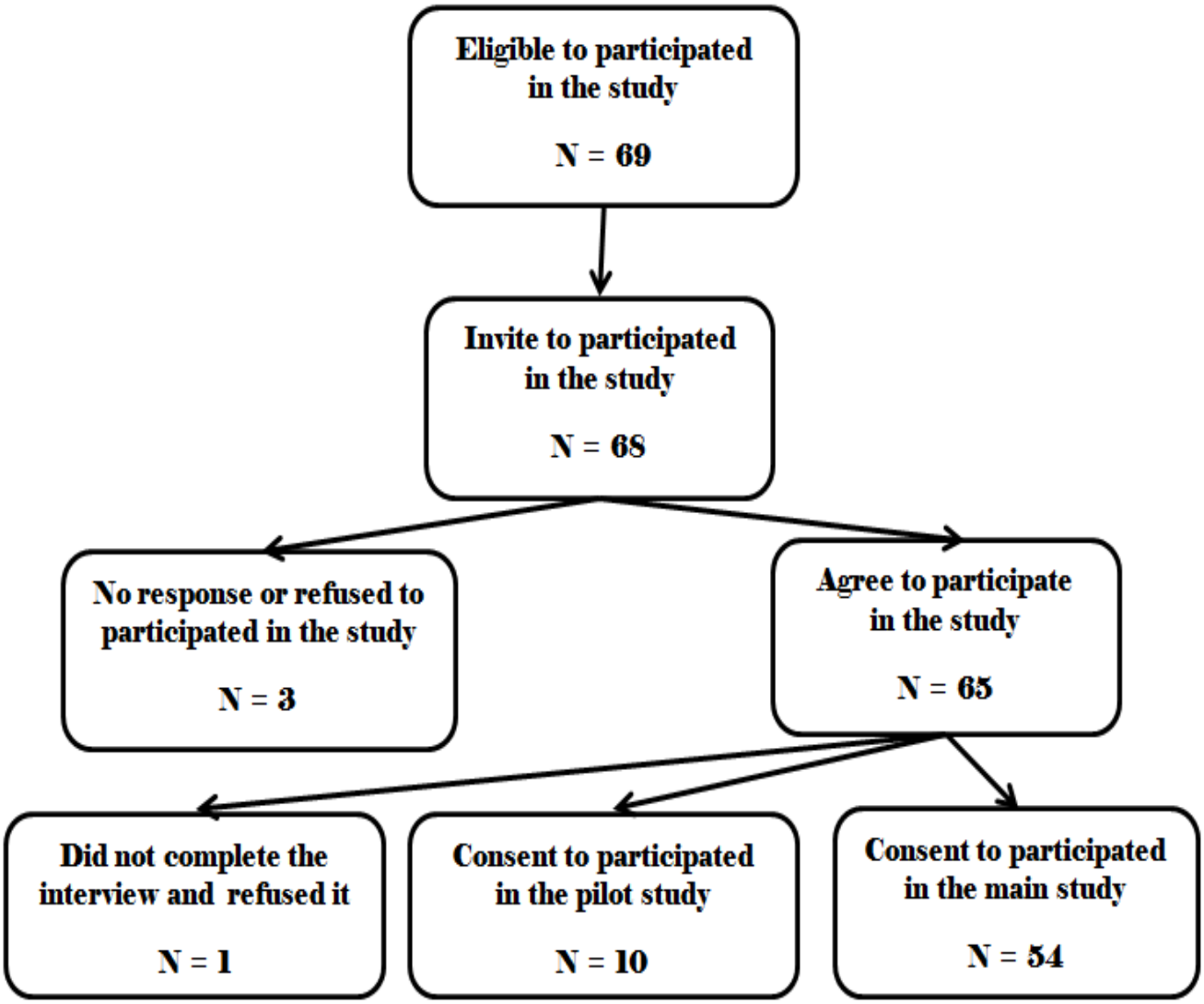


**Figure (3.1.): Flowchart explain the sample recruitment and who juveniles delinquent are accepted to participate in the study and who refused it.**

## 3.5. Tool of the Study:

The researcher was review, read the literatures and researches that relevant to the study topic; after that, the researcher was prepare & modify the tool according to these studies such as Amir et al. (2003), Skevington et al.(2004), Huang et al.(2006), Ohaeri et al.(2007), Nedjat et al.(2008) and Ohaeri and Awadalla (2009) studies. The tool was consisted of two parts as mainly with very important paragraph in front page of questionnaire to explain the details of study and why the researcher select the juveniles to participate in the study.

This tool was used as a semi-structured interview approach because most of participants in adolescent period and their level education are low according the results of current study ( table 4.2.), so most of them may be need to explain this tool and help when they fill it. The researcher used this method to avoid the bias in study, as well as both scales (Appendix C) can be used as self-reported or interview or by semi-structured interview.

***First part of questionnaire*** is related to demographic characteristics & divided to four subparts, as follow:

- *Firstly subpart:* was relate to demographic characteristics of juveniles delinquent like age, gender, level education, order him among their siblings, marital status, number of children, residence, occupation,…etc. and some issues related to date of meeting with him, date of delinquency, record of previous delinquency for him and their siblings. Also, this subpart has information about the health status and habits like physical or psychiatric disorders are diagnosed, used of tobacco, alcohol and drugs misused.

- *Second-subpart:* related to demographic characteristics of their father information such as age, occupation, level education, monthly income, marital status, degree of relationship between spouse …etc. and some issues related to records of delinquencies and crimes for him or/and their siblings and his still alive or not (Appendix C).
- *Thirdsubpart:* related to demographic characteristics of mother included age, marital status, level education, occupation …etc. and some issues related to records of delinquencies and crimes for her or/and their siblings and his still alive or not.
- *Fourth subpart*: included information about a follow up with social worker like the guardian on juvenile before and after delinquent, …etc., also this subpart has questions about restricted in appointment schedule of follow up, judgment duration of follow up with social worker and number of current visit to the social worker (Appendix C).

***Part two of questionnaire*** related to psychological problems and quality of life for juveniles delinquent and this part divided to two subparts, as follow:

- ***First subpart*** related to psychological problems and the researcher used brief symptoms inventory 53 items scale (BSI-53) from Bannoura study (2017) conducted in Palestine. Second subpart related to WHO-QoL brief 26 items Arabic version form official web site of WHO (2020). Both scales of BSI-53 and WHO-QoL brief were found in Arabic version on websites and used many studies, but the researcher is modified it to appropriate the Iraqi culture, accent and understand from participants and acceptable with scientific language.

BSI was first time used in study of Derogatis L. R. (1975) as a self-report scale to assess the clinical state of patients through the progress of their

treatment course in different health facilities; checklist 90 R was a shorten version of BSI and the shortest version of it is a BSI-53 items is designed by Derogatis L. R. (1975) and used to assess the psychological problems of teenagers who is aged thirteen years old and older because it was basically designated to assess psychiatric symptoms for outpatients (Bannoura, 2017). As well as, it is used with many categories of populations to study the psychological problems and behavior symptoms of out and in psychiatric patients, also with non-patients subjects (Holi, 2003) like current study, as well as it is used in screening from psychiatric symptoms and when these symptoms changes during the treatment course (Tambeli, et. al, 2015). This scale is updated according to DSM-V (2013) (Barsky, 2016).

BSI-53 items are consisted of 9 domains each one is measured symptoms of certain psychiatric disorders as follow:

1. Somatization symptoms are included 7-items (Q2, Q7, Q23, Q29, Q30, Q33, Q37).
2. Obsessive compulsion is included 6-items (Q5, Q15, Q26, Q27, Q32, Q36).
3. Interpersonal sensitivity is included 4-items (Q20, Q21, Q22, Q42).
4. Depression is included 6-items (Q9, Q16, Q17, Q18, Q35, Q50).
5. Anxiety is included 6-items (Q1, Q12, Q19, Q38, Q45, Q49).
6. Hostility is included 7-items (Q6, Q13, Q40, Q41, Q46).
7. Phobic anxiety is included 5-items (Q8, Q28, Q31, Q43, Q47).
8. Paranoid ideation is included 5-items (Q4, Q10, Q24, Q48, Q51).
9. Psychoticism is included 5-items (Q3, Q7, Q14, Q34, Q44, Q53).

- As well as, additional domain included 4-items (Q11, Q25, Q39, Q52); these items were not undergo for umbrella the previous of

initial symptoms of psychiatric domains mentioned. This domain related to problems of appetite, sleep, guilt feelings and thoughts about death.

This scale is globally tool and tested it validity in many hundreds studies and it was be used by medical professionals, psychologists, researchers, educational professionals and psychiatrists (Bannoura, 2017). BSI-53 items scale is measured the psychiatric symptoms during the past 7$^{th}$ days before interview (Derogatis, 1975).

The score of BSI-53 items domains are rated as Likert scale 5-points from 0-4; this tool measures Global Severity Index **GSI**, Positive Symptoms Total **PST** and Positive Symptom Distress Index **PSDI**. (Bannoura, 2017, Holi, 2003). These indices calculated as follow:

- Global Severity Index **GSI:**

  This index is calculated by summation the all mean values for each domains in the BSI-53 items and divided by the number of domains (all domains when the each domains are not had missed more than one items in them). This index detects the level of psychological distress and number of signs and symptoms for each psychiatric disorders (psychological problems) included in it, as well as the severity of distress (Holi, 2003), but the maximum value is equal 4 or less.

- Positive Symptoms Total **PST:**

  This index is count of all items is not rated by zero responses in scale (count the number of this items rather than the value of these items, so the maximum value is equal 53 or less), but this value is

divided by the number of participants when used in studies. This index is useful to display the number of psychological symptoms according to responses of participants (Bannoura, 2017).

- Positive Symptom Distress Index **PSDI:**

This index is calculated by summation the value of each items are not rated by zero responses in scale and divided by their number, so the maximum value is equal 4 or less. This index detects the level of distress of participants (Barsky, 2016).

❖ ***Second subpart*** WHO-QoL brief (26-items) is a shorter version of WHOQOL 100-items, and this version is translated to more than 30 languages according to the website of WHO (WHO, 2021); this scale has 4 domains each one has many items related to them and this scale had high validity to measure what it is designated for it, look at figure (3.2.).

The WHOQoL brief scale can be transformed it score to WHOQoL 100-items and calculated as follow:

The first two questions are general questions (related to perceived QOL and second related to general health) are not calculated with other questions, so only 24 questions (WHOQOL-BREF user manual, 1996; WHOQOL user manual, 2012) are calculated by this formula:

**(score for 24-items*4)(100/16)**

These questions (3, 4, 26) had a negative responses and their rated are reversed when need to calculate their (WHOQOL-BREF user manual, 1996) as below:

**(6 – the value of negative question)**

After that, each item in all domains is calculated with other and multiplies by 4 to the summation. The mean of score is used to calculate for overall of scale and for each domain to detect it (WHOQOL user manual, 2012).

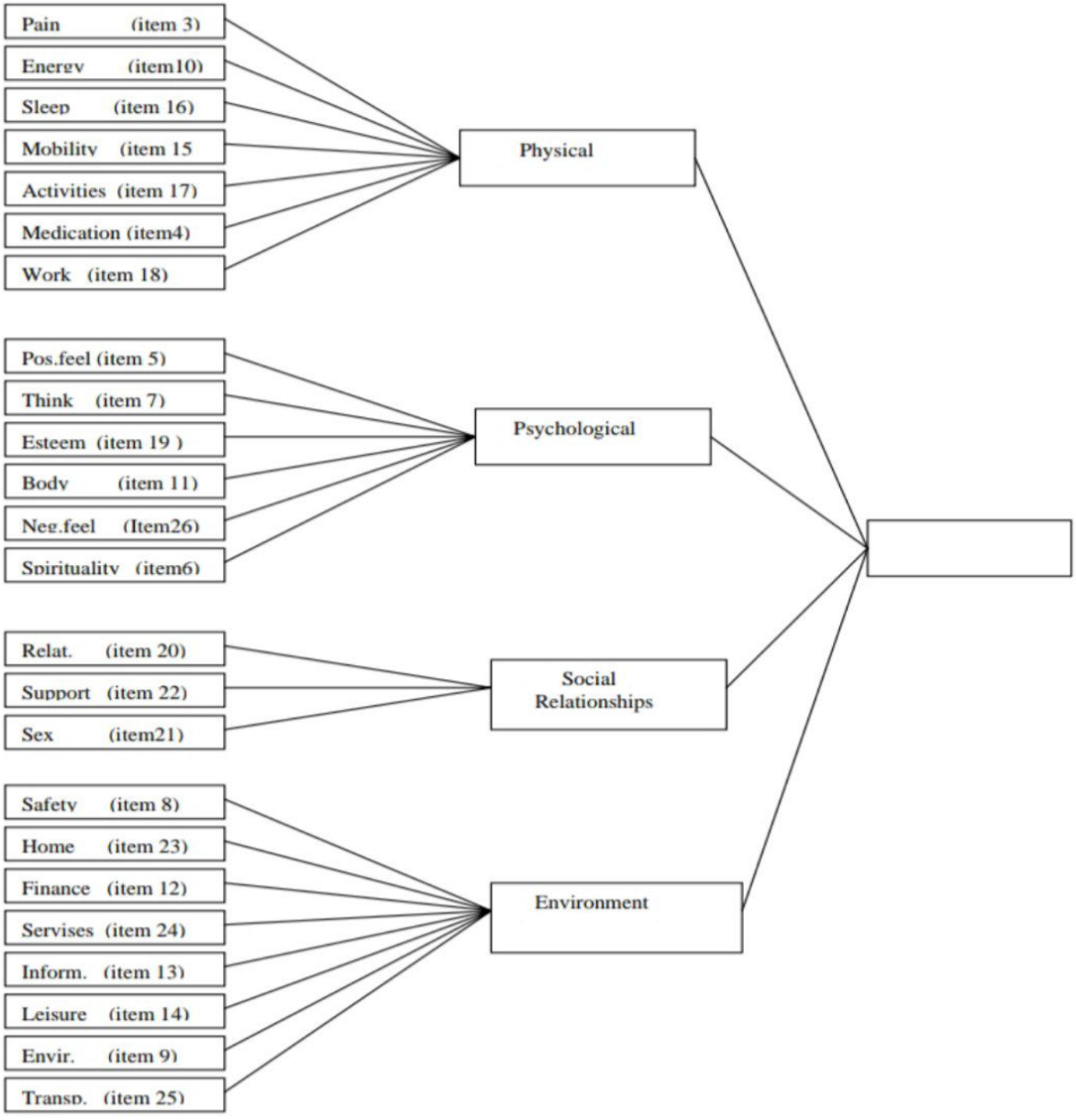


**Figure (3.2.): Flowchart explain the domains and number of question for each them (**WHOQOL user manual, 2012**).**

## 3.6. Validity of the Research Tool:

The tool validity was done from the experts panel were mention in appendix (A) by providing them a copy of instrument to review and edit it to get the content validity. Thirteenth specialists in psychiatric mental health nursing or medicine were review this tool and write their notices and suggestions that helpful to goodness it.

Each experts had at least 5 years of experience in writing the scientific research during worked in the Ministry of Health institutions or they work as an academic teacher in difference universities and had many published studies. All experts their specialty fields in psychiatric and mental health such as medicine or psychiatric nursing were diverse or as statistics (Appendix A). Experts examined the tool's content, intelligibility, appropriateness and relevance to the study's objectives.

## 3.7. Pilot Study:

Despite the fact that the pilot study was primarily used as a starting point for additional research (Langford & Young, 2013). The researcher conducted so and chose (10) randomly delinquent adolescents who attended to Al-Najaf juvenile court as a sample for the pilot study (figure 3.1.) and they were excluded from the study's total sample. The pilot study conducted from 1$^{st}$ to 20$^{th}$/ March/2021.

From the pilot study, the researcher wanted to:

1) Discover and detect incomprehensible or ambiguous in statements of items and questions for juveniles.

2) To reliable the dependability of the current study's tool.

3) Estimate the amount of time required to complete the data collection.

## 3.8. Reliability:

The internal consistency of a study tool can be tested by using statistical tool such as the Cronbach's Alpha coefficient test. The values of Cronbach's alpha were tested it by program of SPSS.23 according to the data that get from pilot study and compare these results with the literatures that relevant in topic of dissertation like Derogatis (1993) and Bannoura (2017) for BSI-53.

The value of Cronbach's Alpha coefficient test for BSI-53 scale tool in most studies were used it approximately from 0.71- 0.938 (Derogatis, 1993; Bannoura, 2017; Table 3.1.); while this scale was equal 0.87 in current study; these results were acceptable and good in scientific research (Rubin and Bobbie, 2008).

In other hand, the value of Cronbach's Alpha for WHOQoL Brief scale from Amir et al. study (2003) to four domains of scale is get approximately 0.66 - 0.84, but this scale had value between 0.86 - 0.91 for overall to all domains and question of scale, but in the study of Ohaeri and Awadalla (2007) this scale had 0.7; while this scale is had 0.72 in current study. This result considered as an acceptable value in scientific research (Rubin and Bobbie, 2008; Table 3.1.).

**Table 3.1. The reliability of the study tool**

| Scale | Number of Questions | Value Cronbach's Alpha | | Accepted value & Assessment* | |
|---|---|---|---|---|---|
| | | Previous Study | Current Study | | |
| **BSI-53** | 53 | 0.71-0.85 (Derogatis, 1993) and 0.938 at study Bannoura (2017) | 0.87 | 0.70 | Acceptable |
| **WHOQoL Brief** | 26 | 0.66 - 0.84 for 4 domains and 0.86-0.91 for total questionnaire in study Amir et al. (2003) and 0.7 in study of Ohaeri and Awadalla (2009) | 0.72 | 0.70 | Acceptable |

* Internal consistency dependability is considered outstanding when alpha coefficient levels are at 90 and above, good when alpha coefficient levels are between 0.80 and 0.89, and acceptable when alpha coefficient levels are around 0.7. (Rubin and Bobbie, 2008).

## 3.9. Data Collection:

The researcher used modified and revised BSI-53 items and WHOQoL instrument to collect the data from juveniles who participated in the study by

semi-structured interview, the researcher was collect the data after got the acceptance of juveniles, as well the researcher was explain how they participated in study and how they fill this instrument of the study to social workers in juveniles court. Also, the researcher did interview with superior judge of this court and other civil servants who are relevant and have a direct effect on the study to identify on the system of justice laws, how bring them to juveniles court and how are the judgments arise against them. After that, the social worker was took a verbal acceptance from juveniles to participated in interview with researcher to fill the forms of study because the duration of data collection coincided with COVID-19 and home quarantine measures. Some juveniles changed opinion about participation in study and refused to complete the interview while other were not accepted to participation in the study (figure 3.1.).

The total number of juveniles are participated in the study were (64) juveniles and minus (10) participants from them were participate in pilot study, but the researcher was excluded them from the sample of study.

So that the total number of juveniles who participated in this study were (54) participants. The period needed to collect the data is extended from 1$^{th}$ March to 1$^{th}$ September 2021. The average time for interview and meeting is extended from (40-50) minutes to explain the study and fill the all items and questions of the study tool.

## 3.10. Analytical Statistics

The researcher analyzed data and evaluate if the study will achieve its objectives, the researcher used both descriptive and inferential statistics. The researcher double checked the data for errors and missed of data, then analyzed and extracted the results using computer tools SPSS program v.23

and Excel program v.2010 are used by researcher to display the outcomes in figures & tables. Statistical tools were used are included:

***A- Descriptive Statistical Tools:***

This tools used to describe the characteristics of the sample and detect if the sample is followed the normal distribution or not.

- *Frequency & Percentage.*
- *Average*
- *Mean and Mean of Score.*
- *Standard Deviation.*

***B- The Inferential Analysis Tools are*** included:

- *Cronbach's Alpha Coefficient Test*:

It is a inferential test for determining the internal consistency of study tools was used to detect the difference degrees of intensity to two extremes of responses on items tool BSI-53 items and QoL brief scale (Likert scale), like the intensity of agreement & satisfaction rated or importance responses of items (LoBiondo-Wood and Harber, 2014).

- *Chi-Square*:

This test is used to determine the significance associations between the study variables, like the relationship between psychological problems and QoL with demographic characteristics of juveniles delinquent.

- *Correlation (r):*

Spearman Correlation is used to find out the strength and of types the relationship between two variables and more. The types of variables should be ordinal such as the relationship between psychological problems and QoL for juveniles delinquent or between the ordinal with nominal variables according to some references.

- *Shapiro-Wilk Test:*

It is a test of normality in frequents statistics. It was published in 1965 by Samuel Sanford Shapiro and Martin Wilk. This test is tested the null hypothesis that a sample x1, ..., xn came from a normally distributed population. The test statistic is made of the expected values of the order statistics of independent and identically distributed random variables sampled from the standard normal distribution; finally, the covariance matrix of those normal order statistics.

Interpretation the value to the null-hypothesis of this test is that the population is normally distributed. Thus, if the p value is less than the chosen alpha level, then the null hypothesis is rejected and there is evidence that the data tested are not normally distributed. On the other hand, if the p value is greater than the chosen alpha level, then the null hypothesis (that the data came from a normally distributed population) cannot be rejected (e.g., for an alpha level of .05, a data set with a p value of less than .05 rejects the null hypothesis that the data are from a normally distributed population).

# Chapter Four
# Analysis of Data and Results

# Chapter Four

# Analysis of Data and Results

**Table (4.1): Demographic characteristics of parents who has a juveniles delinquent**

| N= 54 | | Father | | Mother | |
|---|---|---|---|---|---|
| | | Frequency | Percentage | Frequency | Percentage |
| Age | 30-50 yrs | **28** | **51.9** | **28** | **51.9** |
| | More than 50 yrs | 26 | 48.9 | 26 | 48.1 |
| Level of education | Illiterate | 9 | 16.7 | 7 | 13 |
| | Primary school graduate | **26** | **48.1** | **28** | **51.9** |
| | Secondary school graduate | 11 | 20.4 | 11 | 20.4 |
| | College graduate | 11 | 14.8 | 8 | 14.8 |
| Job | Solder | 8 | 14.8 | 0 | 0 |
| | Unemployment | **26** | **48.2** | 0 | 0 |
| | Civil servant | 8 | 14.8 | 4 | 7.4 |
| | Retired | 12 | 22.2 | 0 | 0 |
| | Housewife | 0 | 0 | **50** | **92.6** |
| Still alive | Yes | **44** | **81.5** | **54** | **100** |
| | No | 10 | 18.5 | 0 | 0 |
| Degree of relationship between parents | Kindred | 24 | 44.4 | 24 | 44.4 |
| | Strangers | **30** | **55.6** | **30** | **55.6** |
| Total | | **54** | **100** | **54** | **100** |

This table revealed the demographic characteristic of parents who had a juvenile delinquent; the highest percentage their aged between 30-50 years old (51.9%) with had Primary school graduate as a level education (48.1%). (78%) of parents are stayed as married with same spouse after delinquent their son, but the good thing according to this results the researcher is not record any state of divorced between parents (0%) and (81.5) of them reported still alive and live with each other and (55.6%) of parents reported were married from kindred. Most mothers are not had a job (house wife (92.1%)) while all fathers reported have a free jobs (46%).

**Table (4.2): Demographic characteristics of juveniles delinquent**

| N= 54 | | Frequency | Percentage |
|---|---|---|---|
| **Age** | **Less than 13 yrs** | 6 | 11.1 |
| | **13-17 yrs** | 20 | 37 |
| | **Equal & more than 18 yrs** | **28** | **51.9** |
| **Gender** | **Male** | **50** | **92.6** |
| | **Female** | 4 | 7.4 |
| **Level of education** | **Illiterate** | 11 | 20.3 |
| | **Primary school** | 23 | 42.7 |
| | **Secondary school** | 20 | 37 |
| **Order of a juvenile among his siblings** | **Frist** | 14 | **26** |
| | **2-3** | 14 | 18.5 |
| | **4-5** | 14 | 7.4 |
| | **More than 5** | 12 | 11.1 |
| **Marital status** | **Single** | **44** | **81.5** |
| | **Married** | 10 | 18.5 |
| **Number of children** | **Not has children** | **48** | **88.9** |
| | **Has equal or less than 2 child** | 4 | 7.4 |
| | **3 or more children** | 2 | 3.7 |
| **Job** | **Has a job** | 24 | 44.4 |
| | **Unemployment** | **30** | **55.6** |

**Cont. table 4.2. ….**

| | | | |
|---|---|---|---|
| **Residence** | **Urban** | **38** | **70.4** |
| | **Rural** | 16 | 29.6 |
| **Monthly income** | **500-700 thousand** | **44** | **81.5** |
| | **751000-1 million** | 10 | 18.5 |
| **Enough of monthly income as Sufficient** | | **54** | **100** |
| **Total** | | **54** | **100** |

This tables revealed the demographic characteristic of juveniles delinquent; most of them are a male (92.6%) and they are aged equal & more than 18 years old (51.9%) with had intermediate school graduated as a level education (29.6%). The order of a juvenile among his siblings in rank first to third about (51.9%) of participants. Most of them are unmarried (81.5%) and the residual percent is married and they had not have a children (88%). More than half of them are not had a job (55.6%) while others reported have a jobless (44.4%) and more of them are residence in urban area (70%). Also, most of juveniles reported their monthly income is 500-700 thousand and all them reported it sufficient.

**Table (4.3): Information about the delinquencies of juveniles**

| **N= 54** | | **Frequency** | **Percentage** |
|---|---|---|---|
| **Type of delinquent act** | **Theft** | **34** | **63** |
| | **Violence** | 8 | 14.8 |
| | **Road traffic accident** | 6 | 11.1 |
| | **Sexual offences** | 4 | 7.4 |
| | **Other** | 2 | 3.7 |

**Cont. table 4.3. ….**

| | | | |
|---|---|---|---|
| **The delinquent occurs before** | **less than 6 month** | 12 | 22.2 |
| | **6 month -1 year** | **28** | **51.9** |
| | **1 – 2 yrs** | 2 | 3.7 |
| | **More than 2 yrs** | 12 | 22.2 |
| **Guardian on juvenile before delinquent** | **Father** | **42** | **77.8** |
| | **Mother** | 12 | 22.2 |
| **Guardian on juvenile after delinquent** | **Father** | **42** | **77.8** |
| | **Mother** | 12 | 22.2 |
| **Total** | | **54** | **100** |

In this table show information about the theft is a more types of delinquents among juveniles (63%) and it occur before 6 month -1 year about (51%) of them. All participants reported their siblings were not have previous crimes or delinquents (100%) and all of them reported their guardian were not changed due to delinquents and still same guardian, as well as most of them were a father as a guardian.

**Table (4.4): Health status and habits of juveniles delinquent**

| **N= 54** | | **Frequency** | **Percentage** |
|---|---|---|---|
| **Health problems diagnosed** | **Nor has any health problems diagnosed** | **52** | **96.3** |
| | **Has psychiatric health problems** | 2 | 3.7 |
| **Smoking habits** | **Unsmoke** | **42** | **77.8** |
| | **Smoked hookah** | 2 | 3.7 |
| | **Smoked cigar rete** | 10 | 18.5 |
| **Uses alcohol and drugs** | **Not used alcoholic and drugs** | **54** | **100** |
| **Total** | | **54** | **100** |

This table reveals how many juveniles had diagnose with medical diseases only (3.7%) reported have a psychiatric disorders while majority of them were not have any diagnostic diseases; most of juveniles are usmoked (77.8%) and all them were not use alcohol and drugs.

**Table (4.5): Information about follow up and restricted of juveniles delinquent with social worker for juveniles delinquent**

| **N= 54** | | **Frequency** | **Percentage** |
|---|---|---|---|
| **Restricted by scheduled meeting with social worker** | **Restricted** | **49** | **90.7** |
| | **Unrestricted** | 5 | 9.3 |
| **Period of follow up with social worker** | **Six months** | **32** | **59.3** |
| | **Six months to 1 year** | 14 | 25.9 |
| | **1-1.5 year** | 6 | 11.1 |
| | **1.5-2 yrs** | 2 | 3.7 |
| **Number of juvenile visits to social worker during detect period of follow up** | **First time** | 1 | 1.9 |
| | **2-5 times** | **35** | **64.8** |
| | **6-10 times** | 10 | 18.5 |
| | **More than 10 times** | 8 | 14.8 |
| **Total** | | **54** | **100** |

This table reveals who juveniles delinquent are restricted by scheduled meeting with social worker (90%) and about (59.3%) were judgment by $6^{th}$ months as a period of follow up with social worker. According to social worker records about number of juvenile visits for each them are (64.8%).

In figure (4.1) shows the percent of participants who unable to fill the tools of study and need help to do it, so about (52%) of them were able to fill it and (48%) of them were unable to fill it.

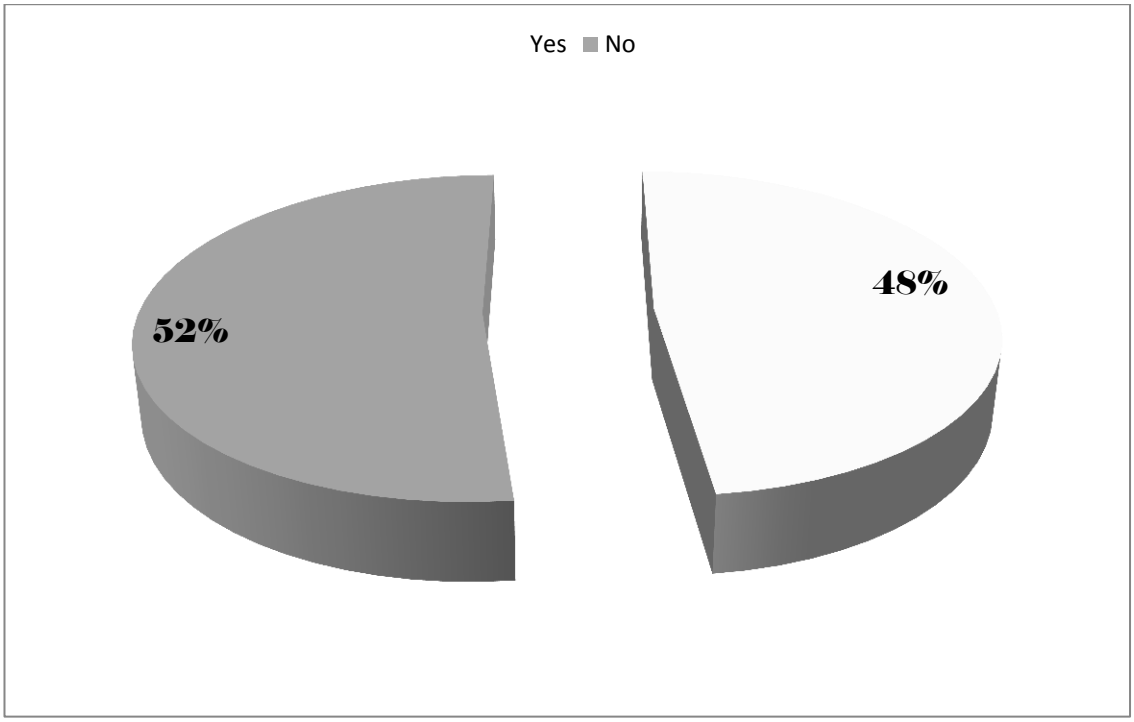


**Figure (4.1): Distributions of juveniles delinquent according to who need help to fill the questionnaire**

**Table (4.6): Distribution of juveniles delinquents according to domains of BSI -53**

| BSI -53 | Never | | Rarely | | Sometimes | | Often | | always | |
|---|---|---|---|---|---|---|---|---|---|---|
| | F | % | F | % | F | % | F | % | F | % |
| Somatization | 0 | 0 | 12 | 22.2 | **22** | **40.7** | 14 | 25.9 | 6 | 11.1 |
| Obsession compulsion | 0 | 0 | 6 | 11.1 | **22** | **40.7** | 20 | 37 | 6 | 11.1 |
| Interpersonal | 4 | 7.4 | **30** | **55.6** | 16 | 29.6 | 4 | 7.4 | 0 | 0 |
| Depression | 0 | 0 | 6 | 11.1 | **26** | **48.1** | 18 | 33.3 | 4 | 7.4 |
| Anxiety | 0 | 0 | 12 | 22.2 | **26** | **48.1** | 16 | 29.6 | 0 | 0 |
| Hostility | 6 | 11.1 | **24** | **44.4** | 18 | 33.3 | 6 | 11.1 | 0 | 0 |
| Phobic | 0 | 0 | 22 | 40.7 | **28** | **51.9** | 4 | 7.4 | 0 | 0 |
| Paranoid | 4 | 7.4 | 14 | 25.9 | **32** | **59.3** | 4 | 7.4 | 0 | 0 |
| Psychoticism | 2 | 3.7 | 10 | 18.5 | **32** | **59.3** | 10 | 18.5 | 0 | 0 |
| Additional | 4 | 7.4 | **34** | **63** | 10 | 18.5 | 2 | 3.7 | 4 | 7.4 |

In this table shows majority of juveniles had symptoms of some psychological problems in sometimes rated as notice that in Paranoid and Psychoticism had the highest rated among other problems with ratio (59.3%) of participants and followed by Phobic, depression and anxiety approximately by (50%) of them; then Hostility Somatization, Obsession compulsion about (40%) and finally the additional domains by (18.5%). While the never rated and always had the less respondents from them.

**Table (4.7): Distribution of juveniles delinquent according to domains of BSI -53 and Global index scores of it.**

| **BSI -53** | | | |
|---|---|---|---|
| | **Mean** | **SD** | |
| **Somatization** | **0.79** | 0.503 | |
| **Obsession compulsion** | 1.28 | 0.57 | |
| **Interpersonal** | 1.22 | 0.69 | |
| **Depression** | **1.29** | **0.697** | |
| **Anxiety** | 0.99 | 0.45 | |
| **Hostility** | 0.93 | 0.62 | |
| **Phobic** | 1.02 | 0.44 | |
| **Paranoid** | 1.1 | 0.54 | |
| **Psychoticism** | 1.22 | 0.51 | |
| **Additional** | **1.29** | **0.88** | |
| **Global index scores** | | | |
| **GSI** | 1.113 | 0.59 | |
| **PST** | 33.25 | 18.8 | |
| **PSDI** | 1.96 | 0.47 | |

In this table shows the additional items had highest mean (1.29 ± 0.88) and depression (1.29 ± 0.697) with less standard deviation. After that Obsession compulsion (1.28 ± 0.57), then Psychoticism (1.22 ± 0.51) and continuous to end by the Somatization got the less mean (0.79 ± 0.5). The GSI-mean score was (1.113 ± 0.59), PST (33.25 ± 18.8) and PSDI (1.96 ± 0.47) were these scores the participants had mild degree of psychological problems.

**Table (4.8): Distribution of juveniles delinquent according to domains of QOL-Brief and general scores of scale**

| | Poor | | Fairly | | Good | | Total |
|---|---|---|---|---|---|---|---|
| | F | % | F | % | F | % | |
| **Physical domain** | 0 | 0 | **28** | **51.9** | 26 | 48.1 | 54 |
| **Psychological domain** | 0 | 0 | **36** | **66.7** | 18 | 33.3 | 54 |
| **Social relationships domain** | 0 | 0 | 6 | 11.1 | **48** | **88.9** | 54 |
| **Environmental domain** | 20 | 37 | **24** | **44.4** | 10 | 18.5 | 54 |
| **General scores of scale** | | | | | | | |
| **General QoL (overall)** | 0 | 0 | **34** | **63** | 20 | 37 | 54 |
| **Perceived QoL (Q1 in scale)** | 0 | 0 | 18 | 33.3 | **36** | **66.7** | 54 |
| **General health question (Q2 in scale)** | 14 | 25.9 | 18 | 33.3 | **22** | **40.7** | 54 |

This table reveals the distribution of juveniles according to respondents on domains of QOL-Brief and general indices scores of scale; the Social relationships domain had the highest rated as a good by reported them (88.9%) while environment reported as poor by (37%). General scores of scale includes three indices, first index general health rated as good (40.7%) also, perceived QoL rated as a good (66.7%) and finally the over all of QoL rated as fairy by (63%) of them.

**Table (4.9): Statistics and correlation of QoL-Brief domains for juveniles delinquent with their Perceived QoL**

| | Mean | SD | Number of juveniles with good scores | General health correlation spearman |
|---|---|---|---|---|
| **Physical domain** | 2.48 | 0.5 | 26 (48.1%) | 0.45 |
| **Psychological domain** | 2.33 | 0.48 | 18 (33.3%) | **1** |
| **Social relationships domain** | **2.89** | 0.32 | 48 (88.9%) | **0.1** |
| **Environmental domain** | **1.81** | 0.73 | 10 (18.5%) | 0.8 |
| **General QoL (overall)** | 2.37 | 0.49 | 20 (37%) | 0.7 |
| **Perceived QoL (Q1 in scale)** | 2.67 | 0.48 | 36 (66.7%) | 1 |
| **General health question (Q2 in scale)** | 2.15 | 0.81 | 22 (40.7%) | 0.35 |

This table reveals the mean of scores and correlation for all domains of QOL-Brief and general health question score according to respondents of juveniles on them; the Social relationships domain had the highest mean (2.89 ± 0.32) while the environment domain had the lowest mean (1.81 ± 0.73). Also, perceived QoL had the highest mean among other general indices (2.67 ± 0.48) while general health had the lowest mean (2.15 ± 0.81). The highest correlation shows between perceived QoL and Psychological domain (= 1) and weakness correlation shows between Perceived QoL and Social relationships domain (= 0.1).

**Table (4.10): Statistics and correlation of QOL-Brief domains for juveniles delinquent with their general health**

| | Mean | SD | Number of juveniles with good scores | General health correlation spearman |
|---|---|---|---|---|
| **Physical domain** | 2.48 | 0.5 | 26 (48.1%) | 0.04 |
| **Psychological domain** | 2.33 | 0.48 | 18 (33.3%) | **0.64** |
| **Social relationships domain** | **2.89** | 0.32 | 48 (88.9%) | 0.008 |
| **Environmental domain** | **1.81** | 0.73 | 10 (18.5%) | **0.001** |
| **General QoL (overall)** | 2.37 | 0.49 | 20 (37%) | **0.001** |
| **Perceived QoL (Q1 in scale)** | 2.67 | 0.48 | 36 (66.7%) | 0.35 |
| **General health question (Q2 in scale)** | 2.15 | 0.81 | 22 (40.7%) | 1 |

This table reveals the mean of scores and correlation for all domains of QOL-Brief and general health question score according to respondents of juveniles on them; the Social relationships domain had the highest mean (2.89 ± 0.32) while the environment domain had the lowest mean (1.81 ± 0.73). Also, perceived QoL had the highest mean among other general indices (2.67 ± 0.48) while general health had the lowest mean (2.15 ± 0.81). The highest correlation shows between This table reveals the mean of scores and correlation for all domains of QOL-Brief and general health question score according to respondents of juveniles and Psychological domain (= 0.64) and weakness correlation shows between general QoL and environment domain and General health question (= 0.001).

**Table (4.11): Relationship among Somatization disorder domain and demographic characteristics of juveniles delinquent**

| N= 54 Demographic Data | | Somatization | $X^2$ | df | p-value | Sign. |
|---|---|---|---|---|---|---|
| **Age** | **Less than 13 yrs** | 6 | 13.8 | 6 | **0.031** | **S** |
| | **13-17 yrs** | 20 | | | | |
| | **Equal & more than 18 yrs** | 28 | | | | |
| **Level of education** | **Illiterate** | 11 | 9.44 | 15 | 0.853 | NS |
| | **Primary school** | 23 | | | | |
| | **Secondary school** | 20 | | | | |
| **Order of a juvenile among his siblings** | **Frist** | 14 | 46.4 | 21 | **0.001** | **HS** |
| | **2-3** | 14 | | | | |
| | **4-5** | 14 | | | | |
| | **More than 5** | 20 | | | | |
| **Marital status** | **Single** | 54 | 2.33 | 3 | 0.507 | NS |
| | **Married** | 10 | | | | |
| **Residence** | **Urban** | 38 | 0.19 | 3 | 0.98 | NS |
| | **Rural** | 16 | | | | |
| **Monthly income** | **500-700 thousand** | 44 | 5.19 | 3 | 0.158 | NS |
| | **751000-1 million** | 54 | | | | |
| **Relationship degree between parents** | **Kindred** | 24 | 9.66 | 3 | **0.022** | **S** |
| | **Strangers** | 30 | | | | |
| **Period of follow up with social worker** | **Six months** | 32 | 26.4 | 9 | **0.002** | **HS** |
| | **Six months to 1 year** | 14 | | | | |
| | **One to 1.5 year** | 6 | | | | |
| | **1.5 to 2 yrs** | 2 | | | | |

In this table reveals there are insignificant between somatization symptoms & some characteristics of juveniles delinquent such as their level education, marital status, if they had children when they are married, their job, residence, monthly income and smoking habits; while there are significance at P-value (0.05) with the age, gender and degree of relationship between parents, as well as there are highly significance at P-value (0.002) and less than it with order of juveniles among siblings, if they had health problems diagnosed and the follow up with social worker.

*For more details is in appendix E.

**Table (4.12): Relationship among obsessive compulsive disorder domain and demographic characteristics of juveniles delinquent**

| N= 54 Demographic Data | | OCD | $X^2$ | df | p-value | Sign. |
|---|---|---|---|---|---|---|
| **Age** | **Less than 13 yrs** | 6 | 16.6 | 6 | 0.011 | **S** |
| | **13-17 yrs** | 20 | | | | |
| | **Equal & more than 18 yrs** | 28 | | | | |
| **Level of education** | **Illiterate** | 11 | 14.4 | 15 | 0.499 | NS |
| | **Primary school** | 23 | | | | |
| | **Secondary school** | 20 | | | | |
| **Order of a juvenile among his siblings** | **Frist** | 14 | 36.9 | 21 | 0.017 | **S** |
| | **2-3** | 14 | | | | |
| | **4-5** | 14 | | | | |
| | **More than 5** | 20 | | | | |
| **Marital status** | **Single** | 54 | 4.32 | 3 | 0.229 | NS |
| | **Married** | 10 | | | | |
| **Residence** | **Urban** | 38 | 3.05 | 3 | 0.385 | NS |
| | **Rural** | 16 | | | | |
| **Monthly income** | **500-700 thousand** | 44 | 3.87 | 3 | 0.275 | NS |
| | **751000-1 million** | 54 | | | | |
| **Relationship degree between parents** | **Kindred** | 24 | 8.51 | 3 | 0.036 | **S** |
| | **Strangers** | 30 | | | | |
| **Period of follow up with social worker** | **Six months** | 32 | 18.7 | 9 | 0.028 | **S** |
| | **Six months to 1 year** | 14 | | | | |
| | **One to 1.5 year** | 6 | | | | |
| | **1.5 to 2 yrs** | 2 | | | | |

This table reveals there are insignificance between obsessive compulsive symptoms and some-characteristics of juveniles delinquent such as their gender, level education, marital status, if they had children when they are married, their job, residence, monthly income and if they had health problems diagnosed; while there are significance at P-value (0.05) with the age, order of juveniles among siblings, the follow up with social worker and degree of relationship with parents, as well as there are highly significance at P-value (0.002) and less than it when the juveniles are smoking habits.

**Table (4.13): Relationship among Interpersonal domain and demographic characteristics of juveniles delinquent**

| N= 54 Demographic Data | | OCD | $X^2$ | df | p-value | Sign. |
|---|---|---|---|---|---|---|
| **Age** | **Less than 13 yrs** | 6 | 17.2 | 6 | 0.009 | **HS** |
| | **13-17 yrs** | 20 | | | | |
| | **Equal & more than 18 yrs** | 28 | | | | |
| **Level of education** | **Illiterate** | 11 | 37.9 | 15 | 0.001 | **HS** |
| | **Primary school** | 23 | | | | |
| | **Secondary school** | 20 | | | | |
| **Order of a juvenile among his siblings** | **Frist** | 14 | 54.7 | 21 | 0.00 | **HS** |
| | **2-3** | 14 | | | | |
| | **4-5** | 14 | | | | |
| | **More than 5** | 20 | | | | |
| **Marital status** | **Single** | 54 | 3.52 | 3 | 0.318 | NS |
| | **Married** | 10 | | | | |
| **Residence** | **Urban** | 38 | 14.6 | 3 | 0.002 | HS |
| | **Rural** | 16 | | | | |
| **Monthly income** | **500-700 thousand** | 44 | 3.52 | 3 | 0.318 | NS |
| | **751000-1 million** | 54 | | | | |
| **Relationship degree between parents** | **Kindred** | 24 | 10.8 | 3 | 0.013 | **S** |
| | **Strangers** | 30 | | | | |
| **Period of follow up with social worker** | **Six months** | 32 | 28.1 | 9 | 0.001 | HS |
| | **Six months to 1 year** | 14 | | | | |
| | **One to 1.5 year** | 6 | | | | |
| | **1.5 to 2 yrs** | 2 | | | | |

This table reveals there are insignificance between interpersonal domain and some characteristics of juveniles delinquent such as their marital status, if they had children when they are married, monthly income, if they had health problems diagnosed and smoking habits; while, there is a significance at (0.05) between the degree of relationship with their parents, as well as there are highly significance at P-value (0.009) and less than it with age, gender, level education, their job, residence, order of juveniles among siblings and the follow up with social worker.

**Table (4.14): Relationship among depression disorder domain and demographic characteristics of juveniles delinquent**

| N= 54 Demographic Data | | Depression | $X^2$ | df | p-value | Sign. |
|---|---|---|---|---|---|---|
| **Age** | **Less than 13 yrs** | 6 | 9.7 | 6 | 0.13 | NS |
| | **13-17 yrs** | 20 | | | | |
| | **Equal & more than 18 yrs** | 28 | | | | |
| **Level of education** | **Illiterate** | 11 | 23.2 | 15 | 0.08 | **S** |
| | **Primary school** | 23 | | | | |
| | **Secondary school** | 20 | | | | |
| **Order of a juvenile among his siblings** | **Frist** | 14 | 54.8 | 21 | 0.000 | **HS** |
| | **2-3** | 14 | | | | |
| | **4-5** | 14 | | | | |
| | **More than 5** | 20 | | | | |
| **Marital status** | **Single** | 54 | 6.4 | 3 | 0.09 | **S** |
| | **Married** | 10 | | | | |
| **Residence** | **Urban** | 38 | 1.9 | 3 | 0.6 | NS |
| | **Rural** | 16 | | | | |
| **Monthly income** | **500-700 thousand** | 44 | 2.8 | 3 | 0.42 | NS |
| | **751000-1 million** | 54 | | | | |
| **Relationship degree between parents** | **Kindred** | 24 | 7.5 | 3 | 0.058 | NS |
| | **Strangers** | 30 | | | | |
| **Period of follow up with social worker** | **Six months** | 32 | 14.7 | 9 | 0.1 | NS |
| | **Six months to 1 year** | 14 | | | | |
| | **One to 1.5 year** | 6 | | | | |
| | **1.5 to 2 yrs** | 2 | | | | |

This table reveals there is insignificance between depression symptoms and some characteristics of juveniles delinquent such as their age, gender, job, residence, monthly income, degree of relationship between parents, if they had health problems diagnosed, the follow up with social worker and smoking habits; while there are significance at P-value (0.05) with the level education, marital status and if they had children when they are married, as well as there are highly significance at P-value (0.002) and less than it with order of juveniles among siblings.

**Table (4.15): Relationship among anxiety disorder domain and demographic characteristics of juveniles delinquent**

| N= 54 Demographic Data | | Anxiety | $X^2$ | df | p-value | Sign. |
|---|---|---|---|---|---|---|
| Age | Less than 13 yrs | 6 | 3.6 | 4 | 0.45 | NS |
| | 13-17 yrs | 20 | | | | |
| | Equal & more than 18 yrs | 28 | | | | |
| Level of education | Illiterate | 11 | 17.8 | 10 | 0.058 | NS |
| | Primary school | 23 | | | | |
| | Secondary school | 20 | | | | |
| Order of a juvenile among his siblings | Frist | 14 | 23.9 | 14 | 0.046 | S |
| | 2-3 | 14 | | | | |
| | 4-5 | 14 | | | | |
| | More than 5 | 20 | | | | |
| Marital status | Single | 54 | 2.29 | 2 | 0.317 | NS |
| | Married | 10 | | | | |
| Residence | Urban | 38 | 8.25 | 2 | 0.016 | NS |
| | Rural | 16 | | | | |
| Monthly income | 500-700 thousand | 44 | 4.2 | 2 | 0.12 | NS |
| | 751000-1 million | 54 | | | | |
| Relationship degree between parents | Kindred | 24 | 0.49 | 2 | 0.781 | NS |
| | Strangers | 30 | | | | |
| Period of follow up with social worker | Six months | 32 | 9.4 | 6 | 0.15 | NS |
| | Six months to 1 year | 14 | | | | |
| | One to 1.5 year | 6 | | | | |
| | 1.5 to 2 yrs | 2 | | | | |

This table reveals there is insignificance between anxiety symptoms and some characteristics of juveniles delinquent such as their age, gender, job, residence, monthly income, degree of relationship between parents, the follow up with social worker, marital status and if they had children when they are married; while there are significance at P-value (0.05) with order of juveniles among siblings the level education and if they had health problems diagnosed, as well as there are highly significance at P-value (0.008) and less than it with smoking habits.

**Table (4.16): Relationship among hostility domain and demographic characteristics of juveniles delinquent**

| N= 54 Demographic Data | | Hostility | $X^2$ | df | p-value | Sign. |
|---|---|---|---|---|---|---|
| **Age** | **Less than 13 yrs** | 6 | 7.7 | 6 | 0.25 | NS |
| | **13-17 yrs** | 20 | | | | |
| | **Equal & more than 18 yrs** | 28 | | | | |
| **Level of education** | **Illiterate** | 11 | 14.8 | 15 | 0.45 | NS |
| | **Primary school** | 23 | | | | |
| | **Secondary school** | 20 | | | | |
| **Order of a juvenile among his siblings** | **Frist** | 14 | 47.2 | 21 | 0.001 | **HS** |
| | **2-3** | 14 | | | | |
| | **4-5** | 14 | | | | |
| | **More than 5** | 20 | | | | |
| **Marital status** | **Single** | 54 | 3.6 | 3 | 0.313 | NS |
| | **Married** | 10 | | | | |
| **Residence** | **Urban** | 38 | 10.3 | 3 | 0.016 | **S** |
| | **Rural** | 16 | | | | |
| **Monthly income** | **500-700 thousand** | 44 | 3.6 | 3 | 0.313 | NS |
| | **751000-1 million** | 54 | | | | |
| **Relationship degree between parents** | **Kindred** | 24 | 10.3 | 3 | 0.016 | **S** |
| | **Strangers** | 30 | | | | |
| **Period of follow up with social worker** | **Six months** | 32 | 3.6 | 3 | 0.313 | NS |
| | **Six months to 1 year** | 14 | | | | |
| | **One to 1.5 year** | 6 | | | | |
| | **1.5 to 2 yrs** | 2 | | | | |

This table reveals there is insignificance between hostility symptoms and some characteristics of juveniles delinquent such as their age, level education, marital status, if they had children when they are married, their job, monthly income and smoking habits; while there are significance at P-value (0.05) with the gender, residence and degree of relationship between parents, as well as there are highly significance at P-value (0.003) and less than it with order of juveniles among siblings, if they had health problems diagnosed and the follow up with social worker.

**Table (4.17): Relationship among phobic disorder domain and demographic characteristics of a juvenile delinquents**

| N= 54 Demographic Data | | Phobic disorder | $X^2$ | df | p-value | Sign. |
|---|---|---|---|---|---|---|
| **Age** | **Less than 13 yrs** | 6 | 7.6 | 4 | 0.108 | NS |
| | **13-17 yrs** | 20 | | | | |
| | **Equal & more than 18 yrs** | 28 | | | | |
| **Level of education** | **Illiterate** | 11 | 16.4 | 10 | 0.09 | NS |
| | **Primary school** | 23 | | | | |
| | **Secondary school** | 20 | | | | |
| **Order of a juvenile among his siblings** | **Frist** | 14 | 31.9 | 14 | 0.004 | **HS** |
| | **2-3** | 14 | | | | |
| | **4-5** | 14 | | | | |
| | **More than 5** | 20 | | | | |
| **Marital status** | **Single** | 54 | 11.4 | 2 | 0.003 | **HS** |
| | **Married** | 10 | | | | |
| **Residence** | **Urban** | 38 | 2.24 | 2 | 0.32 | NS |
| | **Rural** | 16 | | | | |
| **Monthly income** | **500-700 thousand** | 44 | 4.08 | 2 | 0.13 | NS |
| | **751000-1 million** | 54 | | | | |
| **Relationship degree between parents** | **Kindred** | 24 | 4.14 | 2 | 0.12 | NS |
| | **Strangers** | 30 | | | | |
| **Period of follow up with social worker** | **Six months** | 32 | 40.4 | 6 | 0.000 | **HS** |
| | **Six months to 1 year** | 14 | | | | |
| | **One to 1.5 year** | 6 | | | | |
| | **1.5 to 2 yrs** | 2 | | | | |

This table reveals there is insignificance between phobic symptoms and some characteristics of juveniles delinquent such as their age, level education, if they had children when they are married, their job, residence, monthly income, if they had health problems diagnosed, degree of relationship between parents and smoking habits; while there are significance at P-value (0.05) with the gender, as well as there are highly significance at P-value (0.004) and less than it with marital status, order of juveniles among siblings and the follow up with social worker.

**Table (4.18): Relationship among paranoid ideation domain and demographic characteristics of a juvenile delinquents**

| N= 54 Demographic Data | | Paranoid ideation | $X^2$ | df | p-value | Sign. |
|---|---|---|---|---|---|---|
| **Age** | **Less than 13 yrs** | 6 | 20.8 | 6 | 0.002 | **HS** |
| | **13-17 yrs** | 20 | | | | |
| | **Equal & more than 18 yrs** | 28 | | | | |
| **Level of education** | **Illiterate** | 11 | 18.3 | 15 | 0.24 | NS |
| | **Primary school** | 23 | | | | |
| | **Secondary school** | 20 | | | | |
| **Order of a juvenile among his siblings** | **Frist** | 14 | 57.2 | 21 | 0.00 | **HS** |
| | **2-3** | 14 | | | | |
| | **4-5** | 14 | | | | |
| | **More than 5** | 20 | | | | |
| **Marital status** | **Single** | 54 | 8.08 | 3 | 0.04 | **S** |
| | **Married** | 10 | | | | |
| **Residence** | **Urban** | 38 | 8 | 3 | 0.046 | **S** |
| | **Rural** | 16 | | | | |
| **Monthly income** | **500-700 thousand** | 44 | 5.24 | 3 | 0.15 | NS |
| | **751000-1 million** | 54 | | | | |
| **Relationship degree between parents** | **Kindred** | 24 | 10.6 | 3 | 0.014 | **S** |
| | **Strangers** | 30 | | | | |
| **Period of follow up with social worker** | **Six months** | 32 | 5.6 | 9 | 0.77 | NS |
| | **Six months to 1 year** | 14 | | | | |
| | **One to 1.5 year** | 6 | | | | |
| | **1.5 to 2 yrs** | 2 | | | | |

This table reveals that there is insignificance between paranoid symptoms and some characteristics of juveniles delinquent such as their gender, level education, if they had children when they are married, monthly income, if they had health problems diagnosed, the follow up with social worker and smoking habits; while there are significance at P-value (0.05) with the marital status, degree of relationship between parents, their job and residence, as well as there are highly significance at P-value (0.002) and less than it with age and order of juveniles among siblings.

**Table (4.19): Relationship among psychosis domain and demographic characteristics of a juvenile delinquents**

| N= 54 Demographic Data | | Psychosis domain | $X^2$ | df | p-value | Sign. |
|---|---|---|---|---|---|---|
| **Age** | **Less than 13 yrs** | 6 | 17.3 | 6 | 0.008 | **HS** |
| | **13-17 yrs** | 20 | | | | |
| | **Equal & more than 18 yrs** | 28 | | | | |
| **Level of education** | **Illiterate** | 11 | 21.5 | 15 | 0.12 | NS |
| | **Primary school** | 23 | | | | |
| | **Secondary school** | 20 | | | | |
| **Order of a juvenile among his siblings** | **Frist** | 14 | 69.8 | 21 | 0.000 | **HS** |
| | **2-3** | 14 | | | | |
| | **4-5** | 14 | | | | |
| | **More than 5** | 20 | | | | |
| **Marital status** | **Single** | 54 | 0.48 | 3 | 0.922 | NS |
| | **Married** | 10 | | | | |
| **Residence** | **Urban** | 38 | 8.55 | 3 | 0.036 | **S** |
| | **Rural** | 16 | | | | |
| **Monthly income** | **500-700 thousand** | 44 | 4.3 | 3 | 0.23 | NS |
| | **751000-1 million** | 54 | | | | |
| **Relationship degree between parents** | **Kindred** | 24 | 5.4 | 3 | 0.14 | NS |
| | **Strangers** | 30 | | | | |
| **Period of follow up with social worker** | **Six months** | 32 | 22.1 | 9 | 0.009 | **HS** |
| | **Six months to 1 year** | 14 | | | | |
| | **One to 1.5 year** | 6 | | | | |
| | **1.5 to 2 yrs** | 2 | | | | |

This table reveals there are insignificance between psychoticism symptoms and some characteristics of juveniles delinquent such as their the marital status, degree of relationship between parents, their job, gender, level education, if they had children when they are married, monthly income, if they had health problems diagnosed, and smoking habits; while there are significance at P-value (0.05) with residence, as well as there are highly significance at P-value (0.009) and less than it with age, the follow up with social worker and order of juveniles among siblings.

**Table (4.20): Relationship among additional questions domain and demographic characteristics of a juvenile delinquents**

| N= 54 Demographic Data | | Additional domain | $X^2$ | df | p-value | Sign. |
|---|---|---|---|---|---|---|
| **Age** | **Less than 13 yrs** | 6 | 13.4 | 8 | 0.1 | NS |
| | **13-17 yrs** | 20 | | | | |
| | **Equal & more than 18 yrs** | 28 | | | | |
| **Level of education** | **Illiterate** | 11 | 47.8 | 20 | 0.000 | **HS** |
| | **Primary school** | 23 | | | | |
| | **Secondary school** | 20 | | | | |
| **Order of a juvenile among his siblings** | **Frist** | 14 | 68.8 | 28 | 0.00 | **HS** |
| | **2-3** | 14 | | | | |
| | **4-5** | 14 | | | | |
| | **More than 5** | 20 | | | | |
| **Marital status** | **Single** | 54 | 8.07 | 4 | 0.089 | NS |
| | **Married** | 10 | | | | |
| **Residence** | **Urban** | 38 | 7.67 | 4 | 0.1 | NS |
| | **Rural** | 16 | | | | |
| **Monthly income** | **500-700 thousand** | 44 | 5.34 | 4 | 0.25 | NS |
| | **751000-1 million** | 54 | | | | |
| **Relationship degree between parents** | **Kindred** | 24 | 9.97 | 4 | 0.04 | **S** |
| | **Strangers** | 30 | | | | |
| **Period of follow up with social worker** | **Six months** | 32 | 20.6 | 12 | 0.05 | **S** |
| | **Six months to 1 year** | 14 | | | | |
| | **One to 1.5 year** | 6 | | | | |
| | **1.5 to 2 yrs** | 2 | | | | |

This table reveals there are insignificance between additional questions domain and some characteristics of juveniles delinquent such as their age, marital status, gender, if they had children when they are married, monthly income, if they had health problems diagnosed, residence and smoking habits; while there are significance at P-value (0.05) with degree of relationship between parents, as well as there are highly significance at P-value (0.002) and less than it with level education, their job, the follow up with social worker and order of juveniles among siblings.

**Table (4.21): Relationship among physical domain of QoL and demographic characteristics of a juveniles delinquent**

| N= 54 Demographic Data | | Physical domain | $X^2$ | df | p-value | Sign. |
|---|---|---|---|---|---|---|
| **Age** | **Less than 13 yrs** | 6 | 1.9 | 2 | 0.37 | NS |
| | **13-17 yrs** | 20 | | | | |
| | **Equal & more than 18 yrs** | 28 | | | | |
| **Level of education** | **Illiterate** | 11 | 10.3 | 5 | 0.06 | NS |
| | **Primary school** | 23 | | | | |
| | **Secondary school** | 20 | | | | |
| **Order of a juvenile among his siblings** | **Frist** | 14 | 22.5 | 7 | 0.002 | **HS** |
| | **2-3** | 14 | | | | |
| | **4-5** | 14 | | | | |
| | **More than 5** | 20 | | | | |
| **Marital status** | **Single** | 54 | 0.7 | 1 | 0.31 | NS |
| | **Married** | 10 | | | | |
| **Residence** | **Urban** | 38 | 1.03 | 1 | 0.23 | NS |
| | **Rural** | 16 | | | | |
| **Monthly income** | **500-700 thousand** | 44 | 0.33 | 1 | 0.4 | NS |
| | **751000-1 million** | 54 | | | | |
| **Relationship degree between parents** | **Kindred** | 24 | 3.7 | 1 | 0.046 | **S** |
| | **Strangers** | 30 | | | | |
| **Period of follow up with social worker** | **Six months** | 32 | 14.2 | 3 | 0.003 | **HS** |
| | **Six months to 1 year** | 14 | | | | |
| | **One to 1.5 year** | 6 | | | | |
| | **1.5 to 2 yrs** | 2 | | | | |

In this table reveals there is insignificance between physical domain and some demographic of juveniles delinquent such as their age, marital status, gender, if they had children when they are married, level education, monthly income, if they had health problems diagnosed, residence and; while there are significance at P-value (0.05) with smoking habits, their job and degree of relationship between parents, as well as there are highly significance at P-value (0.003) and less than it with the follow up with social worker and order of juveniles among siblings.

**Table (4.22): Relationship among psychological domain of QoL and demographic characteristics of a juvenile delinquents**

| N= 54 Demographic Data | | Psychological domain | $X^2$ | df | p-value | Sign. |
|---|---|---|---|---|---|---|
| Age | Less than 13 yrs | 6 | 0.17 | 2 | 0.91 | NS |
| | 13-17 yrs | 20 | | | | |
| | Equal & more than 18 yrs | 28 | | | | |
| Level of education | Illiterate | 11 | 6.15 | 5 | 0.3 | NS |
| | Primary school | 23 | | | | |
| | Secondary school | 20 | | | | |
| Order of a juvenile among his siblings | Frist | 14 | 28.5 | 7 | 0.000 | HS |
| | 2-3 | 14 | | | | |
| | 4-5 | 14 | | | | |
| | More than 5 | 20 | | | | |
| Marital status | Single | 54 | 0.25 | 1 | 0.44 | NS |
| | Married | 10 | | | | |
| Residence | Urban | 38 | 0.7 | 1 | 0.3 | NS |
| | Rural | 16 | | | | |
| Monthly income | 500-700 thousand | 44 | 0.24 | 1 | 0.44 | NS |
| | 751000-1 million | 54 | | | | |
| Relationship degree between parents | Kindred | 24 | 1.4 | 1 | 0.24 | NS |
| | Strangers | 30 | | | | |
| Period of follow up with social worker | Six months | 32 | 4.8 | 3 | 0.18 | NS |
| | Six months to 1 year | 14 | | | | |
| | One to 1.5 year | 6 | | | | |
| | 1.5 to 2 yrs | 2 | | | | |

In this table reveals there are insignificance between psychological domain and some characteristics of juveniles delinquent such as their age, marital status, gender, degree of relationship between parents, level education, monthly income, the follow up with social worker, residence and job; while there are significance at P-value (0.05) with smoking habits, their if they had health problems diagnosed and if they had children when they are married, as well as there are highly significance at P-value (0.001) and less than it with order of juveniles among siblings.

**Table (4.23): Relationship among social relationships domain of QoL and demographic characteristics of a juvenile delinquents**

| N= 54 Demographic Data | | Social relationships domain | $X^2$ | df | p-value | Sign. |
|---|---|---|---|---|---|---|
| **Age** | **Less than 13 yrs** | 6 | 2.8 | 2 | 0.24 | NS |
| | **13-17 yrs** | 20 | | | | |
| | **Equal & more than 18 yrs** | 28 | | | | |
| **Level of education** | **Illiterate** | 11 | 8.7 | 5 | 0.12 | NS |
| | **Primary school** | 23 | | | | |
| | **Secondary school** | 20 | | | | |
| **Order of a juvenile among his siblings** | **Frist** | 14 | 7.9 | 7 | 0.33 | NS |
| | **2-3** | 14 | | | | |
| | **4-5** | 14 | | | | |
| | **More than 5** | 20 | | | | |
| **Marital status** | **Single** | 54 | 10.3 | 1 | 0.001 | **S** |
| | **Married** | 10 | | | | |
| **Residence** | **Urban** | 38 | 16 | 1 | 0.000 | **HS** |
| | **Rural** | 16 | | | | |
| **Monthly income** | **500-700 thousand** | 44 | 0.98 | 1 | 0.32 | NS |
| | **751000-1 million** | 54 | | | | |
| **Relationship degree between parents** | **Kindred** | 24 | 1.4 | 1 | 0.25 | NS |
| | **Strangers** | 30 | | | | |
| **Period of follow up with social worker** | **Six months** | 32 | 1.2 | 3 | 0.75 | NS |
| | **Six months to 1 year** | 14 | | | | |
| | **One to 1.5 year** | 6 | | | | |
| | **1.5 to 2 yrs** | 2 | | | | |

In this table reveals there is insignificance between Social relationships domain & some characteristics of juveniles delinquent such as their age, order of juveniles among siblings, degree of relationship between parents, level education, smoking habits, their if they had health problems diagnosed, monthly income, the follow up with social worker and job; while there are significance at P-value (0.05) with gender and if they had children when they are married, as well as there are highly significance at P-value (0.001) and less than it with marital status and residence.

**Table (4.24): Relationship among environmental domain of QoL and demographic characteristics of a juvenile delinquents**

| N= 54 Demographic Data | | Environmental domain | $X^2$ | df | p-value | Sign. |
|---|---|---|---|---|---|---|
| **Age** | **Less than 13 yrs** | 6 | 2.1 | 4 | 0.71 | N |
| | **13-17 yrs** | 20 | | | | |
| | **Equal & more than 18 yrs** | 28 | | | | |
| **Level of education** | **Illiterate** | 11 | 10.1 | 10 | 0.43 | N |
| | **Primary school** | 23 | | | | |
| | **Secondary school** | 20 | | | | |
| **Order of a juvenile among his siblings** | **Frist** | 14 | 35.6 | 14 | 0.001 | **HS** |
| | **2-3** | 14 | | | | |
| | **4-5** | 14 | | | | |
| | **More than 5** | 20 | | | | |
| **Marital status** | **Single** | 54 | 2.9 | 2 | 0.22 | NS |
| | **Married** | 10 | | | | |
| **Residence** | **Urban** | 38 | 5.4 | 2 | 0.06 | NS |
| | **Rural** | 16 | | | | |
| **Monthly income** | **500-700 thousand** | 44 | 4.7 | 2 | 0.09 | NS |
| | **751000-1 million** | 54 | | | | |
| **Relationship degree between parents** | **Kindred** | 24 | 0.4 | 2 | 0.8 | NS |
| | **Strangers** | 30 | | | | |
| **Period of follow up with social worker** | **Six months** | 32 | 5.1 | 6 | 0.5 | **S** |
| | **Six months to 1 year** | 14 | | | | |
| | **One to 1.5 year** | 6 | | | | |
| | **1.5 to 2 yrs** | 2 | | | | |

This table reveals there is insignificance between environmental domain and some characteristics of juveniles delinquent such as their age, marital status, degree of relationship between parents, level education, residence, gender, if they had children when they are married, monthly income, and job; while there are significance at P-value (0.05) with if they had health problems diagnosed and the follow up with social worker, as well as there are highly significance at P-value (0.005) and less than it with order of juveniles among siblings and smoking habits.

**Table (4.25): Relationship among perceived QoL question and demographic characteristics of a juvenile delinquents**

| N= 54 Demographic Data | | Perceived QoL question | $X^2$ | df | p-value | Sign. |
|---|---|---|---|---|---|---|
| Age | Less than 13 yrs | 6 | 0.17 | 2 | 0.92 | NS |
| | 13-17 yrs | 20 | | | | |
| | Equal & more than 18 yrs | 28 | | | | |
| Level of education | Illiterate | 11 | 9.86 | 5 | 0.08 | NS |
| | Primary school | 23 | | | | |
| | Secondary school | 20 | | | | |
| Order of a juvenile among his siblings | Frist | 14 | 10.8 | 7 | 0.15 | NS |
| | 2-3 | 14 | | | | |
| | 4-5 | 14 | | | | |
| | More than 5 | 20 | | | | |
| Marital status | Single | 54 | 3.9 | 1 | 0.048 | S |
| | Married | 10 | | | | |
| Residence | Urban | 38 | 0.18 | 1 | 0.7 | NS |
| | Rural | 16 | | | | |
| Monthly income | 500-700 thousand | 44 | 0.25 | 1 | 0.62 | NS |
| | 751000-1 million | 54 | | | | |
| Relationship degree between parents | Kindred | 24 | 0.00 | 1 | 0.62 | NS |
| | Strangers | 30 | | | | |
| Period of follow up with social worker | Six months | 32 | 5.6 | 3 | 0.13 | NS |
| | Six months to 1 year | 14 | | | | |
| | One to 1.5 year | 6 | | | | |
| | 1.5 to 2 yrs | 2 | | | | |

This table reveals there is insignificance between perceived QoL question and some characteristics of juveniles delinquent such as their age, if they had health problems diagnosed, the follow up with social worker, degree of relationship between parents, level education, residence, gender, order of juveniles among siblings, smoking habits, monthly income and job; while there are significance at P-value (0.05) with marital status, as well as there are highly significance at P-value (0.009) and less than it with if they had children when they are married.

**Table (4.26): Relationship among general health item of QoL and demographic characteristics of a juvenile delinquents**

| N= 54 Demographic Data | | general health item | $X^2$ | df | p-value | Sign. |
|---|---|---|---|---|---|---|
| **Age** | **Less than 13 yrs** | 6 | 5.63 | 4 | 0.23 | NS |
| | **13-17 yrs** | 20 | | | | |
| | **Equal & more than 18 yrs** | 28 | | | | |
| **Level of education** | **Illiterate** | 11 | 22.5 | 10 | 0.01 | **S** |
| | **Primary school** | 23 | | | | |
| | **Secondary school** | 20 | | | | |
| **Order of a juvenile among his siblings** | **Frist** | 14 | 22.4 | 14 | 0.054 | NS |
| | **2-3** | 14 | | | | |
| | **4-5** | 14 | | | | |
| | **More than 5** | 20 | | | | |
| **Marital status** | **Single** | 54 | 1.6 | 2 | 0.45 | NS |
| | **Married** | 10 | | | | |
| **Residence** | **Urban** | 38 | 1.7 | 2 | 0.43 | NS |
| | **Rural** | 16 | | | | |
| **Monthly income** | **500-700 thousand** | 44 | 0.33 | 2 | 0.8 | NS |
| | **751000-1 million** | 54 | | | | |
| **Relationship degree between parents** | **Kindred** | 24 | 4.44 | 2 | 0.11 | NS |
| | **Strangers** | 30 | | | | |
| **Period of follow up with social worker** | **Six months** | 32 | 7.9 | 6 | 0.24 | NS |
| | **Six months to 1 year** | 14 | | | | |
| | **One to 1.5 year** | 6 | | | | |
| | **1.5 to 2 yrs** | 2 | | | | |

This table reveals there is insignificance between general health item domain and some characteristics of juveniles delinquent such as their age, marital status, gender, the follow up with social worker, order of juveniles among siblings if they had children when they are married, their job, degree of relationship between parents , monthly income, if they had health problems diagnosed and residence; while there are significance at P-value (0.05) with smoking habits and level education.

**Table (4.27): Relationship among overall QoL-Brief and demographic characteristics of a juvenile delinquents**

| N= 54 Demographic Data | | Overall QoL-Brief | $X^2$ | df | p-value | Sign. |
|---|---|---|---|---|---|---|
| **Age** | **Less than 13 yrs** | 6 | 0.13 | 2 | 0.9 | NS |
| | **13-17 yrs** | 20 | | | | |
| | **Equal & more than 18 yrs** | 28 | | | | |
| **Level of education** | **Illiterate** | 11 | 3.9 | 5 | 0.56 | NS |
| | **Primary school** | 23 | | | | |
| | **Secondary school** | 20 | | | | |
| **Order of a juvenile among his siblings** | **Frist** | 14 | 19.3 | 7 | 0.007 | **HS** |
| | **2-3** | 14 | | | | |
| | **4-5** | 14 | | | | |
| | **More than 5** | 20 | | | | |
| **Marital status** | **Single** | 54 | 1.5 | 1 | 0.22 | NS |
| | **Married** | 10 | | | | |
| **Residence** | **Urban** | 38 | 1.4 | 1 | 0.23 | NS |
| | **Rural** | 16 | | | | |
| **Monthly income** | **500-700 thousand** | 44 | 0.05 | 1 | 0.8 | NS |
| | **751000-1 million** | 54 | | | | |
| **Relationship degree between parents** | **Kindred** | 24 | 2.7 | 1 | 0.1 | NS |
| | **Strangers** | 30 | | | | |
| **Period of follow up with social worker** | **Six months** | 32 | 4.1 | 3 | 0.25 | NS |
| | **Six months to 1 year** | 14 | | | | |
| | **One to 1.5 year** | 6 | | | | |
| | **1.5 to 2 yrs** | 2 | | | | |

This table reveals there is insignificance between overall QoL-Brief and some characteristics of juveniles delinquent such as their age, if they had health problems diagnosed, the follow up with social worker, degree of relationship between parents, level education, residence, gender, if they had children when they are married, marital status and monthly income; while there are significance at P-value (0.05) with smoking habits and job, as well as there are highly significance at P-value (0.007) and less than it with order of juveniles among siblings.

**Table (4.28): the mean of score for all domains and items of QOL-Brief scale to juveniles delinquent**

| N= 54 | | N | Percent | M.S | Assessment |
|---|---|---|---|---|---|
| QOL- Brief | | | | | |
| **Physical domain** | **Fairly** | 28 | 51.9 | 2.48 | **Good** |
| | **Good** | 26 | 48.1 | | |
| **Psychological domain** | **Fairly** | 36 | 66.7 | 2.33 | **Moderate** |
| | **Good** | 18 | 33.3 | | |
| **Social relationships domain** | **Fairly** | 6 | 11.1 | 2.89 | **Good** |
| | **Good** | 48 | 88.9 | | |
| **Environmental domain** | **Poor** | 20 | 37 | 1.81 | **Moderate** |
| | **Fairly** | 24 | 44.4 | | |
| | **Good** | 10 | 18.5 | | |
| **General QoL (overall)** | **Fairly** | 34 | 63 | 2.37 | **Good** |
| | **Good** | 20 | 37 | | |
| **Perceived QoL (first item in scale)** | **Fairly** | 18 | 33.3 | 2.67 | **Good** |
| | **Good** | 36 | 66.7 | | |
| **General health (secod item in scale)** | **Poor** | 14 | 25.9 | 2.15 | **Moderate** |
| | **Fairly** | 18 | 33.3 | | |
| | **Good** | 22 | 40.7 | | |

**Cut off point** (0.66), **M.S** (mean of scores), **Poor** (mean of score 1-1.66), **Moderate** (mean of score 1.67-2.33), **Good** (mean of score equal or more than 2.34)

This table reveals the general assessment of QoL for juveniles delinquant had a good QoL rated according their mean score (2.34 and more than it) after that the moderately QoL rated according to their reported in three domains only general health item, psychological and environmental domains. The poor assessment of QoL is not reported by juveniles rated and results of them according to their mean score.

**Table (4.29): The correlation between GSI of BSI-53 scale and all domains and items of QOL- Brief scale for juveniles delinquent**

| N= 54 | | GSI | | P-value | Correlation value | Interpretation of correlation |
|---|---|---|---|---|---|---|
| QOL- Brief | | N | Percent | | | |
| **Physical domain** | **Fairly** | 28 | 51.9 | 0.015 | 0.7 | Strong positive correlation |
| | **Good** | 26 | 48.1 | | | |
| **Psychological domain** | **Fairly** | 36 | 66.7 | 0.17 | 0.19 | Weak positive correlation |
| | **Good** | 18 | 33.3 | | | |
| **Social relationships domain** | **Fairly** | 6 | 11.1 | 0.03 | **0.75** | **Strong positive correlation** |
| | **Good** | 48 | 88.9 | | | |
| **Environmental domain** | **Poor** | 20 | 37 | **0.000** | 0.14 | Weak positive correlation |
| | **Fairly** | 24 | 44.4 | | | |
| | **Good** | 10 | 18.5 | | | |
| **General QoL (overall)** | **Fairly** | 34 | 63 | 0.06 | **0.7** | **Strong positive correlation** |
| | **Good** | 20 | 37 | | | |
| **Perceived QoL (first item in scale)** | **Fairly** | 18 | 33.3 | 0.17 | 0.1 | Weak positive correlation |
| | **Good** | 36 | 66.7 | | | |
| **General health (secod item in scale)** | **Poor** | 14 | 25.9 | 0.19 | 0.26 | Weak positive correlation |
| | **Fairly** | 18 | 33.3 | | | |
| | **Good** | 22 | 40.7 | | | |

In this table shows the correlation between GSI of BSI-53 scale and all domains and items of QOL- Brief scale for juveniles delinquent; there is strongest correlation between GSI of BSI-53 scale Social relationships domain (0.75), also (0.7) the value of it in both physical domain and general QoL (overall) and the weakness correlation was GSI of BSI-53 scale and Perceived QoL. There is high significance relationship and the more domain that influence on GSI of BSI-53 scale is the environmental domains when p-value equal (0.05).

# Chapter Five

# Discussion of the Results

# Chapter Five

# Discussion of the Results

The delinquency phenomena among juveniles is a global problem and continuous rising among them (Table 2.1), but the national laws and justice systems are not considered them as criminals; so they consider as a victim to community, cultural, parental nurturing and other variables that are not supported by studies like follow-up with social worker, period of follow up with social worker, degree of relationship between parents, order of a juvenile among his siblings and number of children for juveniles (Researcher) and circumstances (Kashiwagi, 1986; Guidelines for Juvenile Justice in Iraq, 2018).

This study will discussing the findings of dissertation in arrangement way corresponding the study goals as the study findings and will dividing according it to four parts, as follow:

## ***Part One*: Assess and describe the demographic characteristics of parents and their juveniles.**

## ***Section 1*: Discussing the demographic characteristics of parents who had a child as a juvenile delinquent and participated in the study.**

Fifty four Iraqi juveniles delinquent are prosecutions and referred to the social worker to follow up their behaviors during certain period. All participants lived in Al-Najaf governorate and agreed to participate in the study (figure 3.1.& table 4.2.).

About (81.5%) from parents were still alive and all parents still as a guardian on their juveniles before and after committed the delinquent (table 4.3). Although the participants were agree to participate in study, but about (5.6%) of all population during the study period to collect the sample are refused to complete the interview or participation in study may because the stigma or shyness from delinquent committed; in fact the stigma among juveniles is confirmed in study of Zinchenko et al. (2014) when they investigated the perceived stigma among them.

The dominant ratio of parents of juveniles were live in urban region in Al-Najaf governorate (70.4%) (table 4.2) may because the more fathers were worked as a civil servant or in Iraqi army or retired from their job (52%) (table 4.1) and preferred living in near places of their job or had a governmental dwellings, these explanation consent to the NCPP report in 2012.

Fifty percent of parents who had a juvenile delinquent their level education are primary school graduated (fathers 48.1%, mothers 51.9%) and their marital status are still married (77.8%) (table 4.1); also , about (92.6%) of mothers' job are a house wife, because the Iraqi community is a masculinity community and the religious considerations, social and cultural norms dependent on male in work outside the home and obtained the fund for family, So all fathers of juveniles delinquent had a job or retired from it and received their salary after ended their detection servant in governmental institutions of their job (table 4.3); this result consent with CSO reported a&b in 2007 are studied the differences of characteristics among Iraqi provinces.

About more than half of parents of juveniles delinquent who participated in the study are aged between thirty to fifty years old (mean = 34.5 ± 11.61) and approximately the same ratio for both mothers and fathers

their level education are graduated from primary school and all them reported were not have crimes or delinquents previously or among their kindred; Also, about more than half of them were marry from strangers (55.6%) and their relation were not changed after delinquency (table 4.1) may be the Al-Najaf families are traditional families and keeping the habits of community and their norms (NCPP, 2012).

## ***Section 2*: Discussion characteristics of juveniles delinquent who participated in the study.**

Juveniles delinquent who brought to the juvenile court in Al-Najaf governorate were invite to participate in the study were 54 juveniles. The range of juveniles' age between (12- 20) years and about (51.9%) of them are aged equal or more than 17 years with mean (17.1 ± 1.94), because the Iraqi juveniles law is depend on the age of juvenile during the committed of delinquent or during investigation (Iraqi Juvenile Welfare Law / Sections of an act No.5, 1983).

Majority juveniles delinquent were a male (92.6%) and the residual ratio were a female, may be the male is more contacted with community than female considered the Iraqi society is traditional society and keep his habits and norms toward females (NCPP, 2012); only (18.5%) of juveniles were married, this fact is a reflect the nature of Al-Najaf society specially by courage the early marriage for females and males under eighteenth years, so in CSO reported a&b (2007) is Al-Najaf is occupied the rank first in early marriage voted among other Iraqi provinces (table 4.2); also, the marriage is a preventive from repeated the delinquency and crime according to ASPE report (2009) and about (60%) of them had at least one child.

Majority of juveniles delinquent reported their monthly income were between 500-700 thousand (81.5%), so the quantity of income is played importance role in rate of crimes and delinquents behavior, but according to the beliefs of juveniles when asked them if this income was a sufficient or not, all of them reported were a sufficient (table 4.2), this result consent with William and Llad (2002) when study the effect of income.

The theft was occupied a first rank was committed by juveniles among other delinquencies about (63%) may because of spread the theft as a delinquent among juveniles may be return to the poverty; this result consented with study of Alyasiri and Sarsa (2008) conducted in Baghdad province Capital of Iraq (table 2.3), study of Younis et al. (2008) in Babylon; Freedman (1999) and William and Llad (2002). Also, the low level of education was low, weakness the authority of law and parental monitoring may be causes to delinquent; this result consent with study of Iryna et al. (2013) and Kashiwagi (1986) when studied this phenomena and they are noticed increased in communities that drugs and alcohol spread among youths (Maniadaki, 2009); as well as, the half juveniles were commit their delinquency before 6 month -1 year and about (22.2%) of them were commit their delinquency before more than two years (table 4.3), so this result give us the explanation about (51.9%) of juveniles are aged equal & more than 17 years old with mean (17.1 ± 1.94) (Iraqi Juvenile Welfare Law / Sections of an act No.5, 1983) (4.2.)

Majority of juveniles reported are not had any health problems diagnosed (96.3%), but only (3.7%) diagnosed with ADHD previously according to their reported during the interview and about (77.8%) are unsmoked and all them reported are not used alcoholic and drugs illegally (table 4.4), this information give us a good indicators about the juveniles nurturing and the possibility to rehabilitate and integrate them in their

community according to the Iraqi juveniles law and when considered them as a victim for circumstances and other factors (Guidelines for Juvenile Justice in Iraq, 2018), but this result is contrasted with study of Maniadaki (2009) when see most juveniles were used illegal drugs. Also, in table (4.5.) see the confirmation to the researcher opinion of the possibility to rehabilitate and integrate them according to restricted with social worker in appointment of meeting (91%) and number of follow up & visits him to the social worker about (98%), as well as, the judges were judgment them by 6 months as follow up with probation officer (Social worker is same with the term of probation officer , but this term is used in law of justice system and law dictionary Social worker is same with the term of probation officer , but this term is used in law of justice system and law dictionary) investigation according to the Iraqi juveniles law is least duration for follow up is 6 months (Iraqi Juvenile Welfare Law / Sections of an act No.10 & Sections of an act No.26 /c, 1983).

Most of juveniles delinquent who participated were had low level education about more than (60%) of them (table 4.2.) and (48%) of them were need help to fill the questionnaire form (figure 4.1.), this result is consented with study of Younis et al. (2008) in Babylon and give us a dangerous indicator because most studies are confirmed the strong positively linked between increased the number of delinquencies when their level education were low (Iryna et al., 2013), but Iraq according to Ministry of Planning and Development report (2013) is the youth rate of literacy under eighteen is (74%) (UNESCO, 2018) and residual ratio are illiterate may be unable to attend to the school because the economic difficulties and familial responsibilities (irfad.org, 2013).

## ***Part Two:*** **Discussion the description of the psychological problems and assessment of the quality of life of the juvenile delinquents.**

### ***Section 1*****: Discussing the description of the psychological problems among juvenile delinquent who participated in the study.**

According to table 4.6. see about (40-60%) of juveniles rated sometimes for symptoms of Somatization, Obsession compulsion, Depression, Anxiety, Phobic, Paranoid and Psychoticism disorder, but about the same ratios of them were feelings by this symptoms as rarely in Interpersonal, Hostility and Additional. These results are meaning most of juveniles were suspected or expected had a psychological problems symptoms and were not diagnosed because most of Iraqi families considered the psychological problems are not real or may be shyness matter and can be caused stigma for them, as well as the awareness about psychiatric health were low; this opinions consent with the study of Zinchenko et al. (2014) when they investigated the perceived stigma among families who had a child as a juvenile delinquent.

### ***Section 2*****: Discussing the assessment of the quality of life of the juvenile delinquents who participated in the study.**

This section related to discuss the results of second part from instrument used in the study to measure the quality of life for juvenile delinquents. The best scale and more valid to achieve this task is WHOQOL Brief 26 items Arabic version (WHO, 2021). This scale had fourth domains and two general items or questions related to the health perceived well as the satisfied about the general QoL. According to the rated on WHOQOL Brief scale which

outcomes extended from poor to good. In table 4.8. see the physical, psychological and environmental domains are fairly and social relationships domain is rated as a good, also the perceived QoL and general health question rated as a good, so the final outcomes for all domains and questions according to the juveniles delinquent rated are fairly. This a good indicator and may be increased the chance of rehabilitating and integrating them after ending the duration of follow up with social worker and correction behaviors because there is a positive relationship between the delinquency behavior and QoL (Bouman et al., 2009). Also, see the high strong correlated between psychological domain and their perceived of QoL or feeling them with general health question that confirmed the studies who studied the relationship between the psychological problems and QoL such as Barakat & Zaki study (2019) when the QoL is a high the prevalence of psychological symptoms may be decrease, but see the weakened correlation is between their perceived of QoL or feeling them with general health question and social relationship domains may be return to the shyness from arrest them and stigma (Zinchenko et al., 2014) (table 4.9. & 4.10.).

## ***Part Three:*** **Discussion the relationship among the demographic characteristics of juvenile delinquents with the psychological health problems and the quality of life for them.**

## ***Section 1*****: Discussion the relationship between the demographic characteristics of juvenile delinquents and psychological health problems according to domains of BSI -53.**

The table 4.11. is revealed the significant and non-significant relationship at p-value 0.05 between the somatization symptoms and some demographic characteristics of juveniles delinquent such as, marital status and

who had a child this result is consent with study of Garrusi et al. in Iran (2019) was notice significance relationship between increased the symptoms of somatization with marital status like divorce and widow state about 3:4 time more than who was not married, but the level education, their job, residence in urban region are more frequent to symptoms of psychiatric disorders like somatization specially among females according to study of Jacob and Patel in 2014, so this result consent with them; monthly income also it is a factor can be effected directly on the somatization symptoms happened and other psychiatric disorders (Noorbala et al., 2015), and smoking habits and who had health problems diagnosed also had a significant relationship with somatization symptoms because it is increased the chance of happened it or other psychiatric disorders symptoms, also the other health problems had a same effect on increased the chance of happened somatization symptoms this fact is consent with article of Kelty Mental Health Center (2021). Also, there are highly significance relationship at P-value (0.002) and less than it with the order of juveniles among siblings and the follow up with social worker may be the juvenile after he committed the delinquent usually feels of his a guilt and try to correct it by change their think and behaviors because the attended to court and identify the law and punishments that assumed on them are play role on them (Micheal and Charlotte, 2019); while there are significance with the age, gender and degree of relationship between parents according to the rated of them, although these results are contrasted with the facts about somatization epidemiologic and criterions (Halter, 2018), but these result are stayed correspondent with facts about causes and factors of it because the juveniles who participated in study were not diagnosis by this disorder and the researcher was investigated about its symptoms and detect the factors that contributed to occur it such as biological factors, psychological factors,

cognitive factors and social and environmental factors are played important role in occurrence this disorder and development it (Sheila, 2020).

In table 4.12. reveals there is insignificance between obsessive compulsive symptoms and some characteristics of juveniles delinquent such as their gender, level education, marital status, who had a child, job, residence, monthly income and who had health problems diagnosed may due to the obsession was not diagnosed for them and related it with the environment and other factors contribution, inherited vulnerability for them and the difference between male and female in affected by it because it occurs commonly during childhood period among males than female (APA, 2013), but according to these results of study the researcher unable to attributed and tested this fact because the number of juveniles who as female are very little (number of female were participate in study were 4 females only, look at table 4.2.); so obsessive disorder was related to many risk factors that increased it occurs like environmental, social, gender, way of thinking and other factors that can be develop the obsessive compulsive (Stein & Lochner, 2017). While there are significance at P-value (0.05) with the age because the obsessive compulsive disorder is increased affected during childhood period (Townsend, 2014) and most participants in this study are more than 13 years old (look at table 4.2.), the follow up with social worker and degree of relationship with parents, as well as with smoking habits may due to these characteristics are a direct causes (environmental, social, personality trait and vulnerability) to occur it except smoking (Sheila, 2020).

In table 4.13. reveals there is insignificance between interpersonal domain and some characteristics of juveniles delinquent such as their marital status, who had a child, monthly income, who had health problems diagnosed and smoking habits may because the interpersonal sensitivity related to relationships and friendships, feelings and thinking toward others, so these

variables were not had a strong effect on delinquent behavior (Psychology.wikia.org, 2021). But there is significance at (0.05) between the degree of relationship with parents, as well as there are highly significance at P-value (0.009) with the age, gender, level education, their job, residence, order of juveniles among siblings and the follow up with social worker may due to the interpersonal sensitivity had a direct link with personality traits, social functioning and the psychological problems diagnosed like depression (Masillo et al., 2016).

In table 4.14. reveals there is insignificance between depression symptoms and some characteristics of juveniles delinquent such as their age, gender, job, residence, monthly income, degree of relationship between parents, had health problems diagnosed, the follow up with social worker and smoking habits these results are contrasted with the facts about depression symptoms epidemiologic and criterions (APA, 2013; Halter, 2018); while there are significance at P-value (0.05) with the level education, marital status and who had a child, as well as there are highly significance at P-value (0.002) with the order of juveniles among siblings these characteristics are affected on juveniles and highly relevant with depression causes so it consent with study of Andrade et al. (2004) when studied effect it on occurrence of depression among them.

In table 4.15. reveals there is insignificance between anxiety symptoms and some characteristics of juveniles delinquent such as their age, gender, but this results are contrasted with the proved facts about the relationship between the anxiety and age & gender specially among females (APA, 2013; Sheila, 2020), job, residence, monthly income, degree of relationship between parents, the follow up with social worker, marital status and had a child these variables are not essential causes or have direct effect on anxiety symptoms

occur (Halter, 2018); while there are significance at P-value (0.05) with order of juveniles among siblings in study McCormack (2015) were show excessive in anxiety level among siblings when they had a child has psychological problems like down syndrome or deviant behavior like as delinquent; the level education had significant relationship with anxiety symptoms this result consent with longitudinal study of Ingvar et al. (2008) when they showed the positive relationship between the anxiety and depression with the education level and when the education level is increased can be protect the individuals from these disorders; also, there is significant relationship between anxiety symptoms and had health problems diagnosed because these symptoms increased when the individuals had other physical or psychological problems (Gregory et al., 2007), as well as there are highly significance at P-value (0.008) with the smoking habits may be the bad habits like smoking and alcohol both had direct effect on individuals and can be a risk factors for anxiety, so in study of AL-Khafaf and Mahmood (2021) had a positive correlation between smoking and anxiety level among students of university, also these facts proved in study of Morisstte et al. (2007) when they studied the inter-relationship between smoking and anxiety disorders, so they showed the severity of anxiety was increase when the individuals were cessation of smoking.

In table 4.16. reveals there is insignificance between hostility symptoms and some characteristics of juveniles delinquent such as their age, level education these results are contrasted with study of Black & Andreasen, 2011; marital status, had a child, their job, monthly income and smoking habits these variables may be not had a direct effect on hostility symptoms or factors to occur it among youths (Fauber et al., 1990); while there are significance at P-value (0.05) with the gender, degree of relationship between parents may

because the incidence of hostility were increase among youths, this facts were consent with study of Buehler et al. (1994); as well as there are highly significance at P-value (0.003) with the follow up with social worker, order of juveniles among siblings and had health problems diagnosed may due to the one causes of hostility is nurturing and environment (Halter, 2018; Buehler et al., 1994), so environment includes both the internal environment like weather of family and siblings and external related to school, work and friends habits acquired.

In table 4.17. reveals there is insignificance between phobic symptoms & some characteristics of juveniles delinquent such as their age, level education, had children, their job, residence, monthly income, had health problems diagnosed, degree of relationship between parents and smoking habits these results are contrasted with most studies that study the anxiety and phobias among adolescents and children likes studies of McCormack (2015), Morisstte et al. (2007) and AL-Khafaf and Mahmood (2021),but the researcher view these results is corresponding to what the participants feelings during the last week before study; while there are significance at P-value (0.05) with the marital status, order of juveniles among siblings and gender these results are consented with the factors and causes of phobias that mentioned in literatures that related it such as DSM-5 (APA, 2013) and Gregory et al. study (2007).

In table 4.18. reveals there is insignificance between paranoid symptoms and some characteristics of juveniles delinquent such as their gender, level education, had children, monthly income, had health problems diagnosed, the follow up with social worker and smoking habits may be these variables are not had significant relationship because the Iraq is a development countries and not have an official statistics about the psychiatric disorders

generally and psychosis and paranoid symptoms especially, also these results related to what the participates were feel during last week before interview, although these results are contrasted with DSM-5 (2013) criteria and study of Haddad et al. (2015) when they were find the positive relationship between this disorder and variables of age, gender and race; while there are significance at P-value (0.05) with the marital status, degree of relationship between parents, their job, age and residence may because these variables were as causes for occur it among in individuals who experienced dangerous from other in any time of their life such as in home or work and school (Barker, 2009) or because the nature of urban areas (Haddad et al., 2015) about more than (70%) of participants were lived in urban area and their ages more than thirteenth years old about (88%) of them, look at table 4.2.

In table 4.19. reveals there is insignificance between psychoticism symptoms and some characteristics of juveniles delinquent such as their the marital status, their job, gender, level education, had children, monthly income, and smoking habits this results are contrasted with study of Haddad et al. (2015) may due to the most of them lived with their healthy parents were not reported had any psychological problems diagnosed and still alive, as well as, were still a guardian on them; while there are significance at P-value (0.05) with the follow up with social worker and order of juveniles among siblings, residence and age these variables are a common factors to occur psychoticism during adolescence period among them according to studies of Korkmaz et a. (2017), Haddad et al. (2015) and Arajärvi et a. (2006).

In table 4.20. reveals there is insignificance between additional psychological problems domain (includes death thinking, changed in appetite, sleep and feelings of guilt) with some characteristics of juveniles delinquent such as their age, marital status, gender, had children, monthly income,

residence and smoking habits; while there are significance at P-value (0.05) with degree of relationship between parents, level education, their job, the follow up with social worker and order of juveniles among siblings these results may be related to the health status of participants in this study about (96%, table 4.4.) reported were not have any health problems diagnosed and these symptoms are a general symptoms occurred in most psychiatric disorders and essential marks for existing the actual problem (Bannoura, 2017); these results consented with study of Teplin et al. (2015) and report of Centers for Disease Control and Prevention (2012).

## ***Section 2*: Discussion the relationship between the demographic characteristics of juvenile delinquents and the quality of life (two independent questions, four domains and General QoL).**

In table 21 in chapter four reveals there is insignificance between physical domain from QoL brief scale (it included seven items are pain, energy, sleep, mobility, activities, medication and work (WHOQOL user manual, 2012), look at figure 3.1. in chapter three) and some characteristics of juveniles delinquent such as their age, marital status, gender, had children, level education, monthly income and residence these variables had relationship on individuals according to Kaplan & Bush (1982) and gave them the meaning for their life, but corresponding to the results of this study may due to the participants were committed the delinquency and deviated from the norms of community, so they were unable to feel by these meaning and importance it for them may due to their experiences in life are few; also, in study of Johnson and Johnson (2015) were find relationship between the physical heath of adolescents and the type of residence area for them.

In other hand, there are significance relationship at P-value (0.05) with smoking habits, their job and degree of relationship between parents, as well as the follow up with social worker and order of juveniles among siblings may due to the a physical variables are effected by bad habits negatively and the kind of job effected positively or negatively on physical health, his abilities and may be increase or reduce the delinquency behaviors, also when the juvenile was restrict and follow up with social worker may be give him the impulse to change the bad habits and replaced it by health activity & good behaviors; these results consent with the study of Trygg et al. (2019) when studied and analyzed the literatures that related to intersectional-inequality in mental health according personal characteristics like social position, economical status, gender, race and other characteristics; also, study of Reiss (2013) when studied the socio-economic inequalities with psychological and health problems in adolescents.

In table 22 in chapter four reveals there is insignificance between psychological domain (included positive feelings, think, self-esteem, body image, negative feelings & spirituality (WHOQOL user manual, 2012), look at figure 3.1. in chapter three) with some characteristics of juveniles delinquent such as their age, marital status, gender, degree of relationship between parents, level education, monthly income, the follow up with social worker, residence and job, these results are contrasted with the factors and causes are proved by most psychiatric books like DSM-5 (2013) and studies like Haddad et al. (2015), but, that is not mean incorrect results because about 96% of them (table 4.4.) were report are not had any health problems diagnostic.

In other hand, there are significance relationships at P-value (0.05) with smoking habits and had children, as well as there are highly significance with

order of juveniles among siblings may because some of these variables had effect on the psychological health(Reiss, 2013).

In table 4.23. shows that there are no significance between social relationships domain (included relationships, support & sex (WHOQOL user manual, 2012), look at figure 3.1. in chapter three) and some characteristics of juveniles delinquent such as the follow up with social worker, age, order of juveniles among siblings, degree of relationship between parents, level education, smoking habits, monthly income and job these results are contrasted with study of Olsson (2011) when studied relationship between youth and effect economic status on their social relationships, but may be cause of most them reported moderately income and about (90%) of them had low level education and their parents (table 4.1. & table 4.4.), as well as, the stigma among juveniles (Zinchenko et al., 2014) and shyness from their community.

In other hand, there are significance at P-value (0.05) with gender this result is contrasted with study of Olsson (2011) when he found the negative effect of gender on social relationships specially with other sex during school age and the level education of their parents were high, this domain will highly affected by it; also, the marital status and had children & residence had significant may due to the marriage is additional factor to increase the social connection and new social relationships (Day et al., 2009), as well as, the residence region had equally effect on social relationships of individuals according to study of Jason and Jarron (2011).

In table 4.24. shows that there are no significance between environmental domain (included safety, home, services, inform, leisure, environment & transporters (WHOQOL user manual, 2012), look at figure

3.1. in chapter three) and some characteristics of juveniles delinquent such as their age, marital status, degree of relationship between parents, level education, residence, gender, had children, monthly income, and job; according to Statham and Chase (2010) were show the variables of environment domain had effect on the children wellbeing and their characteristics in different degrees or related to environment sustainability and impact of it (HPI, 2016); while there are significance at P-value (0.05) with the follow up with social worker, order of juveniles among siblings and smoking habits may because these characteristics are related to safety and health of children and youths (Statham & Chase, 2010).

In table 4.25. shows that there are no significance between perceived QoL question (this question related by description of juveniles to their QoL as general, see appendix C questionaire) and some characteristics of juveniles delinquent such as their age, the follow up with social worker, degree of relationship between parents, level education, residence, gender, order of juveniles among siblings, smoking habits, monthly income and job, so, this question is gave a general impression about the QoL according to the juveniles perception to it and this impression is effected by some of these characteristics according to Nikmanesh & Zandvakili study (2015) when they studied the effects of training of positive thinking on quality of life for juveniles; so these results are contrasted with they. While, there are significance relationship at P-value (0.05) with marital status and had children, so when they are early married and had a child may be the QoL was effect by these variables and it consider as a basic needs for adults, but among children and adolescents had negative impact on them and on their QoL (UNICEF, 2001).

In table 4.26 shows that there are no significance between general health item domain (this question related to satisfy about their health as

generally, see appendix C questionaire) and some characteristics of juveniles delinquent such as their age, marital status, gender, the follow up with social worker, order of juveniles among siblings had children when they are married, their job, degree of relationship between parents, monthly income and residence, most of these characteristics had positive relationship with the perceived health of individuals and satisfaction about it; therefor, these results are contrasted with report of UNICEF (2007). While there are significance at P-value (0.05) with smoking habits and level education, these results consent with study of Bradshaw and Richardson (2009) when studied 7 domains like relationships, education, environment,…etc. for Europe children and their wellbeing.

In table 27 in chapter four reveals there is insignificance between overall QoL Brief and some characteristics of juveniles delinquent such as their age, the follow up with social worker, degree of relationship between parents, level education, residence, gender, had children, marital status and monthly income; while there are significance at P-value (0.05) with smoking habits and job and order of juveniles among siblings. So, there is no significant relationship between demographic characteristics of juvenile delinquents and symptoms of psychological problems who had this result contrasted with the hypothesis of this dissertation and study of Maniadaki (2009) studied the juveniles and their mental health; also, with study of Ullah & Muhammad (2020) when they tested the prevalence of psychological problems among youth who had a street-crimes.

In table 28 in chapter four reveals the general assessment of QoL for juveniles delinquant had a good QoL rated according their mean score (2.34 and more than it); after that the moderately QoL rated according to their reported in three domains only are general health item, psychological and

environmental domains. The poor assessment of QoL is not reported by juveniles rated and results of them according to their mean score may because they had shyness from poverty and stigma; so, there is a significant relationship between juvenile delinquents and their quality of life and this result consent with the hypothesis of this dissertation and study of Barendregt et al. (2018) excepted the health domain of quality of life scale was revealed reduction in rated when the juveniles had more than one psycho-social problems during the time of study.

## ***Part Four:*** Discussion the correlational between the global severity index GSI for juvenile delinquents and their quality of life.

In table 4.29. reveals the correlation between the general assessment of QoL for juveniles delinquant and GSI of juveniles were a strong positive correlation and they reported were a good QoL to fairly rated according to their mean of score (2.34 and more than it, (table 4.10.)), after that the poor assessment of QoL is not reported by them rated; so, these results were consent with the study hypothesis that claim there is significant relationship between the symptoms of psychological problems for juvenile delinquents and their quality of life, as well as, these results are agreed with study of de Ruigh et al. (2019).

# Chapter Six

# Conclusions and Recommendations

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# Conclusions and Recommendations

## 6.1. Conclusions:

The researcher concluded the importance points from the results and discussion of this study:

1. Most of delinquents occurred by males than females in Al-Najaf province.
2. Most of juveniles delinquent have some psychological problems like deviant in behavior, problems in their social relationship, personality and in mood.
3. Most of participants were reported had a good quality of life and lived in urban areas with their income was a sufficient reported.
4. All parents were still a guardian and caring of them.
5. Most psychiatric disorders symptoms are related to depression, anxiety, and etc.
6. The majority of participants were aged above fifteen years old or above eighteen years old and had a primary school or under it their levels of education.
7. Most of them were not had a job and had a leisure time to commit the delinquent and deviant from community norms.
8. Majority of participants were delinquent is a theft and they occurred before one year or more.

9. Majority of them were not had diagnostic diseases and not had bad habits like smoking or misused the alcoholic and drugs.
10. Most of them restrict by appointment of meeting with social worker.
11. There is a significant relationship between their demographic characteristics with some psychological problems and quality of life like age, income, level of education, marital status and follow up with social worker, but there is no significant relationship between the psychological problems and quality of life domains when studied as separately.
12. There is a strong positive correlation between the GSI and the overall of quality of life that mean when the mental health of juveniles delinquent is healthy their quality of life is a good and vice versa.

## 6.2. Recommendations:

- Accessible the juveniles delinquent and their families reach to the mental health facilities and services of care health system in community, as well as accessible these services by youths and offenders who are arrested.
- Activate the psychiatric unit and early detection of psychiatric symptoms among children and youth in program of primary health care system.
- Activate the role of the government and private social media to awareness about hazard of delinquency on community.
- Cooperating with the Ministry of Youth and Sports to benefit from energies' young through cultural, sport and recreational activities programs.
- Cooperating with the Ministry of Labor and Social Affairs by providing financial salaries to those in need.
- Foundation of specialized of delinquency behaviors in postgraduate-studies of forensic and psychiatric medicine, psychology and nursing.
- Coordination between the Ministries of Justice and Health to do routinely surveillance about psychological problems among juveniles in their communities or in places of arrest. in schools.

- Inclusion of specialized nurses in correction & rehabilitation centers of juveniles delinquency and introduce the nursing care for them.
- Give the parents of juveniles the necessary support for nurturing their sons.
- Activate the role of civil foundations and human right organizations of juveniles delinquent to reduce the stigma and protect them from violence.

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# Appendix (A): Panel of experts

## قائمة الخبراء والمحكمين

| ت | الاسم | الاختصاص | اللقب العلمي | مكان العمل |
|---|---|---|---|---|
| ١ | أ.د.سجاء هاشم محمد الربيعي | دكتوراه تمريض صحة نفسية وعقلية | استاذ | جامعة بابل/ كلية التمريض |
| ٢ | أ.د.علي كريم خضير الجبوري | دكتوراه تمريض صحة نفسية وعقلية | استاذ | جامعة كربلاء/ كلية التمريض |
| ٣ | أ.د.فاضل عبد العباس العابدي | دكتوراه احصاء | استاذ | جامعة الفرات الاوسط التقنية |
| ٤ | أ.د.عرفات حسين خضير | بورد طب نفسي (دكتوراه) | استاذ | جامعة الكوفة/ كلية الطب |
| ٥ | أ.م.د.معن حميد ابراهيم | دكتوراه تمريض صحة نفسية وعقلية | استاذ مساعد | متقاعد |
| ٦ | أ.م.د.كريم رشگ ساچت | دكتوراه تمريض صحة نفسية وعقلية | استاذ مساعد | جامعة بغداد/ كلية التمريض |
| ٧ | أ.م.د.حيدر حمزة علي | دكتوراه تمريض صحة نفسية وعقلية | استاذ مساعد | جامعة بابل/ كلية التمريض |
| ٨ | أ.م.د.صافي داخل نوام الزيادي | دكتوراه تمريض صحة نفسية وعقلية | استاذ مساعد | جامعة كربلاء/ كلية التمريض |
| ٩ | أ.م.د.حسين علي حسين | دكتوراه تمريض صحة نفسية وعقلية | استاذ مساعد | جامعة بغداد/ كلية التمريض |
| ١٠ | أ.م.د.قحطان قاسم محمد | دكتوراه تمريض صحة نفسية وعقلية | استاذ مساعد | جامعة بغداد/ كلية التمريض |
| ١١ | د.عباس فاضل سعيد الطائي | بورد عربي طب نفسي | ..... | مستشفى الحكيم العام |
| ١٢ | د. زهراء خليل عبد الجليل | بورد عربي طب نفسي | ..... | مستشفى الحكيم العام |
| ١٣ | د.يوسف ستار عبد الشهيد | بورد عربي طب نفسي | ..... | مستشفى الحكيم العام |

# Appendix (B): Administrative arrangements

Ministry of Higher Education and Scientific Research
University of Babylon
College of Nursing

وزارة التعليم العالي والبحث العلمي
جمهورية العراق
جامعة بابل
كلية التمريض
لجنة الدراسات العليا

Ref. No:
Date: / /

العدد: ٦٢٩
التاريخ: ١ / ٣ / ٢٠٢١

الى / رئاسة محكمة الأحداث في النجف الاشرف
م/ تسهيل مهمة

تحية طيبة :
يطيب لنا حسن التواصل معكم ويرجى تفضلكم بتسهيل مهمة طالب الدكتوراه ( استبرق علي ناجي خلف ) لغرض جمع عينة دراسة الدكتوراه والخاصة بالبحث الموسوم :

المشكلات النفسية ونوعية الحياة لدى الجانحين الأحداث في محكمة أحداث النجف

**Psychological Problem and the Quality of Life among the Juvenile Delinquents in AL-Najaf Courts**

مع الاحترام ...

ا.م.د. حسام عباس داود
العميد للشؤون العلمية والدراسات العليا
١ / ٣ / ٢٠٢١

صورة عنه الى //
- مكتب السيد العميد للتفضل بالاطلاع مع الاحترام .
- لجنة الدراسات العليا
- الصادرة .

STARS

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## Appendix (C): Arabic Questionnaire for study

# استبيان عن "المشكلات النفسية ونوعية الحياة لدى الجانحين الاحداث في محكمة احداث النجف"

Psychological problems and The Quality of life among the Juvenile Delinquents in Al_Najaf Courts

**شكراً لمشاركتكم في دراستنا. الاستبيان يحتوي على اسئلة متعلقة بدراسة المشاكل النفسية ونوعية حياتكم بعد الجنوح باعتباركم جزء مهم من المجتمع. فنحن نهتم في استكشاف هذه المشاكل المتعلقة بكم والاستفادة منها في الاغراض العلمية فقط كما ان هذه المعلومات تبقى سرية ايضاً ، ولا توجد هناك اسئلة خاطئة او صحيحة وانما شعوركم هو ما يحدد ما ترونه مناسباً.**

**اذا لم تستطع أن تفهم أي سؤال، الرجاء اطلب المساعدة.**

**يرجى تسجيل الوقت قبل البدء بإجاباتكم _____ : _____** **استمارة رقم** ☐

## الجزء الاول: المعلومات الشخصية

***اولا:*** معلومات الحدث الجانح:

- **تاريخ ميلاد الحدث** (العمر)**:** / / ٢٠
- **الجنحة:.....**
- **تاريخ ارتكاب الجنحة:** / / ٢٠ ● **تاريخ المقابلة مع الحدث:** / / ٢٠
- **الجنس**: ذكر [١] أنثى [٢]
- **التحصيل الدراسي:**

لا يستطيع القراءة والكتابة [١] يقرأ فقط [٢] يقرأ ويكتب [٣]
ابتدائية [٤] متوسطة [٥] إعدادية [٦]
معهد (المعلمين او المعاهد المهنية) [٧] اخرى [٨]

- **الحالة الزوجية:**

اعزب [١] متزوج [٢] مطلق [٣] ارمل [٤] منفصل [٥]

- عدد الاطفال:.....
- ترتيب الحدث ضمن العائلة: .....

- **الحالة الاقتصادية والاجتماعية:**

- السكن: مدينة [١] ريف [٢]
- مهنة الحدث: لا يعمل [١] يعمل [٢] **اذكر المهنة** :.....

- **هل انت مدخنا؟**

لا [١] آر كيلة [٢] سكائر [٣] كلاهما [٤]

- **هل تتعاطى الكحول او المخدرات؟**

لا [١] الكحول فقط [٢] لمخدرات فقط [٣] كلاهما [٤]

- **هل لديك جنح سابقة:** لا [١] نعم [٢] **الحكم الصادر من المحكمة:.....**

هل هناك جنح اخرى لدى اخوة واخوات الحدث ؟ لا [١] نعم [٢] اذكر الجنحة:.....

- **يعاني الحدث من امراض (**نفسية/ جسمية**) مشخصة:**

مشاكل نفسية [١] مشاكل جسمية [٢] كليهما [٣] لا توجد [٤]

**اذا توجد اذكرها: .....**

- **هل الأب على قيد الحياة: نعم [١] لا [٢] سبب الوفاة .....**
- **هل الأم على قيد الحياة: نعم [١] لا [٢] سبب الوفاة.....**

***ثانيا:*** المعلومات الشخصية عن الأب:

**العمر:** [ ]

- **التحصيل الدراسي:.....**
- **الحالة الزوجية:.. .....**

**نسبة القرابة بين الزوجين:** اقارب [١] غرباء [٢]

- **لدى الاب سجل جنائي سابق: نعم [١] لا [٢] -اذكره.....**
- **لدى اخوة واخوات الاب او احد افراد عائلته سجل جنائي سابق: نعم [١] لا [٢]**
- **اذكره:..... اذكر جنحته:.....**

- **المهنة: .....**
- **الدخل الشهري** : اقل من ٥٠٠الف [١] ٥٠٠-٧٠٠ الف [٢] ٧٥١-١مليون دينار [٣]

اكثر من ١مليون دينار [٤]

- هل هذا **الدخل الشهري** : كافي [١] كافي لحد ما [٢] غير كافي [٣]

***ثالثا:*** المعلومات الشخصية عن الأم:

**العمر:** [ ]

- **التحصيل الدراسي: .....**
- **الحالة الزوجية: .....**

- **لدى الام سجل جنائي سابق: نعم لا -اذكره.....**
- **لدى اخوة واخوات الام او احد افراد عائلته سجل جنائي سابق: نعم** [١] [٢]
- **اذكره:..... اذكر جنحته:.....**

- **المهنة: .....**

***رابعاً***: المتابعة مع الباحث الاجتماعي:

- الوصي على الحدث قبل الجنوح:

| | | | | | |
|---|---|---|---|---|---|
| الاب | [١] | الام | [٢] | الجد | [٣] |
| الجدة | [٤] | احد الاعمام | [٥] | احد الأخوال | [٦] |
| احد اخوة الحدث | [٧] | شخص اخر | [٨] | **اذكره:.....** | |

- الوصي على الحدث بعد الجنوح:

| | | | | | |
|---|---|---|---|---|---|
| الاب | [١] | الام | [٢] | الجد | [٣] |
| الجدة | [٤] | احد الاعمام | [٥] | احد الأخوال | [٦] |
| احد اخوة الحدث | [٧] | شخص اخر | [٨] | **اذكره:.....** | |

- ملتزم بالمواعيد المحددة [١] غير ملتزم بالمواعيد المحددة [٢]
- مدة المتابعة المقررة مع الباحث الاجتماعي:.....
- الزيارة الحالية للحدث .....

## الجزء الثاني: مقاييس الدراسة:

### أولا: تقييم الحالة النفسية: (BSI-53)

| ت | إلى أي مدى عانيت من : | مطلقا | نادرا | أحيانا | غالبا | دائما |
|---|---|---|---|---|---|---|
| ١ | الشعور بالعصبية و الرعشة | ١ | ٢ | ٣ | ٤ | ٥ |
| ٢ | الشعور بالإغماء أو الدوخة | ١ | ٢ | ٣ | ٤ | ٥ |
| ٣ | الاعتقاد بأن شخصا ما يستطيع السيطرة على أفكارك | ١ | ٢ | ٣ | ٤ | ٥ |
| ٤ | الشعور بالقاء اللوم على الاخرين بأنهم السبب في معظم مشاكلك | ١ | ٢ | ٣ | ٤ | ٥ |
| ٥ | صعوبة في تذكر الأشياء | ١ | ٢ | ٣ | ٤ | ٥ |
| ٦ | الشعور بسرعة المضايقة والاستثارة | ١ | ٢ | ٣ | ٤ | ٥ |
| ٧ | الشعور بألم في القلب أو الصدر | ١ | ٢ | ٣ | ٤ | ٥ |
| ٨ | الشعور بالخوف في الأماكن المفتوحة أو الشوارع | ١ | ٢ | ٣ | ٤ | ٥ |
| ٩ | التفكير في إنهاء حياتك | ١ | ٢ | ٣ | ٤ | ٥ |
| ١٠ | الشعور بعدم الثقة في معظم الناس | ١ | ٢ | ٣ | ٤ | ٥ |
| ١١ | فقدان الشهية للطعام | ١ | ٢ | ٣ | ٤ | ٥ |
| ١٢ | الشعور بالرعب المفاجئ بدون سبب | ١ | ٢ | ٣ | ٤ | ٥ |
| ١٣ | نوبات من الغضب لا تستطيع السيطرة عليها | ١ | ٢ | ٣ | ٤ | ٥ |
| ١٤ | الشعور بالوحدة حتى عندما تكون مع الناس | ١ | ٢ | ٣ | ٤ | ٥ |
| ١٥ | الشعور بعدم القدرة على إتمام أعمالك | ١ | ٢ | ٣ | ٤ | ٥ |
| ١٦ | الشعور بالوحدة | ١ | ٢ | ٣ | ٤ | ٥ |
| ١٧ | الشعور بالكآبة | ١ | ٢ | ٣ | ٤ | ٥ |
| ١٨ | الشعور بعدم الاهتمام بالأشياء | ١ | ٢ | ٣ | ٤ | ٥ |
| ١٩ | الشعور بالخوف | ١ | ٢ | ٣ | ٤ | ٥ |
| ٢٠ | الشعور بأن مشاعرك ت جرح بسهولة | ١ | ٢ | ٣ | ٤ | ٥ |
| ٢١ | الشعور بأن الناس ليسوا لطيفين و لا يحبونك | ١ | ٢ | ٣ | ٤ | ٥ |
| ٢٢ | الشعور بأنك أقل قيمة من الآخرين | ١ | ٢ | ٣ | ٤ | ٥ |
| ٢٣ | الشعور بالغثيان واضطراب في المعدة | ١ | ٢ | ٣ | ٤ | ٥ |
| ٢٤ | الاحساس بأن الآخرين يراقبونك أو يتحدث الآخرون عنك | ١ | ٢ | ٣ | ٤ | ٥ |
| ٢٥ | أجد صعوبة في النوم | ١ | ٢ | ٣ | ٤ | ٥ |
| ٢٦ | القيام بالتأكد عدة مرات فيما تفعله | ١ | ٢ | ٣ | ٤ | ٥ |
| ٢٧ | أجد صعوبة في اتخاذ القرارات | ١ | ٢ | ٣ | ٤ | ٥ |
| ٢٨ | أشعر بالخوف من الركوب في الباص أو المواصلات العامة | ١ | ٢ | ٣ | ٤ | ٥ |

| ت | إلى أي مدي عانيت من : | مطلقا | نادرا | أحيانا | غالبا | دائما |
|---|---|---|---|---|---|---|
| ٢٩ | الشعور بصعوبة في التنفس | ١ | ٢ | ٣ | ٤ | ٥ |
| ٣٠ | الإحساس بنوبات من السخونة والبرودة في جسمك | ١ | ٢ | ٣ | ٤ | ٥ |
| ٣١ | الاضطرار إلى تجنب أشياء أو أماكن أو أنشطة لأنها تسبب لك الإحساس بالخوف | ١ | ٢ | ٣ | ٤ | ٥ |
| ٣٢ | الشعور بأن ذهنك خالي من الأفكار | ١ | ٢ | ٣ | ٤ | ٥ |
| ٣٣ | الشعور بالتنميل أو الخدران في أجزاء من جسمك | ١ | ٢ | ٣ | ٤ | ٥ |
| ٣٤ | الاحساس بأنك تستحق العقاب على أخطائك | ١ | ٢ | ٣ | ٤ | ٥ |
| ٣٥ | الشعور بفقدان الأمل من المستقبل | ١ | ٢ | ٣ | ٤ | ٥ |
| ٣٦ | لديك مشكلة في التركيز | ١ | ٢ | ٣ | ٤ | ٥ |
| ٣٧ | الشعور بالضعف في أجزاء من جسدك | ١ | ٢ | ٣ | ٤ | ٥ |
| ٣٨ | الشعور بالتوتر أو الانفعال | ١ | ٢ | ٣ | ٤ | ٥ |
| ٣٩ | التفكير بالموت | ١ | ٢ | ٣ | ٤ | ٥ |
| ٤٠ | الشعور بالرغبة في ضرب أو جرح أو ايذاء شخص ما | ١ | ٢ | ٣ | ٤ | ٥ |
| ٤١ | الشعور بالرغبة في تخريب وتكسير الأشياء | ١ | ٢ | ٣ | ٤ | ٥ |
| ٤٢ | الإحساس بالخجل في وجود الآخرين | ١ | ٢ | ٣ | ٤ | ٥ |
| ٤٣ | الشعور بعدم الراحة في وجودك وسط الحشود فمثلا عند التسوق أو حضور فيلم في السينما | ١ | ٢ | ٣ | ٤ | ٥ |
| ٤٤ | عدم الشعور بالقرب من أي شخص آخر | ١ | ٢ | ٣ | ٤ | ٥ |
| ٤٥ | الشعور بنوبات من الخوف أو الهلع | ١ | ٢ | ٣ | ٤ | ٥ |
| ٤٦ | الدخول في كثير من الجدل والمناقشات | ١ | ٢ | ٣ | ٤ | ٥ |
| ٤٧ | الشعور بالعصبية عندما تكون وحيداً | ١ | ٢ | ٣ | ٤ | ٥ |
| ٤٨ | الشعور بأن الآخرين لا يعطونك ما تستحق من ثناء وتقدير على أعمالك وانجازاتك | ١ | ٢ | ٣ | ٤ | ٥ |
| ٤٩ | الشعور بالتوتر لدرجة لا يمكنك من الجلوس هادئاً | ١ | ٢ | ٣ | ٤ | ٥ |
| ٥٠ | الشعور بأنك عديم القيمة | ١ | ٢ | ٣ | ٤ | ٥ |
| ٥١ | الشعور بأن الناس يستغلونك اذا أعطيتهم الفرصة لذلك | ١ | ٢ | ٣ | ٤ | ٥ |
| ٥٢ | الشعور بالذنب | ١ | ٢ | ٣ | ٤ | ٥ |
| ٥٣ | الشعور بأن هناك شيء خطأ في عقلك | ١ | ٢ | ٣ | ٤ | ٥ |

## ثانياً: مقياس نوعية الحياة المختصر:( WHOQOL-BREF)

يرجى قراءة كل سؤال و تقيم ما تشعر به ووضع دائرة حول الرقم الذي يمثل أفضل إجابة بالنسبة لك

| ت | الفقرة | الوصف | | | | |
|---|---|---|---|---|---|---|
| ١ | كيف تصف (تقيم) نوعية حياتك | جيدة جدا | جيدة | لا بأس | سيئة | سيئة للغاية |
| | | ٥ | ٤ | ٣ | ٢ | ١ |
| ٢ | ما مدى رضاك عن صحتك | اشعر برضا تام | اشعر بالرضا | غير متأكد من شعوري بالرضا | اشعر بعدم الرضا | اشعر بعدم الرضا على الاطلاق |
| | | ٥ | ٤ | ٣ | ٢ | ١ |
| | العبارات التالية تعبر عن تجارب معينة مررت بها خلال الاسبوعين الماضيين<br>الى أي مدى شعرت بـ | | | | | |
| | الفقرة | كثيراً جداً | كثيراً | احياناً | قليلاً جداً | لم اشعرمطلقاً |
| ٣ | باوجاع وآلام في جسمك | ٥ | ٤ | ٣ | ٢ | ١ |
| ٤ | احتياجك الى تناول الادوية للقيام بانشطة الحياة اليومية مثل تناول الطعام، اللعب ، الذهاب للمدرسة او العمل،...الخ | ٥ | ٤ | ٣ | ٢ | ١ |
| ٥ | الاستمتاع والفرح في الحياة | ٥ | ٤ | ٣ | ٢ | ١ |
| ٦ | ان حياتك ذات قيمة ومعنى | ٥ | ٤ | ٣ | ٢ | ١ |
| ٧ | انك قادراً على التركيز فيما تفعله | ٥ | ٤ | ٣ | ٢ | ١ |
| ٨ | ان حياتك مصانة وآمنة | ٥ | ٤ | ٣ | ٢ | ١ |
| ٩ | ان محيطك (كالبيت مثلا او المدرسة) امن وصحي | ٥ | ٤ | ٣ | ٢ | ١ |
| ١٠ | ان لديك طاقة كافية (حيل) للقيام بما تريد فعله | ٥ | ٤ | ٣ | ٢ | ١ |
| ١١ | الرضا عن مظهرك (اي شكل جسمك) | ٥ | ٤ | ٣ | ٢ | ١ |
| ١٢ | ما معك من مال كافي لتلبية احتياجاتك | ٥ | ٤ | ٣ | ٢ | ١ |
| ١٣ | توفر المعلومات و الاجابات عن تساؤلاتك وما يشغل بالك | ٥ | ٤ | ٣ | ٢ | ١ |
| ١٤ | ان لديك وقت وفرصة للقيام بأنشطة ترفيهية كالعب مثلا | ٥ | ٤ | ٣ | ٢ | ١ |
| ١٥ | انك قادر على التجول في منطقتك (محيطك) | ٥ | ٤ | ٣ | ٢ | ١ |
| | الأسئلة التالية تعبر عن مدى رضاك عن الجوانب المختلفة من حياتك خلال الأسبوعين الماضيين | | | | | |
| | الفقرة | اشعر برضا تام | اشعر بالرضا | غير متأكد من شعوري بالرضا | اشعر بعدم الرضا | اشعر بعدم الرضا على الاطلاق |
| ١٦ | كم أنت راض عن نومك ؟ | ٥ | ٤ | ٣ | ٢ | ١ |
| ١٧ | إلي أي مدى أنت راض عن قدرتك على القيام بنشاطاتك اليومية ؟ | ٥ | ٤ | ٣ | ٢ | ١ |
| ١٨ | كم أنت راض عن قدرتك على العمل ؟ | ٥ | ٤ | ٣ | ٢ | ١ |

| | | | | | | |
|---|---|---|---|---|---|---|
| ١٩ | كم أنت راض عن نفسك ؟ | ٥ | ٤ | ٣ | ٢ | ١ |
| ٢٠ | كم أنت راض عن علاقاتك الشخصية ؟ | ٥ | ٤ | ٣ | ٢ | ١ |
| ٢١ | كم أنت راض عن حياتك الجنسية ؟ | ٥ | ٤ | ٣ | ٢ | ١ |
| ٢٢ | كم أنت راض عن الدعم أو المساعدة من الأصدقاء ؟ | ٥ | ٤ | ٣ | ٢ | ١ |
| ٢٣ | كم أنت راض عن الأوضاع في مكان سكنك؟ | ٥ | ٤ | ٣ | ٢ | ١ |
| ٢٤ | كم أنت راض عن الخدمات الصحية المتوفرة لك ؟ | ٥ | ٤ | ٣ | ٢ | ١ |
| ٢٥ | كم أنت راض عن وسائل النقل التي تستخدمها ؟ | ٥ | ٤ | ٣ | ٢ | ١ |
| الأسئلة التالية تشير إلى كم مرة شعرت أو تعرضت خلال الأسبوعين الماضيين لما يأتي | | | | | | |
| | الفقرة | دائما | غالبا جدا | غالبا | نادرا | أبدا |
| ٢٦ | كم مرة شعرت بمزاج سيء؟ | ٥ | ٤ | ٣ | ٢ | ١ |
| | كم مرة شعرت بمشاعر سلبية واليأس ؟ | ٥ | ٤ | ٣ | ٢ | ١ |
| | كم مرة شعرت بالقلق؟ | ٥ | ٤ | ٣ | ٢ | ١ |
| | كم مرة شعرت بالحزن و الاكتئاب؟ | ٥ | ٤ | ٣ | ٢ | ١ |
| هل قام أحدهم بمساعدتك لتعبئة هذه الاستمارة؟ | | | نعم (١) | | لا (٢) | |
| **يرجى تسجيل وقت الانتهاء من إجاباتكم _____:** | | | | | | |

# Appendix (D): Approval of the Ethics Committee for Scientific Research

University of Babylon
College of Nursing
Research Ethics Committee

جـــامـعة بـــابـــل
كـــلية التمريـض
لجنة اخلاقيات البحث العلمي

**Issue No:** 30
**Date:** 23 /2 /2021

## Approval Letter

To,
*Estabraq Ali Naji*

The Research Ethics committee at the "**University of Babylon, College of Nursing**" has reviewed and discussed your application to conduct the research study entitled "**Psychological Problems and the Quality of Life among the Juvenile Delinquents in Al-Najaf Courts.**"

The Following documents have been reviewed and approved:

1. Research protocol
2. Research instrument/s
3. Participant informed consent

**Committee Decision:**

The committee approves the study to be conducted in the presented form. The Research Ethics committee expects to be informed about any changes occurring during the study, any revision in the protocol and participant informed consent.

Prof. Dr. Salma K. Jehad
Chair Committee
College of Nursing
Research Ethical Committee
2 /23 /2021

السيد المعاون العلمي المحترم

السيد رئيس فرع تمريض الصحة النفسية وصحة المجتمع المحترم

م/ تسهيل مهمة

يرجى التفضل بالموافقة على تزويدي بكتاب تسهيل مهمة معنون الى محكمة احداث النجف لغرض جمع العينات لاطروحة الدكتوراه بعد استحصالي على موافقة لجنة الاخلاقيات لاطروحتي الموسومه باللغه العربيه

**"المشكلات النفسية ونوعية الحياة لدى الجانحين الاحداث في محكمة احداث النجف"**

واللغة الإنكليزية

**Psychological problems and The Quality of life among the Juvenile Delinquents in Al_Najaf Courts**

مع التقدير

اسم المشرف وتوقيعه

أ.م.د. عبدالمهدي عبدالرضا حسن

طالب الدكتوراه / إستبرق علي ناجي

رئيس الفرع وتوقيعه .....

٢٨/١/٢٠٢١

المعاون العلمي .....

٢٩/١/٢٠٢١

# Appendix (E)

**Table E.1.: Completed residual relationship between somatization disorder and obsessive compulsive disorder domains with some demographic characteristics of juveniles delinquent in table (4.11 & 4.12)**

| Demographic characteristics | Somatization | | | Obsessive compulsive disorder | |
|---|---|---|---|---|---|
| | N=54 | Value | Sign. | Value | Sign. |
| Gender | $X^{2\,(df)}$ | 8.05 (3) | S | 6.28 (3) | NS |
| | p-value | 0.045 | | 0.09 | |
| Job | $X^{2\,(df)}$ | 4.14 (3) | NS | 4.09 (3) | NS |
| | p-value | 0.25 | | 0.25 | |
| Number of children | $X^{2\,(df)}$ | 8.82 (6) | NS | 4.35 (6) | NS |
| | p-value | 0.18 | | 0.62 | |
| Health problems diagnosed | $X^{2\,(df)}$ | 16.6 (3) | HS | 3.02 (3) | NS |
| | p-value | 0.001 | | 0.39 | |
| Smoking habits | $X^{2\,(df)}$ | 10.8 (6) | NS | 15.02 (6) | S |
| | p-value | 0.094 | | 0.02 | |

**Table E.2.: Completed residual relationship between Interpersonal and Depression disorder domains with some demographic characteristics of juveniles delinquent in table (4.13 & 4.14)**

| Demographic characteristics | Interpersonal | | | Depression disorder | |
|---|---|---|---|---|---|
| | N=54 | Value | Sign. | Value | Sign. |
| Gender | $X^{2\,(df)}$ | 12.2 (3) | HS | 4.7 (3) | NS |
| | p-value | 0.007 | | 0.19 | |
| Job | $X^{2\,(df)}$ | 6.75 (3) | NS | 5.8 (3) | NS |
| | p-value | 0.08 | | 0.123 | |
| Number of children | $X^{2\,(df)}$ | 2.9 (6) | NS | 13 (6) | S |
| | p-value | 0.82 | | 0.04 | |
| Health problems diagnosed | $X^{2\,(df)}$ | 1.66 (3) | NS | 2.23 (3) | NS |
| | p-value | 0.65 | | 0.52 | |
| Smoking habits | $X^{2\,(df)}$ | 5.75 (6) | NS | 4.2 (6) | NS |
| | p-value | 0.452 | | 0.65 | |

*Explain and more details for these tables in chapter Four & Five

**Table E.3.: Completed residual relationship between Anxiety disorder and Hostility domains with some demographic characteristics of juveniles delinquent in table (4.15 & 4.16)**

| Demographic characteristics | Anxiety disorder | | | Hostility | | |
|---|---|---|---|---|---|---|
| | N=54 | Value | Sign. | Value | Sign. | |
| Gender | $X^{2\,(df)}$ | 4.7 (2) | NS | 7.8 (3) | NS | |
| | p-value | 0.09 | | 0.05 | | |
| Job | $X^{2\,(df)}$ | 0.8 (2) | NS | 2.7 (3) | NS | |
| | p-value | 0.66 | | 0.44 | | |
| Number of children | $X^{2\,(df)}$ | 2.9 (4) | NS | 5.7 (6) | NS | |
| | p-value | 0.19 | | 0.45 | | |
| Health problems diagnosed | $X^{2\,(df)}$ | 4.9 (2) | NS | 16.6 (3) | HS | |
| | p-value | 0.08 | | 0.001 | | |
| Smoking habits | $X^{2\,(df)}$ | 13.9 (4) | HS | 6.5 (6) | NS | |
| | p-value | 0.008 | | 0.36 | | |

**Table E.4.: Completed residual relationship between Phobic disorder and Paranoid domains with some demographic characteristics of juveniles delinquent in table (4.17 & 4.18)**

| Demographic characteristics | Phobic disorder | | | Paranoid | | |
|---|---|---|---|---|---|---|
| | N=54 | Value | Sign. | Value | Sign. | |
| Gender | $X^{2\,(df)}$ | 12.3 (2) | S | 1.7 (3) | NS | |
| | p-value | 0.002 | | 0.6 | | |
| Job | $X^{2\,(df)}$ | 0.09 (2) | NS | 10 (3) | S | |
| | p-value | 0.96 | | 0.018 | | |
| Number of children | $X^{2\,(df)}$ | 6.3 (4) | NS | 8.5 (6) | NS | |
| | p-value | 0.18 | | 0.19 | | |
| Health problems diagnosed | $X^{2\,(df)}$ | 1.93 (2) | NS | 5.9 (3) | NS | |
| | p-value | 0.38 | | 0.11 | | |
| Smoking habits | $X^{2\,(df)}$ | 4.1 (4) | NS | 11.7 (6) | NS | |
| | p-value | 0.39 | | 0.067 | | |

**Table E.5.: Completed residual relationship between Psychoticism and Additional problems domains with some demographic characteristics of juveniles delinquent in table (4.19 & 4.20)**

| Demographic characteristics | Psychoticism | | | Additional problems | |
|---|---|---|---|---|---|
| | N=54 | Value | Sign. | Value | Sign. |
| Gender | $X^{2\,(df)}$ | 3.33 (3) | NS | 2.5 (4) | NS |
| | p-value | 0.34 | | 0.6 | |
| Job | $X^{2\,(df)}$ | 5.4 (3) | NS | 16.5 (4) | HS |
| | p-value | 0.14 | | 0.002 | |
| Number of children | $X^{2\,(df)}$ | 4.72 (6) | NS | 12.9 (8) | NS |
| | p-value | 0.58 | | 0.11 | |
| Health problems diagnosed | $X^{2\,(df)}$ | 9.1 (3) | NS | 9.14 (4) | NS |
| | p-value | 0.28 | | 0.058 | |
| Smoking habits | $X^{2\,(df)}$ | 9.7 (6) | NS | 21.1 (8) | HS |
| | p-value | 0.134 | | 0.002 | |

**Table E.6.: Completed residual relationship between Physical and Psychological domains of QoL with some demographic characteristics of juveniles delinquent in table (4.21 & 4.22)**

| Demographic characteristics | Physical domain | | | Psychological domain | |
|---|---|---|---|---|---|
| | N=54 | Value | Sign. | Value | Sign. |
| Gender | $X^{2\,(df)}$ | 0.01 (1) | NS | 2.1 (1) | NS |
| | p-value | 0.66 | | 0.19 | |
| Job | $X^{2\,(df)}$ | 0.05 (1) | NS | 1.35 (1) | NS |
| | p-value | 0.5 | | 0.19 | |
| Number of children | $X^{2\,(df)}$ | 2.26 (2) | NS | 6 (2) | NS |
| | p-value | 0.32 | | 0.05 | |
| Health problems diagnosed | $X^{2\,(df)}$ | 1.9 (3) | NS | 4.2 (1) | S |
| | p-value | 0.26 | | 0.04 | |
| Smoking habits | $X^{2\,(df)}$ | 7.9 (2) | S | 8.9 (2) | S |
| | p-value | 0.02 | | 0.01 | |

**Table E.7.: Completed residual relationship between Social relationships and Environmental domains of QoL with some demographic characteristics of juveniles delinquent in table (4.23 & 4.24)**

| Demographic characteristics | Social relationships domain | | | Environmental domain | |
|---|---|---|---|---|---|
| | N=54 | Value | Sign. | Value | Sign. |
| Gender | $X^{2\,(df)}$ | 6.6 (1) | S | 1.02 (2) | NS |
| | p-value | 0.01 | | 0.59 | |
| Job | $X^{2\,(df)}$ | 0.3 (1) | NS | 0.54 (2) | NS |
| | p-value | 0.56 | | 0.76 | |
| Number of children | $X^{2\,(df)}$ | 6.7 (2) | S | 3.6 (4) | NS |
| | p-value | 0.03 | | 0.45 | |
| Health problems diagnosed | $X^{2\,(df)}$ | 0.26 (1) | NS | 9.1 (2) | S |
| | p-value | 0.61 | | 0.01 | |
| Smoking habits | $X^{2\,(df)}$ | 1.9 (2) | NS | 15 (4) | HS |
| | p-value | 0.38 | | 0.005 | |

**Table E.8.: Completed residual relationship between Perceived QoL question and General health item of QoL with some demographic characteristics of juveniles delinquent in table (4.25 & 4.26)**

| Demographic characteristics | Perceived QoL question | | | General health item | |
|---|---|---|---|---|---|
| | N=54 | Value | Sign. | Value | Sign. |
| Gender | $X^{2\,(df)}$ | 0.54 (1) | NS | 2.5 (2) | NS |
| | p-value | 0.46 | | 0.23 | |
| Job | $X^{2\,(df)}$ | 1.35 (1) | NS | 1.8 (2) | NS |
| | p-value | 0.24 | | 0.4 | |
| Number of children | $X^{2\,(df)}$ | 9.4 (2) | HS | 6.3 (4) | NS |
| | p-value | 0.009 | | 0.18 | |
| Health problems diagnosed | $X^{2\,(df)}$ | 1.04 (1) | NS | 4.2 (2) | NS |
| | p-value | 0.31 | | 0.13 | |
| Smoking habits | $X^{2\,(df)}$ | 1.2 (2) | NS | 8 (4) | NS |
| | p-value | 0.55 | | 0.09 | |

**Table E.9.: Completed residual relationship between Overall QoL-Brief and some demographic characteristics of juveniles delinquent in table (4.25 & 4.27)**

| Demographic characteristics | Overall QoL-Brief | | | |
|---|---|---|---|---|
| | N=54 | **Value** | **Sign.** | |
| **Gender** | $X^{2\,(df)}$ | 2.5 (1) | NS | |
| | **p-value** | 0.11 | | |
| **Job** | $X^{2\,(df)}$ | 0.4 (1) | NS | |
| | **p-value** | 0.5 | | |
| **Number of children** | $X^{2\,(df)}$ | 3.9 (2) | NS | |
| | **p-value** | 0.13 | | |
| **Health problems diagnosed** | $X^{2\,(df)}$ | 3.5 (1) | NS | |
| | **p-value** | 0.06 | | |
| **Smoking habits** | $X^{2\,(df)}$ | 6.9 (2) | **S** | |
| | **p-value** | 0.03 | | |

# الخلاصة

**خلفية الرسالة:** الجنوح ظاهرة عالمية مستمرة الازدياد بين المراهقين والاطفال وكذلك شيوع المشاكل النفسية بين الأحداث الجانحين لهذا تتأثر جودة حياتهم بجنوحهم وازدياد العبء على عوائلهم ومجتمعاتهم.

**المنهجية:** عقدت دراسة وصفية ارتباطية على الاحداث الجانحين المحكومين في محكمة احداث النجف في الفترة من الاول من آذار الى الاول من ايلول ٢٠٢١. حيث هدفت الدراسة لتحديد المشكلات النفسية وجودة حياتهم.

تم استخدام عينة غير احتمالية (غرضية) حيث تضمنت (٥٤) جانح محكوم بمراقبة السلوك والمتابعة لدى الباحث الاجتماعي، تكونت اداة القياس من مقياس الاعراض النفسية المختصر ومقياس تقييم جودة الحياة لمنظمة الصحة العالمية، بالإضافة الى اسئلة حول الخصائص الشخصية للجانحين الاحداث ووالديهم.

**النتائج:** بينت نتائج الدراسة بأن (٩٢،٦٪) من الأحداث الجانحين كانوا ذكور تتراوح اعمارهم اكثر من ١٣ سنة وجودة حياتهم كانت جيدة، ولكن حوالي (٤٠٪) منهم اظهروا اعراض لمشكلات نفسية وفقاً لمؤشر الشدة الاجمالي = ٢٠١١٣ +- ٠،٥٩. كذلك وجود ارتباط ايجابي قوي بين جودة الحياة واعراض المشكلات النفسية بينهم.

**الاستنتاجات والتوصيات:** استنتجت الدراسة بأن اكثر الاحداث لديهم مستوى تعليم منخفض وبدون عمل، ولايزال والديهم اوصياء عليهم، لذلك لديهم وقت فائض لارتكاب الجنح والانحراف عن سلوكيات المجتمع. وضحت الدراسة أيضاً ان البعض منهم لديه اعراض المشكلات النفسية وبحاجة الى الفحص والتأكد من قبل الاخصائي النفسي في وحدة الصحة النفسية. وان جودة حياة اغلبهم كانت جيدة. لذلك يوصى بتفعيل دور الوحدة النفسية والكشف المبكر لأعراض المشكلات النفسية بين الاطفال و المراهقين. اصافة الى تضمين ممرض مختص في مراكز الاصلاح وتأهيل الاحداث الجانحين. تفعيل دور المؤسسات المجتمعية ومنظمات حقوق الإنسان التي تعنى بالأحداث الجانحين لتقليل وصمة العار وحمايتهم من العنف.

جمهورية العراق
وزارة التعليم العالي والبحث العلمي
جامعة بابل
كلية التمريض

# المشكلات النفسية ونوعية الحياة لدى الجانحين الاحداث في محكمة احداث النجف

أطـــروحـــة مـــقـــدمـــة الـــى
مـجـلـس كـلـيـة الـتـمـريـض جـامـعـة بـابـل
كـجـزء مـن مـتـطـلـبـات نـيـل درجـة الـدكـتوراه فـلـسـفـة
فـــــي الـتـمـريـض

مـــن قـبـل

**إستبرق علي نـــــاجي الحمـــــودي**

بأشراف

**الأســتاذ الـدكـتـور عبد المهدي عبد الرضا حسن**

**٢٠٢٢ ميلادي** **١٤٤٣هجري**