

Clinical Anger and Disruptive Behavior in Juvenile Offenders

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Abstract: *The purpose of the present study was to explore the relationship between clinical anger and disruptive behavior in juvenile offenders. The sample consisted of 35 juveniles (20 males and 15 Females) taken from Central Jail Multan and Sahiwal, two cities of province Punjab, Pakistan. The clinical anger scale (CAS) developed by Snell (1996) and Beck Disruptive Behavior Inventory for Youth (2005) were used to measure the clinical anger and disruptive behavior. Results indicated the significance correlation between clinical anger and disruptive behavior. It was concluded that clinical anger plays a moderate role in delinquent behavior. Result also shown the significant difference on clinical anger and disruptive behavior among male and female juvenile offenders. Results did not found any difference on clinical anger and disruptive behavior among birth order, urban and rural juveniles.*

Keywords: clinical anger, disruptive behavior, juvenile offender, Gender, birth order.

1. Introduction

Every one of us becomes angry and frustrated with life, that's part of living. Anger itself is not an abnormal thing. But a killer's anger is not the normal anger that the rest of us experience. The anger that the serial killer experiences is totally different from the everyday anger that the rest of us feel. (Keppel, 2013).

Disruptive Behavior Disorders involve consistent patterns of behaviors that "break the rules." Young people of all ages break some rules, especially less important ones. More serious oppositional behavior is a normal part of childhood for children two and three years old and for young teenagers. (Mental Health Association, 2013).

Juvenile delinquency also known as juvenile offending. A juvenile delinquent is a person who is typically under the age of 18 and commits an act that otherwise would have been charged as a crime if they were an adult. (Wikipedia, the free encyclopedia, 2013).

Raney (n.d) conducted a research on aggression and antisocial behavior in adolescents. Results indicate that measures of emotionality are significantly related to school rule violations, with measures of depression more predictive of physical aggression than measures of anger.

Rantakallio, Myhrman & Koiranen (1995) explored that social and demographic background variable relevant to male and female juvenile offenders and the reasons for the difference in the incidence of delinquency between the sexes must be looked for among the general differences in cultural demands and biological factors.

Bègue & Roché (2007) were studied on delinquent behavior have frequently shown that first born children are less involved in delinquency than middle-born children. It was concluded that ordinal position plays a moderate role in delinquent behavior and that this effect is partly induced by differential parental control.

A research was conducted by Cernkovich & Giordano (2008) explored that males tend to commit most offenses more frequently than females; the pattern of delinquency is virtually identical for the two groups. This uniformity holds for race-sex subgroups, although there are more similarities in delinquency within racial groups than within sex groups.

Salmon (2003) was conducted a research and hypothesized that middle born tend to be less family-oriented than first born or last born and mating strategies also appeared to be influenced by birth order, most notably in the area of infidelity, with middle born being the least likely birth order to cheat on a sexual partner.

2. Rationale of the Study

The aim of this study is to analyse the impact of clinical anger on the disruptive behaviour among juvenile offenders and to investigate the differences in gender, birth order, urban and rural area on clinical anger and disruptive behavior in juvenile offender because the juveniles in jail come from varying backgrounds. They commit crime accidentally, by chance or intentionally and the harsh attitude of jail authorities creates myriads of psychological problems. The juveniles fall victim to stress, tension and depression, which create deviant and revenging thoughts in juveniles. The unpromising atmosphere of the jail ultimately results in distortion of their minds with notable inclination towards crime. This area needed the immediate attention that's why this research focuses on the importance of psychologist and psychiatrists in each central jail to provide psychological help to the juvenile.

3. Hypotheses

1. There is a positive correlation between clinical anger and disruptive behavior in juvenile offenders.
2. Male juvenile have higher level of clinical anger as compare to female juvenile.
3. There is a gender differences in disruptive behavior among juvenile offenders.

- There is a significant difference on disruptive behavior in urban and rural juveniles.
- Juvenile belongs to urban area have higher level of clinical anger as compare to rural area.
- There is a difference on clinical anger and disruptive behavior among different birth order.

4. Method

4.1 Participants

The population for this study was male and female offenders from central Jail Multan and Sahiwal, two cities of Punjab province, Pakistan. The sample consisted of 20 male and 15 female juvenile.

4.2 Instrument

The following 2 scales were used to accomplish the objective of the study.

The Beck Youth Inventories 2nd Edition: The new Beck Youth Inventories™ -Second Edition (BYI-II) for Children and Adolescents was developed in 2005. It was designed for children and adolescents aged 7 to 18 years. Five self-report inventories can be used separately or in combination to assess symptoms of depression, anxiety, anger, disruptive behavior and self-concept. Beck Disruptive Behavior Inventory will be used in this study that identifies thoughts and behaviors associated with conduct disorder and oppositional-defiant behavior. It consists of 20 items from 81 to 100 in the inventory.

Clinical Anger Scale: The clinical anger scale was developed by Snell (1996), has 21 items. The Clinical Anger Scale (CAS), designed to measure the syndrome of clinical anger. The Clinical Anger Scale was specifically developed to measure the array of psychological, physiological, affective, cognitive and behavioral symptoms constituting clinical anger.

4.3 Procedure

The data were collected from central jail Multan and Sahiwal. After consent of the Superintendents Jail and informed them about the nature and purpose of the present research. BDBI-Y and CA scale along with instruction were given to the participants They were asked to read the statement carefully and tick marks those options, which are considered to be right. Some respondents were illiterate and low educated, and some respondent felt hesitation to read statement of the questionnaire that was in English. Therefore for all such respondents data were collected by interviewing them (with translating items in Urdu).

5. Results

Table 1: Correlation Coefficient for the scores of clinical anger and disruptive behavior of juvenile offenders on Clinical Anger Scale and Disruptive Behavior Inventory for Youth

Scales	Disruptive Behavior Inventory For Youth
Clinical Anger Scale	.607** (.000)

Note: N=35. **p< 0.01

The result shows that there is significance positive correlation between clinical anger and disruptive behavior.

Table 2: Mean Standard deviation and t-value for the scores of male and female juvenile offenders on Clinical Anger Scale.

Gender	N	M	SD	t(33)	P	95%CI	Cohen's d
Male	20	31.000	5.69395	2.676	0.009	[1.30639, 8.56028]	0.9617
Female	15	26.0667	4.49550				

Note: CI = Confidence Interval, *p< 0.05

The result shows that there is a significant difference in clinical anger among male and female juvenile offenders.

Table 3: Mean Standard deviation and t-value for the scores of male and female juvenile offenders on Disruptive Behavior Inventory for Youth

Students	N	M	SD	t(33)	P	95%CI	Cohen's d
Male	20	16.2000	5.2375	4.340	0.000	[3.57666, 9.89001]	1.528
Female	15	9.4667	3.3778				

Note: CI = Confidence Interval, *p< 0.05

The result shows that there is a significant difference in disruptive behavior among male and female juvenile offenders.

Table 4: Mean Standard deviation and t-value for the scores of urban and rural juveniles on Disruptive Behavior inventory for Youth

Area	N	M	SD	t(33)	p	95%CI	Cohen's d
Urban	13	13.6158	3.59487	0.241	0.811	[-3.56928, 4.52732]	0.0902
Rural	22	13.1364	6.59217				

Note: CI = Confidence Interval, p> 0.05

The result shows that there is no significant difference in urban and rural areas on disruptive behavior

Table 5: Mean Standard deviation and t-value for the scores of urban and rural juveniles on Clinical Anger Scale.

Area	N	M	SD	t(33)	P	95%CI	Cohen's d
Urban	13	31.0769	6.46093	1.803	0.081	[-.44801, 7.42004]	0.6277
Rural	22	27.5909	4.91508				

Note: CI = Confidence Interval, p> 0.05

The result shows that there is no significant difference in urban and rural Areas on Clinical Anger.

Table 6: One Way Analysis of Variance for the Scores of clinical anger and disruptive behavior among birth order (N=35).

Scales	Source of variation	SS	Df	MS	F	P
Clinical anger scale	Between group	0.347	1	0.347	0.01	0.92
	Within group	1107.195	33	33.551		
	Total	1107.543	34			
Disruptive behavior inventory for youth	Between group	7.52	1	7.52	0.234	0.632
	Within group	1062.023	33	32.183		
	Total	1069.543	34			

Note=p>.05

The result shows that there is no significant difference in clinical anger and disruptive behavior among first, middle and youngest child.

6. Discussion

The purpose of the present study was to explore the relationship between clinical anger and disruptive behavior in juvenile offenders. The sample consisted of 35 juveniles (20 males and 15 females) taken from Central Jail Multan and Sahiwal (Punjab, Pakistan). Their age range was between 11-18 years. The clinical anger scale (CAS) and Beck Disruptive Behavior Inventory for Youth (BDBI-Y) were administered for data collection t-test and Pearson's correlation was employed for statistical analysis on SPSS.

The result indicates that clinical anger and disruptive behavior are positively correlated and supports the hypothesis that there is a positive correlation between clinical anger and disruptive behavior among juvenile offenders.

The result indicates that there is a significant difference in clinical anger among male and female juvenile offenders ($t = 2.676$, $df = 33$, $p < 0.05$), and supports the hypothesis that male juvenile have higher level of clinical anger as compare to female juvenile. This finding is supported by previous study. Heimer (1996) reported that gender differences in the role-taking process leading to delinquency. The result shows that there is a significant difference on disruptive behavior among male and female juvenile offenders ($t = 4.340$, $df = 33$, $p < 0.05$) and supports hypothesis that male juvenile have higher level of disruptive behaviors as compare to female juvenile. The results are endorsed by the findings of Cernkovich & Giordano (2008) investigated that males are much more likely than females to commit delinquent acts.

It was assumed that juvenile belongs to urban area have higher level of disruptive behavior as compare to rural area. The result shows that there is no significant difference in urban and rural areas on disruptive behavior ($t = 0.241$, $df = 33$, $p > 0.05$). It was assumed that juvenile belongs to urban area have higher level of clinical anger as compare to rural area. But the result shows that there is no significant differences in Urban and Rural Areas on clinical anger ($t = 1.803$, $df = 33$, $p > 0.05$).

The result shows that there is a not significant difference among first, middle and last birth order on clinical anger and disruptive behavior. It does not support our hypothesis that there is a significant difference on clinical anger and disruptive behavior among different birth order.

7. Conclusions

Results of the hypotheses concluded that clinical anger plays a moderate role in delinquent behavior. Another interesting finding of the present study was concerned with gender differences on clinical anger and disruptive behavior. Male have higher level of clinical anger and disruptive behavior as compare to female juveniles. However, results did not found any difference on clinical anger and disruptive behavior among birth order, urban and rural juveniles.

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